



United Nations  
Educational, Scientific and  
Cultural Organization



WCECCE

World Conference  
on Early Childhood Care and Education  
Moscow, Russian Federation  
27-29 September 2010

# EARLY CHILDHOOD CARE AND EDUCATION REGIONAL REPORT

## LATIN AMERICA AND THE CARIBBEAN





WCECCE/Ref.5  
Original: English  
27 August 2010

# Early Childhood Care and Education Regional Report

## **Latin America and the Caribbean**



United Nations  
Educational, Scientific and  
Cultural Organization

**Santiago Office**

Regional Bureau of Education for  
Latin America and the Caribbean

# Early Childhood Care and Education in Latin America and the Caribbean

Report Prepared for the World Conference on  
Early Childhood Care and Education,  
Moscow, September 2010

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## PRESENTATION

This report was prepared in the context of the World Conference on Early Childhood Care and Education, jointly organized by UNESCO, the City of Moscow and the Russian Federation, to be held from 27 to 29 September 2010. The aim of the report is to offer a general analysis of the status of Early Childhood Care and Education (ECCE) in the Latin American and the Caribbean countries, and identify the main challenges to be addressed and actions to be taken in the region to achieve the first goal of Education for All: *“expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children”*.

The report is divided in two parts: the first one presents the analysis of the ECCE situation in the Latin American countries<sup>1</sup>, and the second part deals with the situation of the Caribbean countries that includes 15 Member States of the Caribbean Community (CARICOM)<sup>2</sup> and 5 associated member states<sup>3</sup>.

In the Latin American countries' study, secondary sources of information have been used such as EFA Global Monitoring Reports, statistical information from the UNESCO Institute for Statistics and from other local and international entities, studies and investigations on early childhood, and bodies of legislation, public policies and programmes on ECCE from countries of the region. The conclusions, challenges and recommendations were analyzed and validated at a regional workshop attended by representatives of seven countries of the region working in a variety of public sectors, NGOs, universities and international agencies.

In the case of the Caribbean region, the information was compiled through different primary and secondary sources. A questionnaire was prepared which was completed by early childhood coordinators in twenty states and was discussed at a workshop with 10 early childhood coordinators. Another source of information was the analysis of relevant documents on this subject and information provided by different institutions, including the Caribbean Community Secretariat, the Caribbean Child Support Initiative, Parenting Partners Caribbean and UNICEF.

One of the main limitations of the study has been the lack of disaggregated statistical information and national databases related to early childhood, and the dissemination of information in different sectors of government and entities. Another constraint that affects the comparability between countries is the existence of various definitions, structure and ages involving in ECCE.

The Latin American and Caribbean countries are making major strides in the area of early childhood care and education, with more favourable advances and prospects than other developing regions. Nevertheless, some major challenges must still be overcome in order to achieve the first goal of Education for All, given the great differences that exist both within and among countries.

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<sup>1</sup> Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela.

<sup>2</sup> Antigua and Barbuda, Commonwealth of the Bahamas, Barbados, Belize, Commonwealth of Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago

<sup>3</sup> Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Turks and Caicos islands.

Some major advances in the region are the following:

- Development of legal frameworks and implementation of comprehensive plans of early childhood, and some advances in intersectoral policies and interinstitutional coordination.
- Significant progress in aspects related to the survival and health status of children, with differences between countries and groups of population, but it is necessary to carry out greater effort in the nutrition area.
- Greater access to education for children 3-5 years old, with gender parity. Many countries have established one or two years of mandatory early education or have tended to offer universal education to all 4 and 5 year olds.
- Progress has been made in quality through the development of curriculum frameworks, appropriate adult/child ratio and higher qualifications of ECCE staff, although major challenges still exist.
- In Latin America has been progress in connection with interculturalism and bilingualism, and in the Caribbean progress has been made in the implementation of media to reduce impacts of climate change on children, specially in the area of disaster risk reduction.
- Regulatory frameworks with standards for early childhood services, especially in the Caribbean countries.

Areas demonstrating less advances or difficulties include:

- There are significant gaps in the access to programmes and services:
  - The most vulnerable and disadvantaged groups
  - Children of rural locations
  - Children under 3 years old
- Limited development of comprehensive protection systems and mechanisms to demand rights.
- In many countries ECCE staff are under qualified or insufficiently educated to ensure high quality care and education in the variety of contexts and social groups that exist, especially in non-conventional modalities.
- The quality of programmes and services is far from desirable, especially that provided to the most vulnerable groups.
- Limited development of information systems and monitoring mechanisms that enable to know the ECCE situation and the quality of programmes and services.

The main challenges and actions to advance towards a higher quality ECCE with equity are:

- Develop state policies with broad based social participation that comprehensively address the needs and rights of children from gestation to 8 years of age, prioritising children under 3 years old.

- Consolidate the development of intersectoral policies and collaboration among different actors and levels of government, as well as interinstitutional articulation at the local level, to guarantee comprehensive care and education during early childhood.
- Increase access to children 3 - 5 years old providing at least one year of preprimary education, through a diversity of modalities that meet in a comprehensive way the educational needs and care.
- Develop the capacity of countries to establish special strategies and mechanisms for increasing access of children in vulnerable situation to early detection and prevention services and ECCE programmes.
- Develop specific policies to expand access to ECCE of children 0 - 3 years old and frameworks of reference to guide the services and programmes, including early detection, prevention and stimulation services, parents education and care and education programmes, both in formal and non-formal modalities (support to home, childcare centers, kindergartens, daycare centers, community based centers and other informal forms).
- Develop frameworks of quality pertinent for this stage, built by consensus among different sectors and stakeholders, and establish quality criteria that all programmes and services can be required to fulfil.
- Strengthen the capacities, motivation and ethical commitment of all ECCE professionals to deliver the programmes and services at the levels required.
- Implement comprehensive information and knowledge systems and monitoring mechanisms that provide a picture of the ECCE situation and contribute to the definition, development and monitoring of ECCE policies and programmes.
- Strengthen cooperation among countries and coordination among different cooperation agencies and entities to advance more resolutely in early childhood care and education.

## PART I

# **Early Childhood Care and Education in Latin America**

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**Acknowledgements:**

Participants to the Meeting on Early Childhood Care and Education, organized by OREALC/UNESCO-Santiago and Plan Internacional, held in Santiago, Chile, on 13 - 14 May 2010, are listed below. Their knowledge and insight have been of key relevance for developing this report.

*Olga Mirtha Alarcón, Government of Bolivia*  
*Alina Gómez, Government of Colombia*  
*Ana Isabel Cerdas, Government of Costa Rica*  
*Valeria Ambrosio, Government of Chile*  
*Alicia Berríos, Government of Chile*  
*Donatella Fuccaro, Government of Chile*  
*Sara Oviedo, Government of Ecuador*  
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*Magdalena Cázares, Government of México*  
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## LIST OF ACRONYMS AND ABBREVIATIONS

- **ALBA:** Bolivarian Alliance for the Peoples of Our America (Alianza Bolivariana para los Pueblos de Nuestra América)
- **ANAP (Cuba):** National Smallholders' Association (Asociación Nacional de Pequeños Agricultores)
- **ANEP (Uruguay):** National Public Education Administration (Administración Nacional de Educación Pública)
- **ASSE (Uruguay):** State Health Administrative Service (Servicio Administrativo de Salud del Estado)
- **AUH (Argentina):** Universal Child Allowance (Asignación Universal por Hijo)
- **CAIF – Plan (Uruguay):** Child and Family Care Centre (Centro de Atención a la Infancia y la Familia)
- **CDR (Cuba):** Committees for the Defence of the Revolution (Comités de Defensa de la Revolución)
- **CELADE:** Economic Commission for Latin America and the Caribbean, Population Division (Latin American Demographic Centre)
- **CELEP:** Latin American Reference Centre for Preschool Education (Centro de Referencia Latinoamericano para la Educación Preescolar)
- **CINDE:** Colombian International Centre for Education and Human Development (Centro Internacional de Educación y Desarrollo Humano de Colombia)
- **CNNA (Ecuador):** National Council for Childhood and Adolescence (Consejo Nacional de la Niñez y Adolescencia)
- **COFENAF (Argentina):** Federal Council for Childhood, Adolescence, and the Family (Consejo Federal de la Niñez, adolescencia y Familia)
- **CONAFE (Mexico):** National Educational Development Council (Consejo Nacional de Fomento Educativo)
- **CONANDA (Brazil):** National Council for the Rights of Children and Adolescents (Conselho Nacional dos Direitos da Criança e do Adolescente)
- **CONPES (Colombia):** National Council for Economic and Social Policy (Consejo Nacional de política Económica y Social)
- **CRC:** Convention on the Rights of the Child
- **DABS (Colombia):** Department of Social Welfare (Departamento Administrativo de Bienestar Social)
- **DINIECE (Argentina):** National Education Quality Evaluation and Research Office (Dirección Nacional de Investigación y Evaluación de la Calidad Educativa)

- **DIT (Panama):** Early Childhood Development Programme (Programa de Desarrollo Infantil Temprano)
- **ECA (Brazil):** Child and Adolescent Statute (Estatuto da Criança e do Adolescente)
- **ECCE:** Early Childhood Care and Education
- **ECLAC:** Economic Commission for Latin America and the Caribbean
- **EFA:** Education For All
- **ENDS (Colombia):** National Health and Demographics Survey (Encuesta Nacional de Demografía y Salud)
- **ENIA (Uruguay):** National Strategy for Childhood and Adolescence (Estrategia Nacional para la Infancia y la Adolescencia)
- **ENPI (Chile):** National Early Childhood Survey (Encuesta Nacional de Primera Infancia)
- **EPI:** Early Childhood Statute (Estatuto de la Primera Infancia)
- **FMC (Cuba):** Federation of Cuban Women (Federación de Mujeres cubanas)
- **FUNDEB (Brazil):** Fund for the Maintenance and Development of Basic Education and the Advance of Teaching Professionals (Fundo de Manutenção e Desenvolvimento da Educação Básica e de Valorização dos Profissionais da Educação)
- **GDP:** Gross Domestic Product
- **HIV/AIDS:** Human Immunodeficiency Virus – Acquired Immunodeficiency Syndrome
- **HOGAIN (Venezuela):** Comprehensive Care Homes
- **HR:** Human Resources
- **ICBF:** Colombian Family Welfare Institute (Instituto Colombiano de Bienestar Familiar)
- **ICTs:** Information and Communications Technologies
- **IDB:** Inter-American Development Bank
- **IDIE:** Organization of Ibero/American States Institute for Development and Innovation in Early Childhood Education and for Childhood Rights (Instituto de Desarrollo e Innovación Educativa de Primera Infancia y Derechos de la Niñez)
- **IIEP:** UNESCO International Institute for Educational Planning, Regional Office in Buenos Aires
- **ILO:** International Labour Organization
- **INAIDS:** The Joint United Nations Programme on HIV/AIDS
- **INAU (Uruguay):** Uruguayan Institute of the Child and the Adolescent (Instituto del niño y del adolescente de Uruguay)
- **INDEC (Argentina):** National Statistics and Census Institute (Instituto Nacional de Estadística y Censo)

- **IPCC:** Intergovernmental Panel on Climate Change
- **ITS/VIH/SIDA:** Sexually Transmitted Infections / Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
- **JUNJI (Chile):** National Board of Kindergartens (Junta Nacional de Jardines Infantiles)
- **LAC:** Latin America and the Caribbean
- **MAMIS (Peru):** Childhood Mistreatment Health Care Modules (Módulos de Atención al Maltrato Infantil en Salud)
- **MDGs:** Millennium Development Goals
- **MICS:** Multiple Indicator Cluster Survey
- **MIDES (Uruguay):** Ministry of Social Development (Ministerio de Desarrollo Social)
- **NEE:** Special Educational Needs (Necesidades Educativas Especiales)
- **NGOs:** Non-Governmental Organisations
- **OECD:** Organization for Economic Co-operation and Development
- **OIS:** Organisation of Ibero-American States
- **OREALC/UNESCO Santiago:** UNESCO Regional Education Office for Latin America and the Caribbean (Oficina Regional de Educación de la UNESCO para América Latina y el Caribe)
- **PAININ (Nicaragua):** Programme for the Care of Nicaraguan Children (Programa de Atención a la Infancia Nicaragüense)
- **PANAIA (Peru):** National Action Plan for Childhood and Adolescence (Plan Nacional de Acción por la Infancia y Adolescencia)
- **PARAEIB (Mexico):** Programme to Overcome the Education Lag in Initial and Basic Education (Programa para Abatir el Rezago Escolar en Educación Inicial y Básica)
- **PIETAB (Peru):** Family-based Early Education Programmes (Programas de Educación Temprana con Base en la Familia)
- **PIM (Brazil):** Better Early Childhood (Primeira Infância Melhor)
- **PMI (Chile):** Early Childhood Improvement Programme (Programa de Mejoramiento a la primera infancia)
- **PNA (Paraguay):** National Action Plan for Childhood and Adolescence (Nacional de Acción por la Niñez y la Adolescencia)
- **PND (Nicaragua):** National Development Plan (Plan Nacional de Desarrollo)
- **PNDINA (El Salvador):** National Policy for Comprehensive Development of Children and Adolescents (Política Nacional para el Desarrollo Integral de la Niñez y adolescencia)
- **PNNA (Bolivia):** National Plan for Childhood and Adolescence (Plan Nacional para la Niñez y Adolescencia)

- **POLNA (Paraguay):** National Policy (Política Nacional)
- **PPS (Venezuela):** First Socialist Plan (Primer Plan Socialista)
- **PROESCOLAR (Guatemala):** Programme for the Development of School Administration (Programa de Desarrollo de la Administración Escolar)
- **PROINFANTIL (Brazil):** Basic Professional Training Programme for Early Childhood Educators (Programa de Formação Inicial para Professores em Exercício na Educação Infantil)
- **PROMEDU (Argentina):** Support Programme for the Policy for the Improvement of Educational Equity (Programa de Apoyo a la Política de Mejoramiento de la Equidad Educativa)
- **PRONAE (Mexico):** Programme for Curricular and Teaching Reform in Pre-primary Education (Programa de Renovación Curricular y Pedagógica de la Educación Preescolar)
- **SDITALC:** Secretariat for Early Childhood Development for Latin America and the Caribbean (Secretaría de Desarrollo Infantil Temprano para América Latina y el Caribe)
- **SEAR (Nicaragua):** Autonomous Regional Education System (Sistema Autonomo Regional de Educación)
- **SENNAF (Argentina):** National Department for Childhood, Adolescence, and the Family (Secretaría Nacional de la Niñez, adolescencia y familia)
- **SERCE:** Second Regional Comparative and Explanatory Study on learning outcomes and associated factors (Segundo Estudio Regional Comparativo y Explicativo de aprendizajes y factores asociados)
- **SISENA (Argentina):** Integrated System of Social and Economic Indicators on Childhood and Adolescence (Sistema Integrado de Indicadores sociales y Económicos sobre la niñez y la Adolescencia)
- **SIMCE (Chile):** Education Quality Measurement System (Sistema de Medición de la Calidad de la Educación)
- **SITEAL:** Information System on Educational Trends in Latin America (Sistema de Información de Tendencias Educativas en América Latina)
- **SNNA (Paraguay):** National Department for Childhood and Adolescence (Secretaría Nacional de la Niñez y la Adolescencia)
- **UNASUR:** Union of South American Nations
- **UNDP:** United Nations Development Programme (Programa de las Naciones Unidas para el Desarrollo)
- **UNESCO:** United Nations Educational, Scientific, and Cultural Organisation
- **UNICEF:** United Nations Children's Fund

## EXECUTIVE SUMMARY

This report was prepared by the UNESCO Regional Bureau of Education for Latin America and the Caribbean (OREALC/UNESCO Santiago) and the International Institute for Educational Planning of UNESCO, Buenos Aires Regional Office (IIPE-UNESCO Buenos Aires), with the collaboration of the International Centre for Education and Human Development, CINDE, of Colombia.

The aim of the report is to offer a general analysis of the status of Early Childhood Care and Education (ECCE) in the 19 Spanish-speaking countries of Latin America and the Caribbean<sup>4</sup>, and identify the main challenges to be addressed and actions to be taken in the region to achieve the first goal of Education for All: *“expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children”*.

The countries of Latin America are making major strides in the area of early childhood care and education, with more favourable advances and prospects than developing countries of regions. Nevertheless, some major challenges must still be overcome in order to achieve the first goal of Education For All, given the great differences that exist both within and among countries and the gap between discourse and reality.

Some major advances that have been achieved to date include the following:

- Greater visibility of early childhood on public policy agendas and increasing recognition of children as subjects with rights.
- Development of legal frameworks and comprehensive plans for early childhood and specific advances in intersectoral and interinstitutional coordination, with public policies that reflect advances in integrating the work of different sectors.
- Very significant progress in aspects related to the survival and health status of young children, with differences between countries and groups of population.
- Greater access to education for the over-3 year old age group, with gender parity. Many countries have established one or two years of mandatory early education or have tended to offer universal education to all 4 and 5 year olds.
- Development of curricular frameworks with intercultural and bilingual perspectives for the entire early childhood stage, and more criteria defined for assessing and regulating the quality of ECCE programmes.

Areas demonstrating less advances or difficulties include:

- Unequal access to programmes and services based on socio-economic status, place of residence, and cultural identity, and under development of policies and strategies for children with special educational needs, those with HIV/AIDS, migrant children and children in emergency situations.

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<sup>4</sup> Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela.

- Underdevelopment of comprehensive protection systems and mechanisms to enforce rights, which is an especially sensitive issue considering the high rates of physical and psychological abuse and mistreatment of undocumented children who are born in certain areas or among certain population groups.
- Less attention paid to children under 3 years of age in policies, provision of programmes and services, and in the level of human, material and financial resources available.
- In many countries, ECCE staff are under-qualified or insufficiently educated to ensure high quality care and education in a variety of contexts and social groups, especially in non-conventional or alternative modalities.
- The quality of programmes and services leaves much to be desired, especially those provided to the most vulnerable groups.
- A lack of statistical information and absence of studies and assessments that generate knowledge for decision making and for monitoring the quality of programmes and services.

Some central challenges and recommendations for the attainment of equitable, high quality ECCE that will help to bridge social gaps and segmentation are as follows:

- To develop policies, programmes and mechanisms to ensure children can fully exercise their rights, strengthening the role of the State as guarantor of those rights and the participation of civil society in monitoring them in society.
- Establish ECCE as a priority, developing public policies with broad based social participation that comprehensively address the needs and rights of children from gestation to 8 years of age, prioritising children under 3 years of age.
- Consolidate the development of intersectoral policies and collaboration among different actors and levels of government, as well as interinstitutional articulation at the local level, to guarantee comprehensive care during early childhood.
- Increase access to ECCE, especially among children under 3 and those living in vulnerable situations by developing more inclusive programmes and services and by implementing equity policies that guarantee equal access to quality ECCE respecting diversity.
- Develop frameworks of reference and approaches to quality pertinent for this stage, built by consensus among different sectors and stakeholders, establishing quality criteria that all programmes and services can be required to fulfil.
- Strengthen the capacities, motivation and ethical commitment of all ECCE professionals, especially volunteers and community agents, and improve their working conditions and society's appreciation of their contribution.
- Strengthen the role of families in defining, developing and monitoring policies and programmes, and reinforce their role in defending, promoting and protecting children's rights.
- Increase investment in ECCE and undertake an equitable redistribution of human, material and financial resources.

- Design and implement comprehensive, integrated information and knowledge systems that provide a picture of the ECCE situation and contribute to the definition, development and monitoring of ECCE policies and programmes.
- Strengthen cooperation among countries and coordination among different cooperation agencies and entities to advance more resolutely in early childhood care and education.

## INTRODUCTION

This report was drafted in the context of the World Conference on Early Childhood Care and Education, organized by UNESCO in cooperation with the City of Moscow and the Russian Federation from 27 to 29 September 2010, and has been prepared by the UNESCO Regional Bureau of Education for Latin America and the Caribbean (OREALC/UNESCO Santiago) and the International Institute for Educational Planning of UNESCO, Buenos Aires Regional Office (IIEP-UNESCO Buenos Aires), with the collaboration of the International Centre for Education and Human Development, CINDE, of Colombia.

The aim of the report is to offer a general analysis of the status of Early Childhood Care and Education (ECCE) in the 19 countries of Latin America<sup>5</sup>, and identify the main challenges to be addressed and actions to be taken in the region to achieve the first goal of Education for All: *“expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children”*.

The report is based mainly on information from secondary sources such as EFA Global Monitoring Reports (2006-2010), the 2009 SITEAL report on early childhood, statistical information from the UNESCO Institute for Statistics and from other local and international entities, studies and investigations, and bodies of legislation, public policies and programmes on ECCE from countries of the region.

The report is organized into three parts. The first offers an analysis of political, social, economic and cultural contexts in which children of the region live out their lives. The second part describes the status of early childhood care and education in regard to definitions and approaches, legal and policy frameworks, funding, access to programmes and services, equity and quality, and information systems. The analysis emphasises trends and features common to countries and others unique to certain countries, and presents examples of experiences related to different aspects of ECCE. The report ends with a series of conclusions, challenges and policy recommendations to face those challenges.

The conclusions, challenges and recommendations were analyzed and validated at a regional workshop organized jointly by OREALC/UNESCO Santiago and Plan International and attended by representatives of seven countries of the region working in a variety of public sectors (education, health, children’s councils), NGOs working in this area, universities and international agencies such as the Inter-American Development Bank, UNICEF and the Organization of American States (OAS). The OAS, UNICEF and the Organization of Iberian American States (OEI) have also contributed with studies and materials for the report.

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<sup>5</sup> Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela.

## 1. THE REGIONAL SCENARIO

The first decade of the 21st Century ended in the region with significant economic, political and legal advances that nonetheless were slow to impact social indicators. This decade initially marked by an increase in poverty, greater exploitation of labour and setbacks for citizens in the political and social spheres as a result of the implementation of neoliberal reform, concluding in 2010 with new possibilities and challenges.

The region is now better positioned to face the financial crisis that began in 2008 in global financial centres, giving reason to hope that the impacts will not be as severe as in previous international crises, also due to the fact that most countries of the region established economic policy measures that capitalized on the growth observed over the last five years. Unlike the trend of recent decades to put in place adjustment policies, in recent years governments of the region chose to apply counter-cyclical expansion measures for fiscal spending rather than limit spending on social programmes, in order to minimize adverse effects on the lives of citizens.

### 1.1. Political Framework

Democratic regimes have continued to strengthen in the region, leaving behind the times in which the Rule of Law was interrupted by military and political/military coups. While the early years of the last decade witnessed a series of political-institutional crises that affected the central institutions of some countries<sup>6</sup> and in many cases resulted in the fall of presidents, in no case did those events call into question the continuity of the democratic system. Even so, in Latin America's democracies the problem of governability is far from being resolved.

The democratic processes established enabled greater political exchange among States and consolidated sub regional integration processes. To those already begun in previous years, such as the Andean Community of Nations and Mercosur, more have been added, including ALBA and, more recently, the Union of South American Nations (UNASUR). UNASUR is a political and economic community of twelve South American countries that seeks to use participation and consensus to build opportunities for cultural, social, economic and political integration and union among the countries of South America.

### 1.2. Legal sphere and broadening of rights

In the **legal sphere**, countries advanced in the approval of new legislation after ratifying international human rights instruments and adjusting these to internal laws. These instruments are aimed at groups that have long faced discrimination and been denied political, economic and social recognition, and are expressed in long term policy commitments. In addition to passing laws aligned with the Convention on the Rights of the Child, and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, most countries ratified the Convention on the Protection of the Rights of All Migrant Workers and Members of their Families and the Convention on the Rights of Persons with Disabilities, creating a body of law that works in concert to counter discrimination based on age, gender and nationality and prohibit differentiation, exclusion

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<sup>6</sup> These crises were verified in at least seven countries: Paraguay (2000); Peru (2000), Argentina (2001, Venezuela (2003), Bolivia (2003 and 2005), Ecuador (2000 and 2005) and Honduras (2009).

and limitation of individuals based on their physical, mental, intellectual and sensory condition.

### 1.3. Economic processes and social consequences

In 2003, the longest and most intense period of growth in the region since the 1970s was ushered in. From then to 2007, per capital gross domestic product increased by more than 4% per year on average. That growth, facilitated to a large degree by the increase in international commodity prices, enabled more and more people to join the workforce, reducing unemployment significantly. Through the decade the unemployment rate dropped by 20%, although around 2009 it still affected 8% of the economically active population, indicating that the productive system is still far from being able to incorporate the entire workforce into the labour market.

Furthermore, a recent publication of ILO (ILO, Panorama Laboral 2009) warns that even though the region was in a better position to face the financial crisis of 2008 than in previous instances, virtually no country could completely escape the effects of that crisis on production and employment.

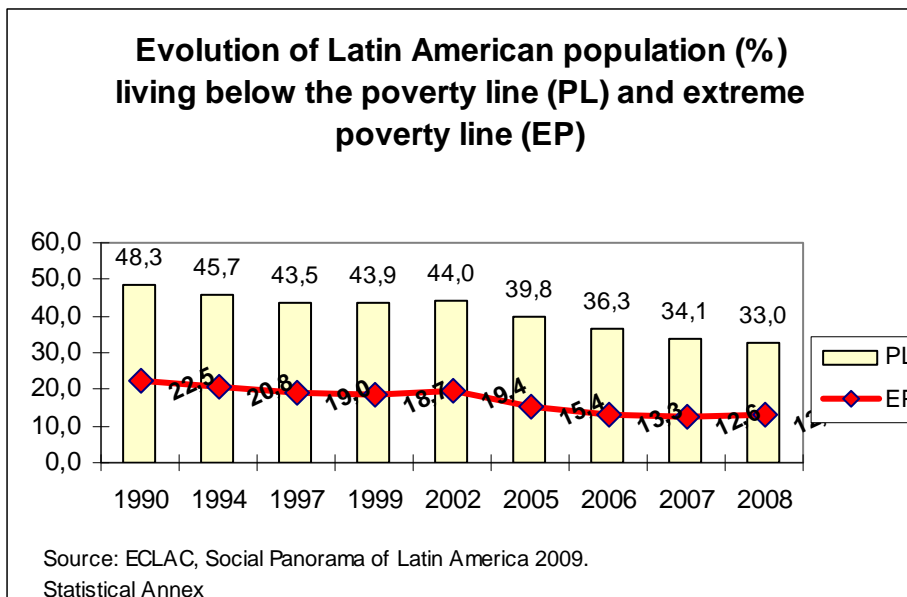
Even with less unemployment, recent figures published in the abovementioned ILO report indicate that, while progress has been made, the quality of jobs that employed people hold is poor, with just 60 per cent of the employed urban population are protected by a health care or pension program. Still, this represents an improvement over conditions in the first few years of the decade, though over the last five years figures have remained almost the same. Moreover, ECLAC confirms that in countries for which recent information is available, more than 40% of the population works in low productivity jobs—the informal labour market (CEPALSTAT Estadísticas e indicadores demográficos y sociales<sup>7</sup>).

Considerable improvement was also witnessed in **income distribution**. Between 2002 and 2008, the Gini index dropped by 5% on average across the region (ECLAC; Social Panorama of Latin America 2009). This reduction was not even, as some countries such as Colombia, Guatemala and the Dominican Republic showed a tendency towards more inequality. Also, despite some improvement, Latin America continues to suffer from profound inequalities in income distribution. While the 10% of the wealthiest households earn one third of all income, the 40% poorest earn less than 15%.

The persistence of inequitable income distribution and still high rates of unemployment force a major segment of the population to live in **poverty and extreme poverty**. Official ECLAC figures report that in 2008, 33% of the population of Latin America (180 million people) lived in poverty, and 12.9% (71 million) in extreme poverty. This figure reflects a significant improvement over 2002, when more than 220 million people in the region lived in poverty; in effect, poverty has been reduced by 20%, and extreme poverty by 30%. Nevertheless, it is a warning sign that, in recent years, poverty reduction has slowed and extreme poverty rates have risen.

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<sup>7</sup> <http://www.eclac.org/estadisticas>



Countries have made some efforts to mitigate the consequences of this reality on the lives of their citizens. As the report “Social Panorama of Latin America 2009” indicates, between 2000 and 2008 spending on social programmes rose steadily across the region, registering a 16% increase over this period. Social spending increased the most in the areas of social assistance and social security, followed by education.

While the fight to reduce poverty is far from being won, it is more difficult still to revert the profound impact of social disintegration resulting from exclusion and weakening of the institutions that foster social cohesion and inclusion. One of the most harmful consequences of this situation is the increase in violence. According to the “Report on Citizen Security and Human Rights” published in June 2010 by the Inter-American Commission on Human Rights, Latin America has the highest rate of violence in the world. The report highlights that, compared to the rate of 8.9 murders per 100,000 inhabitants registered in Europe, or the 3.4 and 5.8 recorded for the West and East Pacific regions, respectively, Latin America has an average of 25.6. Furthermore, murder rates among young adults 15 to 29 years of age stand at 68.9 per 100,000 in the Latin American region.

#### 1.4. Ethnic and cultural diversity

Latin America is a multiethnic, multiracial and multicultural region, and in recent years it has begun to recognize itself as such. In this process of self-recognition, the emergence of national and transnational indigenous movements has been a far-reaching phenomenon. Slowly, the relation among the great diversity of peoples living in the region has begun to coalesce as an issue on academic, social and political agendas. This new context is expressed, for example, in new laws and constitutional reforms oriented towards achieving recognition for the rights of indigenous peoples through educational reforms designed to strengthen intercultural bilingual education. This scenario has provided the conditions for the emergence, in many countries, of the demands and claims of Afro-descendant people and organizations, which have used the strategic priority of combating racism to build concrete proposals for guaranteeing social inclusion and human rights.

In this context, there has been renewed interest in gathering information to raise awareness of the diversity of peoples, cultures, races and languages of the region, and to bring into

relief the discrimination and exclusion that many Latin American indigenous and Afro-descendant peoples face in their lives.

According to ECLAC estimates based on population censuses from 2000 (ECLAC, Social Panorama of Latin America 2006), today, in the early 21st Century, the region's indigenous population numbers slightly more than 30 million, the majority of whom live in Peru, Mexico, Bolivia and Guatemala. In all, 642 indigenous groups are officially recognized by Latin American states while the region has some 860 languages and dialects (ECLAC; 2006 op. cit.). Census data also reveals that there is still a huge gap between the recent legal recognition of indigenous rights and the effective exercise of those rights.

Information is less precise for the Afro-descendant population, as fewer countries compile data on this group in population censuses. Nevertheless, estimates based on census data from the last decade (Antón y Del Pópulo F; 2009) indicate that this group numbers some 120 million, representing 23% of the Latin American population. The countries having the largest Afro-descendant population are Brazil (40%)—home to 76 of the 85 million—Cuba (35%) and Colombia (11%). Several studies conducted by ECLAC, academic institutions and international organizations reveal that despite their numbers and influence in the social and cultural spheres, the Afro-descendant population faces more disadvantages than the rest of the population in the areas of education, employment, health, infrastructure and access to public services in general. Centuries of social discrimination and racism are factors that cannot be ignored in addressing the causes that give rise to these important social gaps.

## **1.5. Climate change and natural disasters**

The region is also vulnerable to natural disasters and climate change, with both the intensity and frequency of natural disasters increasing in recent decades. For example, flooding in Ecuador, drought in the Southern Cone region, freezing temperatures in Andean countries, hurricanes in Central America, earthquakes in Chile have all increased. "Notas de la CEPAL N° 62"<sup>8</sup> reports an economic impact study of natural disasters conducted by ECLAC's Disaster Unit that points out that, considering the impact of agriculture, industry, social sectors, housing, roadways, telecommunications and environmental heritage, material losses caused by natural disasters amount to 7 billion dollars and have affected around 4.5 million people in the Latin American and Caribbean region. For ECLAC, disasters are not only considered events that require a rapid humanitarian response, but also are a negative factor for the potential development and sustainability of countries, as they occupy resources that could otherwise be used to bridge development gaps that existed before these events occurred.

In terms of climate change, like most other developing regions of the world, Latin America is increasingly suffering from the adverse effects of this phenomenon, even though it generates relatively little greenhouse gases compared to industrialized nations and the emerging East Asian economies. The Intergovernmental Panel on Climate Change estimates that climate change will lead to serious environmental problems that will threaten development opportunities and diminish the quality of life of the world's population (IPPC; 2007). Some expected results include the gradual substitution of tropical forests by savannahs in the eastern Amazonas region; a major loss of biological diversity and extinction of species in many parts of tropical Latin America; a decrease in major crops; changes in precipitation patterns and the disappearance of glaciers, which will affect water supply; the intensification of flooding as sea levels rise; the deterioration of conditions on the coast due to beach erosion; and decolouration of coral reefs.

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<sup>8</sup> /www.eclac.org/notas/62

## 1.6. Demographics

In 2009 the population of Latin America was 566 million inhabitants, more than half of which lives in the region's two most populated countries, Brazil and Mexico. Three out of every four live in urban zones, and one third lives in cities of more than a million inhabitants.

A recent CELADE report states that Latin America is undergoing major changes in its **demographic evolution and configuration**. These include a slowdown in population growth (1.3% annually for the 2005-2010 period) and the aging of its populations. These changes have resulted from a sharp reduction in fertility rates preceded by a steady decline in mortality. The process, known as "demographic transition," has occurred in this region much more rapidly than in developed countries.

In its initial stage, demographic transition involves a decrease in demographic dependency owing to reduced pressure from the population of children and the early increase in the older population. This stage, in which populations have a "demographic bonus", is considered a good time to undertake productive investment or increase social investment in fighting poverty, improving education and reforming the health system. It must be taken into account that this "demographic window" is time-limited as the steady reduction in fertility and decrease in adult mortality rates inevitably lead to increased dependency, this time due to pressure from the population of older adults. Also worth bearing in mind is that the benefits that this demographic bonus offers depend on the capacity of economies in the region to generate productive employment and absorb the available adult workforce.

Among demographic phenomena, migration processes deserve special consideration due to their wide ranging cultural, political and economic repercussions in countries of both origin and destination. Recent decades have witnessed a major increase in the flow of international migrants throughout the region. From countries that welcomed immigrants from abroad for much of their history, the vast majority of the region's nations have become exporters of labour and social capital. In effect, today it is estimated that for each individual immigrating to Latin America or the Caribbean, four emigrate from the region (Martinez Pizarro: 2005). The region's countries with the most emigrants are Mexico (more than 9 million), Colombia (1.4 million), and Cuba and El Salvador, each with approximately 900,000. In the 1990s, intraregional migration began to rise again, characterized by the movement of people to adjoining and/or neighbouring countries.

Like other developing regions, for several decades now emigration from Latin America has led to major losses of highly skilled individuals. This significant emigration of professionals in highly specialized areas (a phenomenon that is often called the "brain drain"), threatens the consolidation of a critical knowledge base, thereby limiting the competitiveness of countries of emigration.

Another important feature associated with emigration is the flow of remittances, which has major macroeconomic effects in several countries. In some of those countries the volume of remittances greatly surpasses other foreign currency revenue sources.

Of growing concern is the vulnerability and lack of protection experienced by the majority of Latin American immigrants, as these individuals fall victim to successive violations of their human rights and become easy targets for violence, abuse and discrimination.

The international financial crisis that exploded in 2008 opened a series of questions about the future evolution of migration in the region. Information available to date indicates that, while it is slowing down, emigration continues to be seen by Latin Americans as an effective strategy for finding better employment opportunities or more income (Martinez Pizarro et al, 2009). In relation to the volume of remittances, expert agencies such as the World Bank and the Inter-American Development Bank (IDB) indicate that, despite a major slowdown in

remittances to primary destination countries that began in the third quarter of 2008, remittance levels did not plunge dramatically as a result of the crisis.

### **1.7. The status of women and the family**

In matters of early childhood, the development of the labour market is of particular interest. As the 2009 SITEAL Report affirms, “access to resources that enable the living conditions necessary to ensure that each child is born into an adequate environment and has a healthy, full life depends to a large degree on the way each family interacts with the productive system through the labour market.”

In this regard, the **growing incorporation of women into the labour market also affects child rearing**. Between 1990 and 2007, the participation of women 25 to 54 years old in the workforce rose by around 20 points (ECLAC, 2009 op cit). Nevertheless, women’s greater participation in this non-domestic sphere was not accompanied by a corresponding decrease in their unpaid domestic duties. Women continue to play the traditional role of caregiver to dependent members of the household, often having to attend to the needs of small children as well as those of their longer-lived elderly relatives. This situation seriously affects their ability to obtain better jobs, despite the fact that in many countries women have the same level of education as men. The situation described above makes it even more urgent to expand coverage of Early Childhood Care and Education services, as well as care of older adults, especially among more vulnerable segments in which the income earned by women outside of the home is often a determining factor in the family’s ability to rise out of poverty, and where traditional gender roles are more entrenched within the home.

Women’s increased participation in the workforce, coupled with recent demographic shifts and the rise in separation and divorce rates, have produced some profound transformations in recent decades in the structure and behaviour of families. In most countries there has been a decrease in two-parent nuclear families with children, and an increase in single parent families (usually headed by women) and single person households; the extended family continues to be present. One phenomenon associated with lower fertility rates is the smaller average size of households. As the frequency of divorce, separation and widowhood rises, along with the formation of new family ties, new family forms emerge, such as the so-called blended family (Arriagada; 2002). Despite being readily apparent, the design of social policies in Latin America continues to be constricted by a single vision of the family as the legal union of persons of the opposite sex living under the same roof with offspring, with the male as provider and the woman as caregiver. Thus, such policies continue to be based on the presence of one individual who is completely in charge of the household (Sunkel; 2006).

### **1.8. Status of early childhood**

When one speaks of early childhood in Latin America, one is referring to 64.5 million girls and boys. The number itself offers an idea of the magnitude of the effort required of countries if they are to achieve the objective of ensuring children’s well being and comprehensive development.

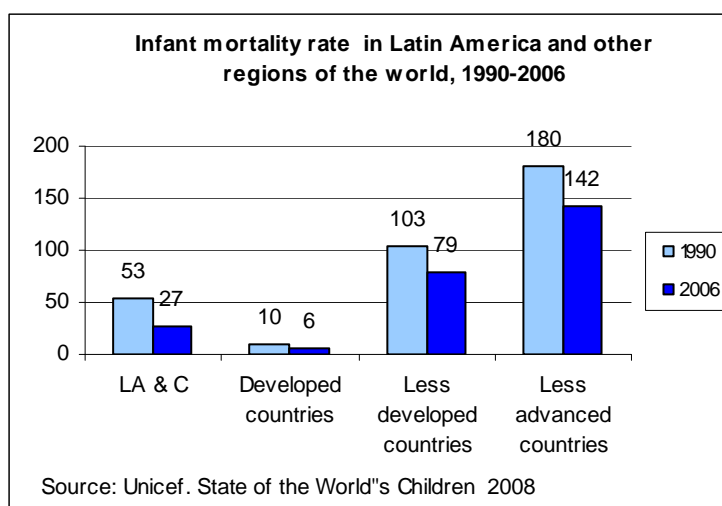
According to the 2009 SITEAL report, from a demographic perspective the region offers a positive outlook for early childhood. On one hand the reduction in birth rates offers a favourable scenario as it reduces pressure on resources that need to be mobilized. On the other, at the individual level having less children will reduce the risks to families associated with childrearing and increase the chances they can maintain levels of well being for the children they do have.

Nevertheless, it is also important to bear in mind that children are the most at risk in the context of poverty and extreme poverty described above. The so-called “**infantilization of poverty**” can be seen in the percentage of children living in such conditions. In Brazil in 2008, one out of every four inhabitants was poor, but poverty affected 43% of children under 15, a situation that is repeated to a greater or lesser degree in all countries of the region. In turn, the population of children living in extreme poverty is double that of the general population.

Malnutrition and preventable death among children are without a doubt the most dramatic illustrations of poverty and exclusion. In the region, 16% of children under 5 years of age are smaller than average for their developmental stage, meaning that 8 million children suffer from chronic malnutrition (SITEAL; 2009a).

In the last ten years, **mortality among children under 5 years of age** has decreased, although at a slower pace than in the final decades of the 20th century. Although the region is in a much more favorable position compared to less developed countries, it is still far from reaching the level of developed countries: children born in Latin America are four to five times more likely to die before reaching the age of five than children in wealthier countries.

The gaps among countries also reflect the extent to which child mortality is preventable. In 15 of region’s 19 countries, a child is three times more likely to die before reaching his or her first birthday than in those countries with lower mortality rates.



Major gaps are also observable for different regions and social groups within countries themselves. In this regard, it is important to note the high mortality rates that affect the indigenous population. The high mortality recorded for these groups very likely reflects the unequal access of families of origin to the basic necessities of life and the lack of adequate coverage of primary health care services that is commonly found in zones where these populations live. Cultural and linguistic barriers are other factors associated with high mortality rates as they hinder people from accessing services. In its 2009 report, SITEAL emphasizes that in countries with a larger indigenous population, such as Bolivia, Ecuador, Guatemala and Peru, infant mortality among indigenous children is 60% higher than among the non-indigenous population, while mortality among indigenous children under 5 years of age is 70% higher. Such empirical evidence points to a need to rethink health policy practices and incorporate an intercultural approach that promotes dialogue between the biomedical model and indigenous traditions.

Violence, abuse, discrimination against children are also persistent problems in the region. As the United Nations Committee on the Rights of the Child affirms, “Young children are especially vulnerable to the harm caused by unreliable, inconsistent relationships with parents and caregivers, or growing up in extreme poverty and deprivation, or being surrounded by conflict and violence or displaced from their homes as refugees, or any number of other adversities prejudicial to their well-being” (2006: Section 36).

While there is lack of information on the scope of different kinds of violent behaviour, several reports on violence have generated quantitative estimates of these phenomena.<sup>9</sup> The United Nations Study on Violence against Children identifies violence in different scenarios involving young children that include the family, the school and institutions. According to estimates, each year more than 6 million girls and boys suffer serious abuse in countries of the region, and more than 80,000 die from domestic violence. Survey data from Costa Rica reports that 32% of women interviewed and 13% of men had suffered sexual abuse during childhood; in Nicaragua, 26% of women and 20% of men interviewed had suffered such abuse.

Physical punishment is a common childrearing and disciplinary practice in the region, with the smallest children being the main victims. In a survey conducted in Colombia, 42% of women reported that their spouses or partners punished their children by hitting, and 53% of women considered that physical punishment was necessary for the child’s education and employed this method.

The UN Secretary General’s report maintains that preschool and primary school aged children are the most affected by corporal punishment in school, even though this practice is prohibited in several countries of the region, including Ecuador, Honduras, the Dominican Republic and Venezuela. The document also emphasizes that weak and poorly framed public policies intended to support families have fostered the proliferation of residential services, with the result that institutions tend to respond to situations of child protection by removing children to residential centers. This practice has been applied to children requiring protection, to street children, and to children whose parents cannot provide them with the care they need.

The risks of discrimination against young children have also been emphasized by the United Nations Committee on the Rights of the Child: “Young children are especially at risk of discrimination because they are relatively powerless and depend on others for the realization of their rights.” (2006: section 11).

**PERU:  
CHILD ABUSE HEALTH CARE UNITS -  
“MAMIS”**

Concerned about the high rates of child abuse in Peru, the Ministry of Health, with the support of UNICEF, launched the program “MAMIS”, implementing Child Abuse Health Care Units in most regional hospitals of the country.

Each MAMIS unit has a team that coordinates all health services provided. The traumatologist, gynaecologist and external consultants are sensitised to and vigilant in detecting situations of violence and abuse. When abuse is detected the case is referred to an interdisciplinary team of doctors, psychologists and social workers.

The program has made some significant achievements: A standardised form has been designed for use in these cases; an interdisciplinary intervention strategy has been defined; and coordination among different sectors has been arranged to strengthen child abuse intervention networks within local health care networks.

As a result of its experience with the MAMIS program, the Ministry of Health has established standards and procedures for treating victims of family violence and child abuse in health care centres.

**Source:** UNICEF, Notas de Prensa, Carpetas Informativas, Violencia y Maltrato Infantil, 2006.

<sup>9</sup> UNICEF data sheet on the UN Secretary General’s Study on Violence against Children, <http://www.unicef.org/lac/hoja1%281%29.pdf>

However, discrimination has many facets, the most significant factors being ethnic and social origin, mentioned above, as well as disabilities and HIV. The Latin American segment of the United Nations World Report (United Nations, 2006) reports that around 50 million individuals with disabilities live in the region, quoting figures from a December 2004 World Bank report; this means that approximately 10% of the population of the region lives with a disability. And 82% of persons with disabilities live in poverty. Children and adolescents with disabilities suffer social, economic and political exclusion and stigmatization, and their needs are not taken into account in the design of programmes, policies and services. In Latin America, between 20% and 30% of these children attend school. According to United Nations statistics, the underlying cause of more than 20% of all disabilities is malnutrition. It is estimated that only 2% of individuals with disabilities in developing countries have access to special services and treatments.

The increasing spread of HIV/AIDS has had a serious impact on children. Child abuse, exploitation, and usurpation of their inheritance are some of the most common threats that orphans and other at risk children face. These children are also often forced to abandon their homes and live outside of the family setting. They are more frequently rejected by the extended family than orphans from other causes. Owing to this situation and other adversities, orphans, and children and adolescents affected by HIV/AIDS, are often marginalized and can become the most vulnerable members of society (United Nations, op.cit).

Another group of children that are especially unprotected are those whose identity is not legally recognized. The lack of a birth certificate severely limits a person's ability to exercise other rights such as health care, education, and social security. Such children are also much more vulnerable to identify threat and illegal appropriation, sale and trafficking, and risk abuse and other forms of violence. According to recent figures from UNICEF (UNICEF; The State of the World's Children 2009) one out of every six children born in Latin America is not registered. Among countries for which information is available, the highest rates of unregistered children are found in Bolivia (26%), the Dominican Republic (22%) and Nicaragua (19%).

In summary, despite an apparently encouraging outlook, the region has not yet been able to overcome longstanding structural inequalities that have produced societies that are highly fragmented in terms of social, cultural and economic goods, and the living conditions of children in early childhood unavoidably reflect those inequalities. Unless timely and appropriate action is taken in early childhood, inequality and exclusion are likely to persist throughout life.

## **2. ECCE IN THE LATIN AMERICAN REGION**

### **2.1. Historic trends in early childhood care and education**

Care and education for young children began in Latin America at various times during the nineteenth century, stemming from a number of different sector-based initiatives arising from the areas of protection, health, and education.

The earliest actions, dating back to the colonial period, were organized by religious orders and were directed towards the **protection** of children whose families, for a variety of reasons, were unable to care for them. During the nineteenth century the scope of such actions was broadened to include the poorest children, becoming part of public beneficence programmes, and falling under the responsibility of the State during the early decades of the

twentieth century with the passing of laws in a number of countries (Argentina 1919; Brazil, 1927; Uruguay 1934; Ecuador 1938). These laws legitimised the separation of children from the family environment, generally due to issues of poverty, an approach that survived until the ratification of the Convention on the Rights of the Child in the 1990s. At that time all countries in the region passed new laws in keeping with the international Convention.

In the area of children's **health**, the earliest actions were mainly based on the treatment of disease, with some activities directed towards the improvement of children's and mothers' conditions in terms of hygiene, nutrition, and care. Within the general context of concern for the health of the population, programmes relating to children were approached from the perspective of the medical establishment at the time. Initiatives directed towards children's psycho-social development came much later, and no major actions were taken in this regard at the time, except for a few very general approaches derived from activities in the area of childcare (Peralta & Fujimoto, 1998).

Early childhood education in the region had its beginnings at the end of the nineteenth century, within the framework of childhood education in general. This period saw the creation of the first establishments for young children, known by different names in different countries – “Jardines Infantiles”, “Kindergarten”, or “Escuelas para Párvulos” – but all of which were based on a highly pedagogical approach derived from contemporary European practices (Peralta, 2009). The same period saw the beginnings of professional training for teachers specialised in pre-primary education, as for instance was first implemented in Argentina in 1886. The first such experiences in some areas were directed towards the children of working class families, as it was argued that upper and middle class families had sufficient resources to raise their children at home until they entered primary school. In other cases, it was rather the “educated” classes that enjoyed the benefits offered by such establishments, sending their youngest children to the kindergartens attached to private schools.

From these beginnings, the expansion of ECCE in the region was relatively slow until the 1970s. Until that time preschool educational establishments were mainly located in the larger cities where the concentration of children was highest, and they were closely linked to primary schools. However, as an increasing number of women began to take jobs, childcare programmes gradually began to expand into marginal urban regions, hospitals, industrial areas, and other locations where there was a high concentration of children.

During the 1960s, in a context of increasing demand, a search began for new models of both curriculum development and management, in response to growing needs (Peralta & Fujimoto, *ibid.*). In the public sector, and particularly in kindergartens managed under the auspices of the education sector, class sizes grew and assistants or community volunteers were incorporated to help teachers who were placed in charge of one or more classes. Additional establishments sprang up, mainly funded by the social welfare sector: daycare centres, crèches in Brazil, or “casas cuna” (“*cradle houses*”).

At this time the term “preschool education” referred mainly to formal programmes with schools related environments, directed towards children about to enter primary education. In the words of Myers (1995): “Programmes providing education or fostering social development of children prior to age four were classified as “child care” and treated separately. Organized community-based and non-formal programmes of early childhood education and development were not common and those efforts that did occur were not included in statistics on preschool education.” In fact, the emphasis of such services was generally placed on welfare aspects of childcare, with health and nutrition activities, and with a weaker educational component.

## **2.2. Definition of early childhood care and education**

In recent years the early childhood period has acquired an ever growing visibility in public policy. According to the United Nations Committee on the Rights of the Child, this stage of development includes: "...all young children: at birth and throughout infancy; during the preschool years; as well as during the transition to school", and the committee therefore "proposes as an appropriate working definition of early childhood the period below the age of 8 years" (Committee on the Rights of the Child, 2004:3). Although almost all of the countries in the region have ratified the Convention, early childhood for ECCE is taken to be a stage leading from the prenatal period through to the age of 6, as primary education in most of the countries starts at this age<sup>10</sup>.

This is a critical period for realizing young children's rights (CRC, 2004:3). Physical and emotional care at an early age has long term and decisive effects on children's development and on the development of their capacity to learn and to manage their emotions. Children who grow up in environments with a risk of malnutrition, abuse, mistreatment, violence, stress, and lack of stimulation are consequently affected by conditions that have a negative effect on their ability to learn, and thus on their ability to achieve good results in school and with more complex social, emotional, and intellectual skills that are important for their full and comprehensive insertion into society. A comprehensive approach to development in early childhood should take in the dimensions of health, nutrition, hygiene, education, environmental cleanliness, access to clean drinking water, care, emotional contact, and protection.

Early childhood care and education programmes are characterised by a large number of management structures or dependencies and modalities (formal or non-formal). With regard to the State sector, a wide variety of programmes exist directed by ministries of Health, Labour, Social Welfare, the Family, and Education, or by bodies responsible for early childhood policy. Many other initiatives relating to this educational phase are run by private concerns, the Church, Non-Governmental Organizations, and International Cooperation Agencies.

## **2.3. The educational dimension of ECCE**

Policies and legal frameworks in most countries in the region clearly reflect an understanding of the importance of the educational component during early childhood and the assumption that learning begins at birth, recognizing the preventive and compensatory effect of difficulties in learning and development and of educational and social disadvantages. Initial, preschool or early childhood education takes in the period of care and education of children under the age of six occurring outside of the family environment. This includes wide ranging types of care and education addressing the needs of children from their first weeks of life through to their entry into primary school.

### **2.3.1. Cycles of early childhood education**

In almost all education laws ECCE is defined as education targeted to children between birth, or the age of three months, and 5 or 6 years, depending on the country's age for the start of basic education. Only in the cases of Honduras and Ecuador do laws establish the school age starting at the age of 3 and 4 years, respectively. This education level is referred to by different names in different countries but is generally organized into two or three

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<sup>10</sup> The only countries in the region in which primary education begins at the age of 7 are Brazil, El Salvador, and Guatemala. In all other countries primary education begins at the age of six. (Source: UNESCO Statistics <http://stats.uis.unesco.org/UNESCO>.)

cycles, as is the case for primary education. The last cycle is usually referred to as “preschool” (*preescolar*) or “pre-primary” (*preprimario*), with earlier cycles known as “nursery” (*parvularia*), “initial” (*inicial*) or “infant” (*de la infancia*) education, as shown in the table below.

There has been a trend in recent years towards the consideration of one or two years of initial education within compulsory education, as is the case in OECD countries. In other cases although it is not compulsory, there is a trend towards universal schooling for 4 and 5 year olds, as in the case of Chile. Mexico and Peru are exceptions, with compulsory education beginning at the age of three.

**CURRENT LAWS FOR INITIAL EDUCATION IN COUNTRIES OF THE REGION**

<b>GROU P</b>	<b>COUNTRY</b>	<b>LAW</b>	<b>YEAR</b>	<b>COMPULSORY/ OPTIONAL (theoretical age)</b>	<b>AGE RANGE</b>	<b>TERM USED</b>
Before 1980	Panama	Organic Law of Education	1946 revised in 1995	4 and 5 years	0 to 5 years	Educación preescolar (3 cycles )
	Costa Rica	Fundamental Law of Education	1957 revised in 1958,1992,1996 and 2001		0 to 6 years	Educación preescolar
	Cuba	General Nationalization and Gratuity of Teaching Law	1961 / in 1980 and 1984 functional regulations for childcare centres	non-compulsory	0 to 6 years	Educación infantil
	Honduras	Organic Law of Education	1966	non-compulsory	3 to 6 years	Educación preescolar
1980s	Venezuela	Organic Law of Education	1980 revised in 1999	5 years	0 to 5 years	Educación preescolar
	Ecuador	Law of Education and Culture	1983 revised in 1992, 1999, 2000 and 2003	non-compulsory	4 to 6 years	Educación pre primaria
1990s	Guatemala	National Education Law	1991 revised in 2006	5 years	0 to 5 years	Educación inicial y pre primaria
	Mexico	General Education Law	1993 revised in 2000, 2003, 2004, 2005 and 2006	5 years (2004-2005) 4 years (2005 - 2006) and 3 years (2008-2009)	0 to 5 years	Educación inicial
	Bolivia	Educational Reform Law	1995	non-compulsory	0 to 5 years	Educación inicial
	Colombia	General Education Law	1994	5 years	0 to 5 years	Educación preescolar
	El Salvador	General Education Law	1996 revised in 2000, 2003 and 2005	4 to 6 years	0 to 6 years	Educación inicial y parvularia
	Brazil	Law of Educational Directives and Bases	1996 revised in 1997, 2001 and 2003	non-compulsory	0 to 6 years	Educación infantil
	Dominican Republic	General Education Law	1997	5 years	0 to 6 years	Educación inicial
Paraguay	General Education Law	1998	5 years	0 to 5 years	Educación inicial y preescolar	
After 2000	Peru	General Education Law	2003	progressive implementation, 3 to 5 years	0 to 5 years	Educación inicial
	Nicaragua	General Education Law	2006	not specified	0 to 5 years	Educación inicial
	Argentina	National Education Law	2006	5 years	0 to 5 years	Educación inicial
	Uruguay	Education Law	2008	4 and 5 years	0 to 5 years	Educación en la primera infancia e inicial
	Chile	Education Law	2009	non-compulsory	0 to 5 years	Educación parvularia

Source: SITEAL report, 2009

### **2.3.2. Approaches to early childhood education**

Policies adopted in a growing number of countries (Argentina, Colombia, Chile, Paraguay, Peru, Uruguay, and Venezuela) show a trend towards emphasising early childhood education as part of human development. From this perspective, preschool education is seen as a stage in itself, that is to say that it is not defined simply as a time to prepare children for primary education but rather as the most important educational experience in a person's life that lays the groundwork for new learning outcomes throughout life.

A characteristic feature of this approach is comprehensive care applied to the necessities of survival, learning, and bio-psychosocial development of children through comprehensive action in the areas of health, nutrition, education, care, and protection, accompanied by the establishment of an unbroken progression between initial education and primary education. Within these contexts, the defined goals for the initial education level make reference to five key aims: i) promotion of children's comprehensive development; ii) developing children as subjects of rights; iii) training and promotion for family participation in the processes of childhood development; iv) supporting continuity with the cycle of primary education; v) social integration and equity.

Despite this trend in the declared intentions of states, there remains an imbalance in care and education actions in different age groups and in the modality, dependency and funding sources of each programme or service. Programmes aimed at children under the age of 3 often have a weaker educational component, being based more on actions of care, while programmes for those over 3 place greater emphasis on the curricular framework of schools, indicating an instrumentalist and academic-based approach that must be overcome.

### **2.3.3. Forms of organization of early childhood educational services**

Early childhood educational services and programmes in countries of the region can be subdivided into two key types of service: formal and non conventional.

#### **a. Formal programmes:**

This category includes the traditional service models, which function either in independent establishments or within primary schools. This form of service is provided by teachers and other qualified staff, and activities are managed according to nationally established frameworks, regulations, and curriculum. The type of service provided generally covers areas related to basic needs, such as nutrition, health, and physical care, as well as educational functions. There is often no single institutional model in a given country, but rather a variety of options aimed at satisfying different types of demand.

Services operating within primary schools (generally known as preschool or transitional education) are usually directed at children of 3 to 5 years of age, and the structure, hours of operation, and functioning are more influenced by school culture, with a greater emphasis on education in instrumental areas. Conversely, specific centres for early childhood (childcare centres, daycare centres, kindergartens, etc) attend to children from the first months of their lives through to the age of 4 or 5, and adopt a less school-based system in terms of the activities undertaken, hours of operation, and relationships.

#### **b. Non-conventional and non-school-based programmes:**

These programmes take place in settings not based on the school, and show a higher level of flexibility in their organization and functioning, often including community and family development. Such programmes tend to be more varied, and are not necessarily based on

general curriculum guidelines, often being managed by promoters or volunteers, community agents, mothers, and fathers, generally with a primary or secondary level education. These educators share the local culture, values, and customs of the region where the programme is conducted, and can therefore provide children with culturally relevant care and education, although situations of deculturalization sometimes occur in which simplistic models are applied, models that are far from adequate in the provision of a relevant, modern preschool education.

These non-formal modalities are also directed especially towards disadvantaged groups, those in rural or remote areas. One difficulty highlighted in certain countries is the lack of articulation between formal and non-formal programmes, as well as the lack of support and information on the quality and efficiency of informal education programmes.

In summary, the development of early childhood education over the past century has progressed significantly, with all countries in the region incorporating early childhood care and education into their public policy agendas and developing a broad range of programmes and services to provide integrated responses to the needs of children in terms of survival, development, and learning. Despite these advances, further effort is needed to transcend the instrumental and assistance approach to ECCE, and to strike a balance between care, education, and protection throughout this phase of a child's life, with the goal of guaranteeing comprehensive care.

### **3. ACCESS AND EQUITY**

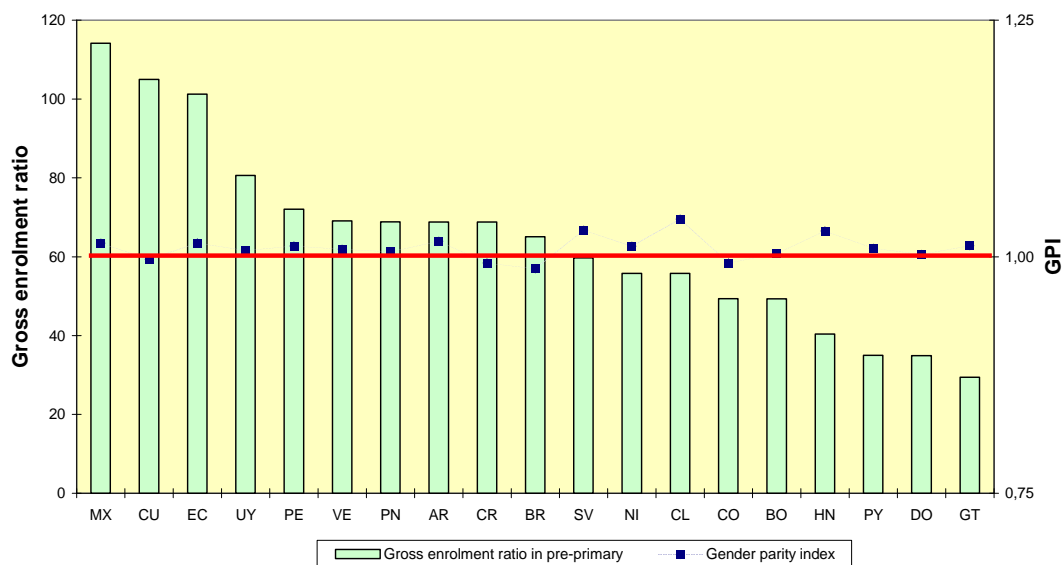
The early incorporation of children into education is an important consideration to achieve good outcomes for children during their school life, especially in profoundly unequal societies such as those of Latin America. Information regarding access to ECCE programmes and services for children under the age of three is incomplete and disparate, and the description given in this section is therefore based mainly on the age range of three years to the age the child begins formal education.

#### **3.1. Access to preschool education and the first cycle of primary education**

The last decade has seen a significant rise in the population participating in preschool education in the region. Between 2000 and 2008, almost three million children entered this education level, with an annual rate of increase of approximately 2%. It should be noted that during the same period the estimates made by CELADE (2007 y 2009) indicate that the total population aged three to six was beginning to decline slowly. This demonstrates that the significant increase seen in preschool education enrolment is due to greater inclusion of children into early childhood education services.

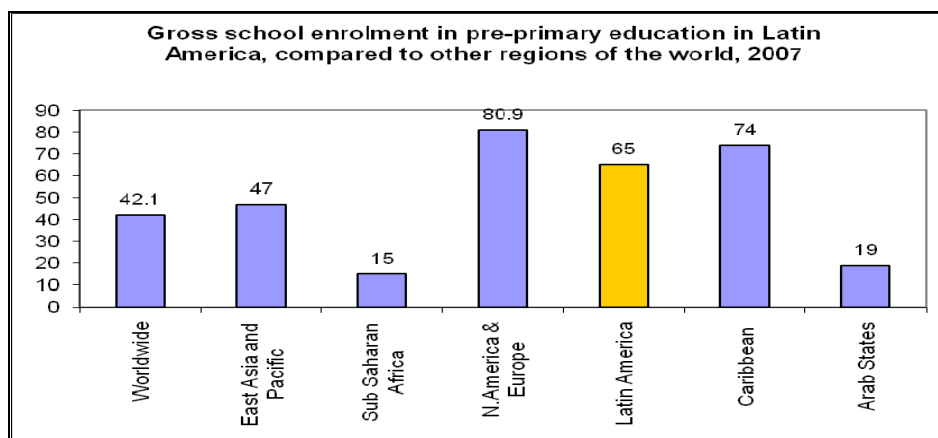
According to UNESCO Institute for statistics, the gross enrolment ratio of children 3 to 5 years of age in such establishments in the region rose from 56% to 65% from 1999 to 2007, and the gender parity index shows no significant difference between boys and girls, as is illustrated in the following graph.

Gross enrolment ratio and gender parity index in pre-primary education. 2008.



Source: UNESCO Institute of Statistics

The regional gross enrolment ratio of 65% places the region well above the average for developing countries (40%) but still far from reaching the level of developed countries (80.9%), as is shown in the following table.



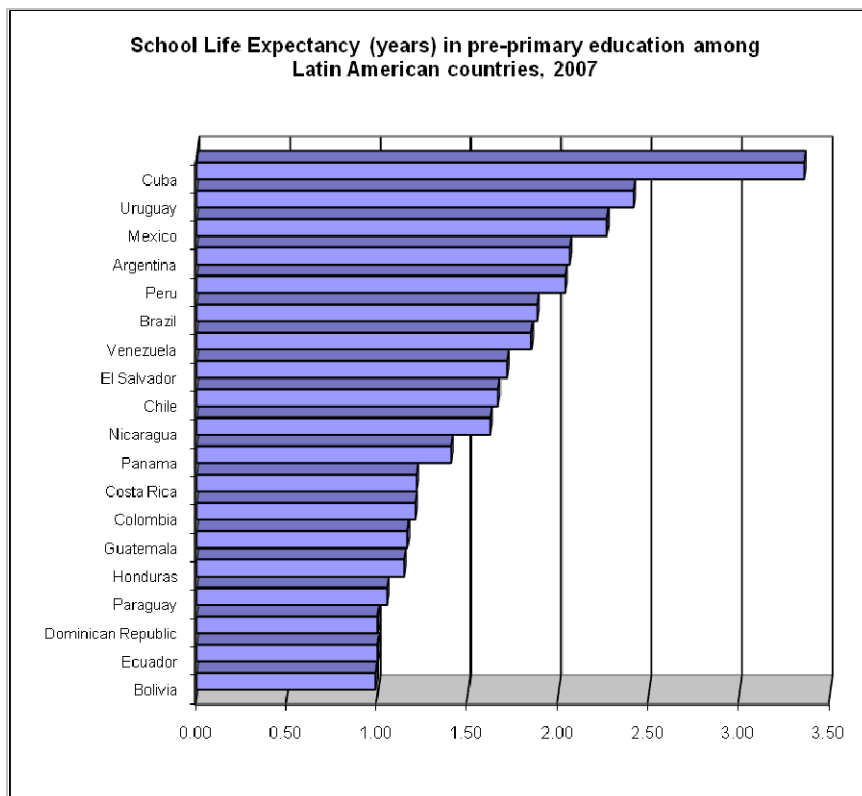
Source: UNESCO Institute for Statistics

This regional average conceals significant differences between countries. The following table shows that, although all countries show an upward trend in the gross enrolment ratio, variations among countries are still pronounced. It can also be seen that the highest coverage applies to children aged 5 (the age of compulsory education in many countries) and 4, while access levels drop and differences among countries become greater the younger the age group. For the age of five, only one country – Guatemala – has less than half of its children in the education system. For the age of four, nine countries fall below the 50% threshold. Finally, at the age for three, only two countries (Cuba and Peru) succeed in incorporating half of their children in the education system.

Age-specific enrolment (preprimary + primary education) 2007/2008.						
Country	3 years	4 years	5 years	6 years	7 years	8 years
AR	34.1	70.0	100.0	100.0	100.0	100.0
BO	0.2	20.4	66.3	91.3	98.8	100.0
BR	24.3	43.5	62.4	75.8	86.6	97.1
CL	22.2	80.5	87.3			97.0
CO		44.9	80.2	90.9	97.3	100.0
CU	98.1	100.0	100.0	100.0	100.0	100.0
DO	14.6	26.7	66.5	79.7	87.0	82.2
EC	6.2	17.5	82.1	100.0	100.0	100.0
SV	1.4	23.2	53.8	82.3	96.2	100.0
GT	2.9	13.5	35.4	77.8	92.9	98.9
HN	4.7	24.8	53.8	76.9	100.0	100.0
MX	33.0	92.0	100.0	100.0	100.0	100.0
NI	34.2	55.2	83.2	76.6	100.0	100.0
PN	6.0	41.1	82.2	88.6	100.0	100.0
PY	3.9	21.4	72.1	80.0	90.4	92.9
PE	54.0	75.6	87.9	88.8	95.1	98.4
VE	46.0	72.4	87.1	88.7	90.9	93.3

Source: UIS Database. Population UNPD Division.

Differences among countries are reiterated in the average number of years that children attend in pre-primary education in each country. Thus, a child living in Argentina, Mexico, Uruguay, or Cuba is likely to remain in pre-school education for two or even three times as long as one living in Bolivia, Ecuador, or the Dominican Republic, as is shown in the following graph.



Source: UNESCO Institute of Statistics

### 3.1.1. Drop out and repetition in the first cycle of primary education

The Latin American region continues to show high indices of drop out and repetition during the first two years of primary education, showing a need for increased attention in policies relating to the transition from ECCE to primary education. As can be seen in the following table, the regional percentage of desertion in the first and second years is close to the average for developing countries, though far from attaining the average for developed and transition countries (Education For All 2009 Global Monitoring Report).

	First year			Second year		
	Total	Boys	Girls	Total	Boys	Girls
World average	2.8	2.4	2.8	1.4	-----	-----
Developed countries average	1.0	1.1	0.9	0.1	-----	-----
Transition countries average	0.3	1.0	0.0	0.4	0.3	0.4
Developing countries average	5.2	5.3	5.0	2.1	2.6	1.6
<b>LAC Region</b>	4.1	3.6	4.6	1.8	2.1	1.4
Caribbean	1.6	-----	-----	1.1	0.0	2.3
<b>Latin America</b>	<b>4.9</b>	<b>5.2</b>	<b>4.5</b>	<b>2.0</b>	-----	-----

Percentage of drop out during the 1st and 2nd years of primary education. Source: EFA Global Monitoring Report 2009.

According to data from the Education For All 2009 Global Monitoring Report, the problem of repetition is even worse than that of drop out. Latin American countries have the second highest rate of repetition (9.8%) after Sub-Saharan Africa (12.2%), much higher than the Caribbean countries (2.8%). The problem of repetition does show gender differences, affecting boys more than girls – a trend shared across all groups of countries with the exception of transition countries.

	First year			Second year		
	Total	Boys	Girls	Total	Boys	Girls
World average	2.9			2.2	2.6	1.9
Developed countries average	0.8			0.7	0.7	0.6
Transition countries average	0.2	0.2	0.2	0.1	0.2	0.1
Developing countries average	5.4	6.4	4.4	6.3	6.9	5.6
<b>LAC Region</b>	6.6	7.2	5.9	6.6	7.8	5.3
Caribbean	2.8	3.8	1.7	1.5	1.7	1.3
<b>Latin America</b>	<b>9.8</b>	<b>11.2</b>	<b>8.2</b>	<b>7.8</b>	<b>9.4</b>	<b>5.9</b>

Percentage of repetition during the 1st and 2nd years of primary education. Source: EFA Global Monitoring Report 2009.

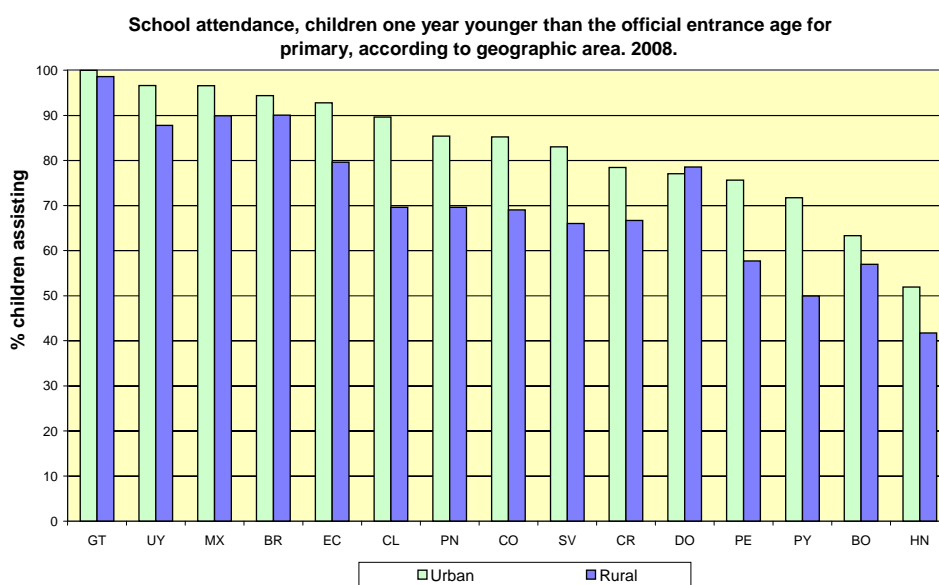
There is abundant evidence to indicate that children who repeat a grade during the first years of their education are more likely to abandon schooling early, and that while repetition carries a high emotional and economic cost, it has no significant effects on learning outcomes. Among other factors, repetition may be related to primary education teaching approaches that fail to respond to children's needs and characteristics, reaffirming the need for a suitable transition between ECCE and primary education.

### 3.2. Inequalities in access to ECCE

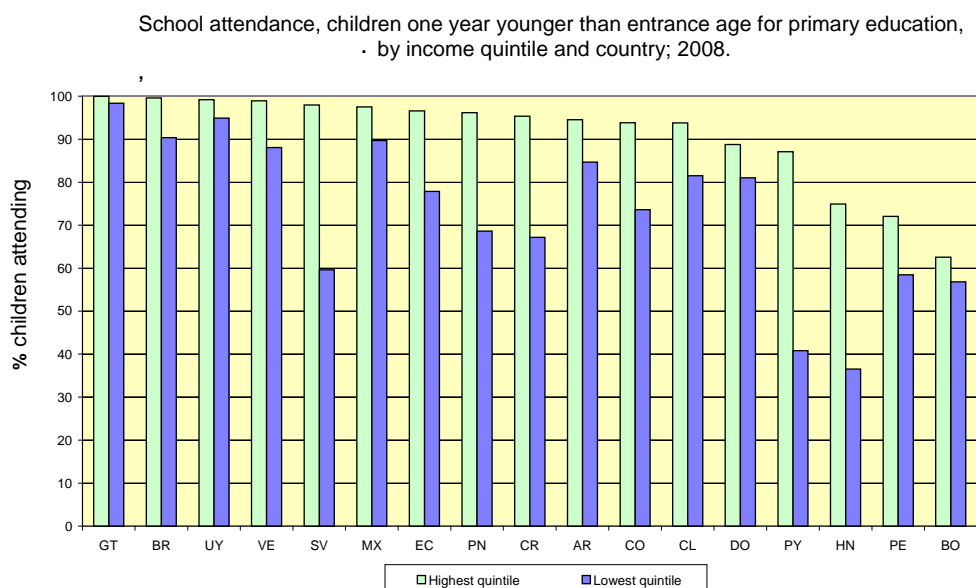
Aside from differences among countries, significant inequalities exist within countries, and this phase of personal development is of key importance in laying the foundation for increased equality. Expansion processes, both in the region as a whole and within countries, tend to originate in the most favoured social sectors and then extend to other population groups.

Countries in the region show profound differences in access to education by socioeconomic level, geographic location, and ethnic origin. The 2009 SITEAL report shows that five-year-old children<sup>11</sup> living in the best socially positioned homes are more likely to attend ECCE than children from the lowest income homes, and that preschool attendance among five-year-olds in urban areas is expanding more than in rural areas.

The following graphs show differences in access for five-year-old children according to income quintile and area of residence, both among and within countries (ECLAC 2008).



Source: ECLAC, 2008



Source: ECLAC, 2008

<sup>11</sup> This report subdivided information according to homes surveyed. In many countries educational information is compiled from the age of five.

According to the data displayed in the graphs above, income quintile is a factor that involves even greater disparity than geographic location (urban or rural). Although in Mexico, for instance, access for children of families in the lowest income quintile is only 7.76% lower than for children of families in the highest income quintile, in El Salvador the same difference is 38.29%; that is, access for children in the highest quintile is 38.29% higher than that of children in the lowest income quintile (the poorest 20%). DINIECE studies<sup>12</sup> conducted in Argentina in 2005 show a similar pattern. While 24.7% of three-year-olds, 56.7% of four-year-olds, and 88.2% of five-year-olds from the poorest 40% of the population participated in the formal education system, for the wealthiest 40% these percentages reached 47.2% (3-year-olds), 76.6% (4-year-olds), and 96.9% for 5-year-olds.

Home surveys in certain countries in the region investigating children's access to kindergartens or infant childcare programmes through to the preschool level, showed a similar pattern in ECCE access and expansion. This expansion process is described below for three countries with very different circumstances, showing great similarities among the cases.

In Chile in 2006, expansion at the pre-primary level was clearly more pronounced in higher income brackets, to such an extent that all children under one year of age involved in such programmes came from homes where the parents had attained a high educational level. The proportion of children involved in pre-primary programmes increased with age, such that by the age of five, 85% of children were regularly attending some form of educational establishment. The proportion of children attending ECCE programmes also showed a high level of dependence on geographical area, with a greater proportion in urban areas.

In Guatemala, although the overall proportion of children attending ECCE programmes is much lower than in Chile, the trends for geographical areas and social groups were similar. At ages below one year, the small proportion of children attending programmes all came from homes with high levels of education, and larger numbers of children were involved in such programmes from the age of three. At that age, 5% of children attend kindergarten, and this proportion increases to 8% when taking into account only urban areas. In the vast majority of cases, these are children from homes in which the adults have a high level of education. For children aged four, the rate of attendance rises to around six percent, and children from rural areas and the poorest homes gradually begin to become involved at this stage. Inequality of access is very clear with regard to geographical area and the family's social level.

Data from Guatemala also reveal a difference for children from homes in which at least one resident speaks an indigenous language, as an approximate indication of ethnic group. Children from indigenous homes show a clear tendency to enter education programmes later and in smaller numbers, as a percentage of the total. It is only from the age of 4 that 5% of them attend preschool, 13% less than children from homes where an indigenous language is not spoken. At the age of 5, only 35% of these children attend schools.

Brazil shows attendance trends similar to Chile, with 3% of children under one year of age attending childcare programmes, and double that number in the most affluent sectors. Currently only 15.5% of children aged 3 or under attend crèches<sup>13</sup>. Access increases rapidly

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12 DNIECE Bulletin, May-July 2007. Education Issues. Infant Education: challenges of universalization. MOEC & T of Argentina.

13 Fundación Abrinq, <http://www.fundabring.org.br/portal/como-atuamos/programas-e-projetos/programa-a-primeira-infancia-vem-primeiro/novidades.aspx>

for older children, with eight out of ten five-year-olds attending an educational establishment. Although differences become less accentuated for older children, in terms of geographical area and social group they remain very pronounced, similar to those observed in other countries. In Brazil the level of education of adults living in the home influences access more than geographical area of residence. At the age of five, a child coming from a home with high levels of education is 30% more likely to attend school than one from a home with the lowest level of education. In contrast, the difference between children from urban and rural areas is only 10%.

### **3.3. Public and private services available**

The region's countries adopt a mixed model of services offered, with the exception of Cuba, where 100% of these services are provided by the public sector. Although the public sector is generally predominant in the region, with six out of ten 5-year-olds attending a public sector establishment, the differences among countries, geographic area and home setting are significant. The prevalence of the public sector as a provider of early childhood education is much greater in rural areas than in urban areas. Similarly, twice as many children from more affluent homes attend private establishments, compared to children from poor homes.

In certain countries, such as the Dominican Republic – and, to a lesser extent, Chile – supply of ECCE service is higher in the private sector, while in other countries – such as Mexico, Brazil, and Costa Rica – there is more supply from the public sector. In these countries, two out of ten five-year-old children attending school go to a private sector establishment; while in the Central American countries, this proportion is five out of ten. In these countries, as in the Southern Cone countries, the likelihood that a child will attend a private sector establishment varies significantly according to the family's social status. Relatively low attendance rates in Central America, combined with greater differences among social groups, results in the relatively low penetration of the public sector in pre-primary education, with the attendant effect of segmented access, in which the private sector predominates in educational management.

In summary, the evidence here reviewed shows that the children with the least access to conditions that would enable them to fully develop their capacities and wellbeing are precisely those with the least opportunity to participate in meaningful and relevant educational experiences early in their lives. These children are at a greater disadvantage when they make the transition into primary education.

## **4. INCLUSION IN EARLY CHILDHOOD CARE AND EDUCATION**

Inclusion is acquiring special importance due to the high degree of social and educational inequality and segmentation present in countries of the region. While in many countries the notion of inclusion is still limited to young children with special educational needs, there is a growing tendency to understand it in a broad sense, especially in recently enacted educational laws, where inclusion is often envisioned as a way of ensuring equal opportunities for minority or especially vulnerable groups, and as a response to diversity. In some cases it is also associated with quality in education.

Uruguay's General Law of Education adopts inclusion as an educational principle, affirming that *“the State shall guarantee the rights of minority or especially vulnerable groups in order to ensure equal opportunities in the full exercise of the right to education and effective social inclusion.”*

**National education laws** of countries of the region establish the right of all citizens to free and compulsory education without discrimination of any kind. More recently enacted laws move beyond this to establish the right of everyone to good quality education, incorporating the notion of equity, understood as equal opportunity not only in access to education but in the quality of education received and the achievement of learning outcomes. For example, the State is set out as “*guarantor of the right to ongoing comprehensive quality education for all*” (Argentina), while “*a basic objective of national educational policy shall be that all inhabitants of the country achieve good quality outcomes*” (Uruguay), and “*education should seek to ensure that all students, regardless of their circumstances, achieve general objectives and learning standards*” (Chile).

*“The rights established in this Law shall be applicable to all boys, girls, and adolescents without discrimination based on race, color, sex, language, religion, national, ethnic or social origin, economic status, physical, mental or sensory disability, birth or any other factor.”*

Comprehensive Childhood Protection Law of Guatemala

**Codes and Laws of Childhood and Adolescence and Comprehensive Early Childhood Care Laws** are based on the principles of equal opportunity and non-discrimination.

#### 4.1. Children living in poverty

Early childhood in the Latin American region is characterized by deep inequalities among children in their first few years of life, with many families lacking opportunities to access resources that would allow them to achieve an acceptable standard of living, leading to more economic and social vulnerability. This challenges Governments of the region — which have ratified the Convention on the Rights of the Child — to pledge to implement the actions necessary to guarantee each child the full exercise of his or her rights (SITEAL, 2009)

The **National Education Laws** of some countries (Argentina, Paraguay, Uruguay) refer expressly to educational exclusion due to poverty and set out guidelines for the development of policies that address this situation. For example, Uruguay’s Law of Education calls on the Government to provide “*the specific forms of support necessary for especially vulnerable individuals and segments, and take action to include individuals and segments that face cultural, economic and/or social discrimination, so that they may have a truly equal opportunity to access, continue and find success in learning.*”

In regard to **early childhood education**, not all education laws make reference to social and educational equity during this stage. Argentina’s Education Law affirms that one objective of Early Education is to “*address educational inequalities that originate in social and family circumstances in order to foster the full integration of all girls and boys into the educational system*”, and at the same time calls on national and provincial governments to “*ensure equal opportunity to access and attend early education, giving special attention to the least affluent segments of the population.*”

It is important to emphasize that free-of-charge schooling does not include early childhood education because it is not considered compulsory (except in those countries in which one or two years of Early Childhood Care and Education, ECCE, are mandated). Economic barriers are one factor of exclusion from ECCE that affect children in vulnerable situations to a greater degree, especially when the availability of public ECCE is very limited. To compensate for this situation, countries have adopted different strategies that seek to promote access to ECCE among boys and girls from low income households.

With the exception of Cuba, where universal policies are in place, national **Codes and Laws of Early Childhood and Adolescence and Comprehensive Plans for Early Childhood Care**, approach the issue by combining universal policies that guarantee the entire population access to health, education, social protection, among other things, with more specific policies that focus on disadvantaged or vulnerable social groups and/or territories.

Ecuador's *National Decentralised System of Comprehensive Protection of Childhood and Adolescence* includes different comprehensive protection policies:

- *Basic universal social policies:*
- *Emergency care policies:* for people experiencing extreme poverty or socio-economic crisis, or those affected by natural disasters or armed conflict.
- *Special protection policies:* oriented towards boys, girls and adolescents whose rights have been threatened or violated.

The early childhood laws and plans of Brazil, Chile, Ecuador, Nicaragua, El Salvador, Guatemala, Uruguay and Peru take such an approach. One example of a focalised policy is the Dominican Republic's "Programa Solidaridad", intended to assist extremely or moderately poor households "break the intergenerational transmission of poverty, improving investments that poor households make in education, health and food". For early childhood, actions to be implemented address nutritional education, health care for children 0 to 5 years of age and the promotion of pre-school attendance among 5 year olds.

#### 4.2. Indigenous and afro-descendant children<sup>14</sup>

In addition to facing exclusion, indigenous and Afro-descendant children suffer the harsh and systematic reality of racism, discrimination and xenophobia, a perverse legacy of colonisation and the subsequent formation of Latin America's nation-states. Illustrating the relative invisibility of the Afro-descendant population is the fact that only Brazil, Colombia, Ecuador, and more recently Bolivia, officially recognise these communities in their national constitutions (Afro America XXI, 2009). In contrast, much more progress has been made in achieving recognition for indigenous peoples.

Intercultural education and bilingualism are also recognised in the region's **Laws of Education**. To different degrees and at different rhythms, countries of the region are moving from a model that promotes learning of the mother tongue as a bridge to the Spanish language and the dominant culture, to a model of development in which cultural and linguistic diversity are considered a basic resource for the education of all children, and bilingualism and knowledge of one's own culture is maintained through all stages of education (López, L.E 2006).

*The Autonomous Regions of the Caribbean Coast of Nicaragua have an Autonomous Regional Educational sub-system (SEAR) oriented toward the comprehensive education of women and men of Afro-descendant indigenous peoples and ethnic communities, based on the principles of autonomy, interculturalism, solidarity, belonging, quality, equity, and the moral and civic values of the regional and national culture. This system is committed to sustainable development, gender equity and the rights of children, adolescents and young adults.*

*SEAR, which holds interculturalism as one of its basic pillars, promotes rigorous scientific, technical, and humanist training that strengthens ethnic, cultural, and linguistic identity to contribute to the goal of unity in diversity.*

Law of Education of Nicaragua

Analysis of laws brings out two different political stances, not only in the way education is perceived but also in the way each country perceives itself. While most laws refer to education that is diverse, intercultural, multicultural and/or multiethnic, a few countries — namely Bolivia, Guatemala, Nicaragua and

<sup>14</sup> While there is no consensus in the region on the use of term "Afro descendant", this report will use the term because it is the most widely recognised and least confusing in the international sphere.

Paraguay — openly declare themselves to be multiethnic, multicultural, pluri-national and/or multilingual.

In regard to teachers, Bolivian law has special provisions for those working in the context of indigenous communities. In Colombia, special treatment is given to both teachers and *ethnic groups*. “*Ethnoeducation is education that is offered to communities that belong to a country but that possess their own native culture, language, traditions, and laws*” (Colombia’s Law of Education). Ecuadorian law also mentions that teachers should educate their students in accordance with the regional and cultural context in which they live. Paraguay provides a model example, as its entire educational system is bilingual. Its law affirms “*that early education shall be in the official mother tongue of the pupil, and the other language shall also be taught in early education, but as a second language.*”

Other countries refer expressly to the issue of early childhood education. Argentine law establishes that early education should be intercultural and bilingual, while Chilean law provides that the general objective of pre-school establishments with a majority of indigenous students is to ensure the pupils can understand and express simple messages in their own language. In Mexico, special consideration is given to the early education of indigenous peoples.

Afro-descendants, meanwhile, are mentioned only in the laws of Bolivia, Brazil, Uruguay and Venezuela as a segment of the population and as subjects of diverse, multicultural education. Under Venezuelan law, inciting hate and discrimination against indigenous and Afro-descendant communities is prohibited.

In general, Latin American countries’ education laws value the language, culture, Cosmo vision and diverse knowledge that derives from the multiculturalism of their peoples. Nonetheless, there is a gap between discourse and reality. Progress toward intercultural and bilingual education is still very slow in many countries owing to the lack of teachers and other professionals from different ethnicities, discriminatory attitudes, devaluation of non-dominant languages and cultures, and curricula that represent the dominant culture.

With few exceptions, ***Codes and Laws on Childhood and Adolescence*** of the region make no reference to children from Latin American indigenous and/or Afro-descendant communities. Ecuadorian law “*recognises and guarantees the right of children and adolescents of indigenous and Afro-Ecuadorian nationalities to develop in accordance with their own culture and in a context of interculturalism, as provided for in the Political Constitution of the Republic, provided that their cultural practices do not violate their rights.*” Venezuelan law affirms that “*in the case of adolescents belonging to indigenous communities, the provisions of this Law shall be observed as well as their own customs and traditions, and their own authorities shall govern them, where their presence is possible.*”

Mexican law, for its part, provides that “*indigenous children have the right to freely enjoy their language, culture, religion, and other customs*” and Nicaraguan law contains similar provisions. Most legal texts, however, refer to these issues only in very general terms; Costa Rica’s Law of Childhood is a case in point, as it requires judicial administrative officials to take into account the customs and traditions of the setting in which the child lives before issuing any rulings that affect the child, but does not use the terms indigenous or Afro-descendant.

#### MEXICO: CONAFE: EARLY EDUCATION PROGRAM

The Early Education Program of the National Council for Education Development (CONAFE) is intended to foster the development of capacities among boys and girls 0 to 4 years of age by providing education and orientation to parents, educators and other community members in marginalised rural and indigenous communities.

The program's aims are to enhance childrearing practices that foster the development of capacities and achieve a successful transition to formal schooling, among other benefits. The Early Education model promotes community participation. It takes into account cultural differences among communities and incorporates a gender perspective. It emphasises belonging and equity in education. It recovers and values the local knowledge and native languages of indigenous communities. Through the Community Early Education project, children receive the stimulation necessary for their physical, emotional and intellectual development, to contribute to giving them equal opportunities in life.

**Source:** CONAFE, Programa de Educación Inicial, <http://www.conafe.gob.mx>

### 4.3. Children with special educational needs

There is a serious lack of statistical information in the region about children with special educational needs, which makes it difficult to determine the scale of the situation and to what extent the needs and rights of these children are being fulfilled. Despite the lack of reliable information, it is generally agreed that this segment is the one most excluded from ECCE programmes and services.

The **General Laws of Education** of virtually all countries of the region include provisions for the education of students with special educational needs<sup>15</sup>, with special education envisioned as attending to the needs of these students across all educational levels. References to the early education of children with special educational needs are few and far between, however, with the exception of Argentina, where one early education objective is “*preventing and addressing special needs and learning difficulties.*” The situation is the same with **Laws on Disability**, where references to early childhood are very general and are limited to prenatal and post-partum care for the prevention and early detection of physical, mental and/or sensory disabilities.

There is a clear tendency in legislation of the region to promote the integration of students with special educational needs into regular educational services and establishments, although in practice, integration is voluntary and depends on the type and degree of disability and the decisions of entities that diagnose children with disabilities. This situation can be explained by the fact that most special education regulations provide for special schools or classrooms for children with special educational needs (SEN) when their educational needs cannot be met properly in a regular school. In Mexico, two interesting measures have been adopted to strengthen integration processes: children with disabilities can register like any other children in their local school and do not require an official diagnosis to be allowed to attend school.

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<sup>15</sup> In general, special needs students are those with disabilities or learning difficulties, but in some countries this category also includes gifted students.

The laws in most countries establish provisions for adapting curricula, educational materials, methodologies, and assistive devices to meet the needs of disabled students. The education laws of Argentina, Brazil, Colombia and Paraguay also recognise the need for qualified teachers skilled in attending to students with special educational needs.

The most recent provisions in some countries no longer refer to integration but to inclusion, emphasising the need to transform schools and educational systems to enable them to accommodate diversity and respond to the needs of all students, instead of making special needs students adapt or assimilating them into the educational alternatives available, as is the case with the integration paradigm. Under this approach, educational systems maintain the status quo and focus their actions on providing individualised attention to “integrated students.”

*“Educational systems shall provide pupils with special educational needs with curricula, methods, techniques, and resources appropriate for meeting their needs.”*

Law of Education – Brazil

*“The State shall support institutions and promote programs and skills for attending to individuals with special educational needs. It shall also promote programmes for training qualified teachers for the same purpose.”*

Law of Education - Colombia

The region's **Codes or Laws of Childhood and Adolescence** and **Comprehensive Early Childhood Care Plans** contain diverse references to children with disabilities:

- a) In Argentina, Brazil, Colombia, Costa Rica, Nicaragua, the Dominican Republic and Uruguay, references to care for children with disabilities are absent or at best very general, and are found in the framework of non-discrimination and access to health and education. *“Individuals with some degree of disability shall be entitled to receive special care in educational establishments”* (Costa Rica, Code of Childhood and Adolescence).
- b) The laws of Ecuador and Chile focus on delivering assistive devices and on eliminating architectural barriers. Under the Comprehensive Childhood Protection System “Chile Crece Contigo”, actions of support focused on the most socially vulnerable population include the provision of assistive devices for children with disabilities. Ecuador’s Code of Childhood and Adolescence states that *“the Government and institutions that care for children and adolescents with disabilities shall guarantee that the proper conditions and technical support are in place and architectural barriers to communication and transportation are eliminated”*.
- c) The Laws of Childhood of Bolivia, El Salvador, Guatemala, Honduras, Mexico, Paraguay, Peru and Venezuela each contain a chapter devoted to children with disabilities that emphasises the State’s responsibility for guaranteeing appropriate and timely access to comprehensive care systems that include: detection, health and rehabilitation, education, and participation in community life.

Peru’s *National Plan of Action for Childhood and Adolescence* incorporates outcomes, goals and strategic actions targeted to this population segment. Under the strategic objective of *“ensuring that boys and girls 1 to 5 years old have a healthy life”*, one result expected for 2010 states that: *“Special needs among boys and girls are prevented and detected and receive intervention and rehabilitation”* (Peru, National Plan of Action for Childhood and Adolescence).

In several countries’ laws and plans, reference is made to the responsibility of the family in providing care and attention to children with disabilities and of the community at large to detect and denounce situations in which the rights of these children are violated. *“It is the obligation of the father, mother, teacher, or guardian of the child or adolescent with special educational needs to accompany him or her (...) to care and rehabilitation services (...). Any individual who has knowledge of a child or adolescent with special educational needs who is*

*not receiving treatment, should inform the competent authorities”* (Paraguay, Code of Childhood and Adolescence).

In most countries, care for disabled children 0 to 3 years of age emphasises health care and early stimulation programmes more than educational programmes, which are addressed in later stages. For example, Guatemala’s General Law of Education includes provisions for Early Stimulation Classrooms for boys and girls 0 to 4 years old who are disabled or have been identified as high risk. These classrooms operate within both special education and regular schools. Children attend two or three times per week, accompanied by a father, mother and/or caregiver.

#### **4.4. HIV/AIDS and early childhood**

This epidemic affects early childhood both as a disease and cause of death of children and as a cause of illness and death of their parents or caregivers (UNESCO, 2003). Despite the difficulties in obtaining reliable data and problems with recordkeeping, the countries where information is available show a gradual increase in rates of infection, mainly among women of reproductive age, with the attendant risk of mother-to-child HIV transmission (UNAIDS, 2004, in Abadía et al, 2005)

The region’s ***Codes and Laws of Childhood and Adolescence and Comprehensive Early Childhood Care Plans*** establish the right of all children to health, required medical care and equal access to services and actions for prevention, health promotion, information, protection, early diagnosis, timely treatment and recovery. However, only the laws and plans of Colombia, Costa Rica and Mexico refer directly to HIV/AIDS.

Costa Rica’s Code of Childhood and Adolescence guarantees HIV positive mothers medical treatment available to prevent transmission to their children, and establishes the right of HIV positive children and those living with AIDS to receive medical and psychological care. In Mexico the authorities are called upon to: *“Provide special care for endemic illnesses, epidemics of sexually transmitted diseases and HIV/AIDS, promoting prevention and education programmes for these illnesses”* (Law for the Protection of the Rights of Children and Adolescents).

Colombia’s Early Childhood Plan of Action establishes the goal of *“achieving a 10% reduction in mother-to-child HIV transmission over the next 10 years.”*

As social stigma and trauma prevent children under 6 with HIV/AIDS from attending preschool and primary school, it is necessary to reinforce legal and social mechanisms that guarantee their access to education (Abadía et al, 2006). In the assessment of Sexual Education for the Prevention of HIV in Latin America and the Caribbean conducted by Mexico’s National Institute of Public Health in 2008, all countries in the region recognised the right and the need for the inclusion of students with HIV/AIDS in schools. To achieve this, support is available from national programmes and policies and from civil society, which plays an important role in facilitating these children’s access to and attendance at schools and monitoring cases of discrimination. Countries such as Brazil, Chile, Costa Rica, Mexico and Peru have developed specific policies and lines of action to encourage the inclusion of students with HIV/AIDS in schools.

**EL SALVADOR**  
**STRATEGY FOR THE PREVENTION OF MOTHER TO CHILD HIV TRANSMISSION**

This national intervention program was launched in 2001 as a priority of the Ministry of Public Health and Social Assistance's National STI-HIV-AIDS Plan. It was launched with an extensive media campaign targeting pregnant women and their partners as well as health care providers, aimed at convincing pregnant women to be tested for HIV. A baseline for the prevention of mother to child HIV transmission was then built and an educational guide was prepared, and nurses, community health workers, midwives and pregnant women were given training on this topic.

Since 2003, all pregnant women in the country have had access to free, voluntary HIV testing. HIV+ women receive special prenatal care, counselling, antiretroviral treatment, safe childbirth and postpartum care, and infant formula free of charge for the first 18 months. The strategy's achievements include, among others: an 88% reduction in the number of children born with HIV; reduction in positive rates for HIV/AIDS during pregnancy; more than 100% increase in the number of HIV tests performed on pregnant women.

**Source:** Ministerio de Salud Pública y Asistencia Social de El Salvador, Programa Nacional de ITS/VIH/SIDA

**Legislation and programmes that support inclusion of children and adolescents with HIV/AIDS in the school**

	General Anti-discrimination	Anti-discrimination-PWHA	Anti-discrimination-Children with HIV	Legislation Access to school for infected children	Inclusion programmes	Facilitating organizations
Argentina	●	●	●	●	●	●
Bolivia	◐	●	●	●	●	◐
Brazil	●	●	●	●	●	○
Colombia	◐	◐	◐	●	○	●
Costa Rica	●	●	●	●	●	●
Chile	◐	◐	◐	●	○	●
Ecuador	●	●	●	○	○	○
El Salvador	●	●	●	●	○	●
Honduras	●	●	●	●	●	●
Mexico	●	●	●	●	○	●
Nicaragua	●	●	●	●	◐	●
Panama				○		
Paraguay	●	○	○	○	○	●
Peru	●	●	○	●	●	●
Venezuela	●	●	●	●	◐	●
Dominican Republic	○	●	●	●	◐	
Uruguay	●	○	○	○	●	●

**Source:** Educación sexual para la prevención del VIH en Latinoamérica y el Caribe: Diagnóstico regional, 2008

● Present ○ Not present ◐ In progress ■ No response  
Note: Cuba and Guatemala did not respond to these questions.

Government entities such as national human rights commissions, ombudsman's offices, ministries of health and education, and national AIDS commissions all play an important role in handling complaints related to discrimination on this basis. In some cases where discrimination exists and infected children have been denied access to school, individuals have resorted to the appropriate courts to resolve these matters. According to reported data,

all rulings to date have been in favour of the complainants, with the courts upholding legislation guaranteeing all children access to education and anti-discrimination provisions (Instituto Nacional de Salud Pública de México, 2008).

#### 4.5. Children from migrant and/or refugee families

No **Law of Education** in any country of the region makes explicit reference to children from migrant families, or those living as refugees or asylum-seekers. Only the **Codes or Laws of Childhood and Adolescence** of Bolivia, Ecuador and Nicaragua make any reference at all to the equal rights of all children and adolescents residing in the country, or allude specifically to the rights of children in the country protected under refugee status. Ecuador's Code of Childhood and Adolescence affirms that "*children and adolescents that so request or those who have been granted refugee status have the right to receive the humanitarian protection and aid necessary for the full enjoyment of their rights.*"

Neither are there any explicit references to early childhood in the **Laws of Immigration** of countries of the region, and very few regulatory frameworks make reference to the rights of these young children. Argentina and Venezuela grant immigrants and their families the same rights as their own citizens. In addition to the above, Argentina establishes the right of equal access to social services, public property, health, education, justice, work and social security, emphasising the right to education and health regardless of immigration status: "*In no case shall irregular immigration status of a foreign national prevent his or her admission as a student to an educational establishment. (...) in no case may a foreigner's right to health, social assistance or health care be denied or limited, whatever their immigration status*" (Argentina, Law of Immigration).

Although not expressed in the Law of Immigration, in Chile provisions have been established by the Ministry of Education regarding school attendance of children of migrants. These affirm that "*It is a priority of the Chilean Government to provide educational opportunities to foreigners residing in our country so they may register in and attend school with equal status. (...) it is the duty of the Government to ensure that educational establishments do not discriminate against immigrant students (...) provisional admission is authorised to all students regardless of their immigration status*" (Ministry of Education of Chile, ORD. N° 07/ 1008).

#### MEXICO: SUPPORT FOR REPATRIATED CHILDREN

The Assistance Programme for Minors in Border Areas is the result of several agreements among different Mexican immigration authorities. This Programme aimed at assisting children repatriated by the United States and ensuring respect for their human rights from the time they are taken into custody until they are reunited with their families and/or returned to their community of origin.

Once informed of a repatriation case, the Mexican consulate sends a representative to visit children being held for repatriation to determine and report on their status.

After interviewing the child and determining his or her situation, an immigration official may, depending on the particular situation, refer the child directly to the transit shelter network (Red de Albergues de Tránsito) which undertakes to locate the family and return the child to his or her place of origin.

A new strategy is being launched under the Program to assist immigrant children at Mexico's southern border. A coordinating body has been formed, which objective is to establish a framework for collaboration to assist foreign children and adolescents at the southern border, to guarantee full respect for the rights they are entitled to under Mexican law and international instruments and to provide them with humanitarian aid and comprehensive care.

**Source:** México, Secretaría de Gobernación, Instituto Nacional de Migración, Interinstitucional de Atención a Menores Fronterizos.

Mexico has the most provisions for immigrant children in laws and policies associated with the immigrant population. Circular 001/2010, for example, which sets out the procedure for attending to unaccompanied immigrant children and adolescents, focuses on protecting their physical and psychological integrity first and resolving their immigration status later. The

National Immigration Institute also operates an inter-institutional assistance program for children in border zones, especially those repatriated from the United States.

## 5. DIMENSIONS OF QUALITY IN EARLY CHILDHOOD AND CARE EDUCATION

Access to high quality ECCE not only benefits child development and reduces inequality; it also has a positive impact on later educational performance. Different studies have shown that children who participate in early education programmes have better learning outcomes in primary school and less frequently repeat grades or drop out than children who do not have access to such programmes.

In the Second Regional Comparative and Explanatory Study on learning and associated factors (SERCE), conducted in 15 Latin American countries and the Mexican state of Nueva León, and coordinated by UNESCO/Santiago, one of the variables associated with level of achievement is the child's participation (or lack thereof) in some form of early childhood education. The study found that more than half of children from the countries sampled did not attend an educational institution in the first few years of life, or only did so for one year. The study also brought out a certain correlation between the number of years that children attend preschool and cognitive learning outcomes in language and mathematics in the third and sixth grades of primary school. The table below shows the range of outcomes associated with participation in ECCE.

Country	Math 3rd grade	Lang. grade 3rd	Math 6th grade	Lang. grade 6th
Argentina	4.57	3.56	5.94	4.23
Brazil	4.56	3.60	3.94	5.87
Chile		3.76		
Costa Rica		3.51	4.0	
Colombia	1.87			2.48
Cuba				4.69
El Salvador		3.30	2.53	2.51
Nuevo León	6.73	6.23	5.90	
Uruguay		3.49	7.32	6.89
<b>Region</b>	<b>2.40</b>	<b>2.87</b>	<b>2.94</b>	<b>3.55</b>

Source: Second Regional Comparative and Explanatory Study (2008)

In a study conducted in Chile comparing scores on the SIMCE (Educational Quality Measurement System) standardized test given to 8<sup>th</sup> grade children who had attended preschool and those who did not,<sup>16</sup> a statistically significant association was also found between Spanish language and Mathematics scores and preschool attendance, with children who had attended preschool scoring higher in both subject areas than those who had not (Mella & Reveco, 2000).

### 5.1. Indicators and models for quality assessment

The quality of ECCE services and programmes is a concern in all countries of the region and one of the main objectives of policies and programmes geared towards this level. The quality of so-called "informal programmes" merits more attention, as there are not enough studies on the processes, outcomes and impact of many of these. This is of special concern as many of these programmes are offered to children under three years of age, or those living in more vulnerable population segments or contexts.

<sup>16</sup> Ofelia Reveco & Orlando Mella. "Impacto de la Educación Parvularia en la Educación Básica". Serie Estudios. N° 3. JUNJI.

Official documents (policies, curricula documents, regulations) in many countries often lack explicit definitions of quality, but some efforts of varying scope are underway to establish quality indicators and/or standards to facilitate the assessment of programmes and services. These tend to be sector oriented and are focused on more formal and structured modalities. Reviewing proposals from different countries, it can be affirmed that indicators are more focused on inputs and processes than on outcomes and impacts on children's development, well being, learning and participation or family and community satisfaction and other aspects.

The most commonly used indicators address the aspects of health, nutrition, hygiene, and education, and relate to infrastructure, physical setting and materials, human resources, curriculum content, affective and relational environment, educational processes, administration processes, and family and community participation. One issue that merits special attention is the virtual absence of features or indicators related to efforts to address diversity and/or inclusion, or aspects related to equity, such as the equitable distribution of resources and accessibility of services.

In Ecuador, after the Code of Childhood and Adolescence came into force in 2006, the government enacted a decree establishing standards to ensure quality in one of the country's largest programmes in terms of coverage. The decree also sets out that the same standards will be used to assess the quality of service each semester in order to correct problems. The standards address aspects such as:

- Infrastructure, general conditions on site, potential hazards and sanitary services
- Educational, nutritional and health equipment
- Human resources (management and participation), family participation, including parents council, qualifications and participation of technical staff; qualifications and participation of community staff
- Strategies, services, and processes: Affective and educational environment, health and nutrition.

An outstanding experience in building initiatives for ECCE assessment is found in Mexico. In 2001 the project "Intersectoral project on Early Childhood Welfare Indicators" was launched to build a set of indicators to determine the status of early childhood care in the country. The model adopted is based on an ecological vision and the indicators that were built were discussed at a national, multisectoral forum. The resulting model includes 28 indicators in 13 categories that address issues such as resources, building and equipment, materials, educational agents, planning, curriculum, educational processes, group environment, assessment, and school administration, direction and supervision. For each indicator a standard was established along with a formula for calculating the standard in specific instances.

One of the most developed models has been implemented by Chile's Early Childhood Education Board (Junta Nacional de Jardines Infantiles, JUNJI).

**Chile's National Council of Daycares and Preschools (JUNJI)  
Quality Management Model for Daycare Centers and Preschools**

Designed to measure the management quality of these establishments and provide them with inputs for formulating improvement plans. The model has a self-assessment tool that was applied in 1,200 daycares in 15 regions of the country. The self-assessment reports were externally validated, with each daycare receiving an overall score.

The model includes six different areas, each with its own aspects and descriptors:

- Leadership
- Management of educational processes
- Participation and commitment of families and communities
- Protection and care; construction quality, safety, healthy lifestyle and promotion of a respectful environment
- Management and administration of human and financial resources
- Outcomes educational process: learning, and satisfaction of the school community.

**Source:** JUNJI, Chilean Government

## **5.2. Curricular and pedagogical frameworks**

Most countries of the region have designed curricular frameworks from birth (or a few months of age), although there is still a tendency to favour the 3 to 6 year old period, as this was the traditional early childhood education approach that grew out of linkages with primary education (IIDEI & Universidad Central, 2007).

The curricula that are being implemented in the region show differences in terms of organization, level of flexibility and concrete implementation. Some are structured in one or two year stages, although the more recent trend is to design a single curriculum for the entire preschool period, divided into two cycles (0 to 3 years of age, and 3 to 6), as is the case with Chile, Ecuador, Venezuela, Brazil and Uruguay.

While most curricula focus heavily on formal models of ECCE, some non-conventional and alternative approaches have begun to gain approval and be incorporated into national curricula. This incorporation is a positive development for children under 3, children at risk and those living in remote areas, as many of the less formal approaches attend to these population groups. Despite the advances, however, the development of inclusive curricula that take into account the needs of all age groups, population segments and settings continues to be a challenge to countries of the region.

One of the central driving ideas underpinning the different curricula is a renewed, more powerful concept of children as individual subject and of children's learning potential. This is observed, for example, in the Curricular Frameworks of Bolivia and Nicaragua and in specific curricula in Brazil, Ecuador, Chile, and Venezuela, among other countries. However, interpretations or derivations of this notion are relatively absent from the 0 to 3 year old cycle, where it is more difficult to put into practice (op.cit).

Theoretical approaches to curricular proposals have shown a tendency to consider a broad range of principles that address pedagogical, social, psychological, legal, anthropological and neuroscientific aspects. Another idea that is reiterated in curricula that include a rationale is the constructive and/or active approach to children's learning; this is the case in Argentina, Cuba, Brazil, Costa Rica and Panama, although again this kind of approach is rarely promoted for working with babies.

The major effort that has gone into designing curricula has not been balanced by an effort to put these into practice. Most available support focuses on specific training activities, teaching materials and, to a lesser degree, technical assistance and supervision. This

aspect is critical; because more open curricula require support systems to enable teachers to implement them effectively and tailor them to their own realities. Furthermore, as there is little curricular evaluation, there are few opportunities for feedback on their design that would make them more effective and relevant.

### **5.2.1. Cultural and linguistic diversity**

Another important aspect is incorporation of intercultural bilingual education as a central pillar of curricula in the region, to promote practices that “build intercultural approaches in a climate of appreciation of indigenous languages and cultures that also views these as a pedagogical resource and repository of knowledge, know how, attitudes and values that can enrich the education of all persons” (Lopez L 1996). According to the same author, recent studies confirm the cognitive, affective and educational advantages of learning one’s mother tongue, especially in early childhood. It has been shown that children who learn their mother tongue also learn to speak and write the official language more efficiently, as they have already acquired the language skills and abilities by learning their native language.

Some major advances have been made in this area in recent decades. According to SDITALC (2009), in the 1980s, less than half of all countries in the region had bilingual educational curricula for indigenous children (Banco-Mundial 2004). During the International Decade of the World’s Indigenous People (1995 -2005), most countries of the region implemented bilingual educational programmes. Notable among these intercultural and bilingual educational programmes were the following: *Escuela Viva Hekokatúva*, in Paraguay, Bilingual and Intercultural Education (EBI) in Peru.

In Bogotá, Colombia, pedagogical guidelines for indigenous early childhood education grounded in the outlook and identity of indigenous peoples have been developed to guide and provide a rationale for the development of early childhood indigenous education projects. Multiculturality and interculturality are seen as both realities and resources that can enrich the formulation of educational proposals in specific contexts.

## **5.3. Pedagogical material and infrastructure**

### **5.3.1. Pedagogical material**

Pedagogical material used for early childhood education is expected to be culturally appropriate for the children being taught; it should also be safe, stimulate curiosity, encourage exploration, be suitable for the developmental stage of the child and facilitate meaningful interaction and learning experiences. Despite its importance, little information is available on this issue in countries of the region, though some do have regulations in place on the type and characteristics of materials suitable for children. The most common pedagogical materials are guidelines and materials for working in class and with families, in print and/or audiovisual formats.

Support materials for classroom work are expressly referred to in Argentina, which has developed classroom notebooks (*Cuadernos para el aula*) as part of its early education learning priorities (*Núcleos de aprendizaje prioritarios definidos para el nivel inicial*). In Colombia meanwhile, rural and urban schools have libraries and materials to support pedagogical work. In Argentina the “*Cuadernos para el aula*” are based on the early education curriculum, while in Colombia transition classrooms (for 5 year olds) have sets of basic and complementary materials to facilitate the implementation of the respective curriculum.

In Brazil, Curricular Reference for Early Childhood Education (*Referenciais Curriculares Nacionais para a Educação Infantil*) were prepared by the Ministry of Education through a broad based national debate with the participation of teachers and other professionals who work directly with children. These reference are intended to guide day-care workers and preschool teachers (of children 0-6 years) to reflect on the objectives, content and didactic orientation of early childhood education, while respecting pedagogical styles and the country's cultural diversity. Support mechanisms for working with families and communities can be found in Argentina, Chile and Cuba, among other countries. In Argentina, the material "*Juntos. Para mejorar la educación*" is aimed at strengthening the linkages between home and school, and offers a series of activities for families to foster continuity and learning among young children.

Cuba's "*Educa a tu hijo*" program offers pedagogical support to families through a series of 9 pamphlets. Each one offers information to raise family members' awareness of the importance of systematic education to achieve children's optimum development, as well as a simple description of children and their needs, and recommended activities to stimulate their development and foster values, personal hygiene and self-care and prevent accidents. At the end of each pamphlet there are indicators framed as milestones for children at each age, to allow the family itself to appraise the level of development children achieve in each stage. The program also has published booklets and manuals for program designers and workers that provide program's conceptual basis and rationale, the conditions necessary for fostering child development, health and hygiene, and those needed for the production of educational materials and games, as well as techniques for community work<sup>17</sup>.

In Bolivia, audiovisual media used in ECCE are based around technology and practical know how, and involve communication media and information use. In Argentina, informative and educational print and audiovisual material is produced on the rights of children, the main aspects of child development, and suitable practices for the child development under four years of age. Other strategies employed include television programmes and direct work with families using workbooks that teach how they can promote the development of children under four years of age.

### **5.3.2. Infrastructure**

Infrastructure is a major weak point in most countries of the region, and for this reason a central component of some programmes is to improve infrastructure, an essential component for expanding and broadening coverage of educational services. In Venezuela, resources, property and equipment are being invested to transform traditional preschools in Early Education Centres that offer comprehensive, full day programmes. Much importance is attached to learning environments and physical spaces, and for children under three resting and sleeping places are included, as well as eating places and sanitary services, outdoor areas and areas to move around freely. In preschools it is considered crucial that children have the opportunity to choose and identify their own spaces, according to their social and cultural context.

Other countries are also making progress, improving ECCE infrastructure through a variety of initiatives: The Program to Support the Educational Equity Improvement Policy (PROMEDU) in Argentina (2008); the "Grado cero" program in Colombia (1992); Child Development and Early Education program in Colombia (2006-2016); the School Administration Development Program (PROESCOLAR) of Guatemala (2004); and the

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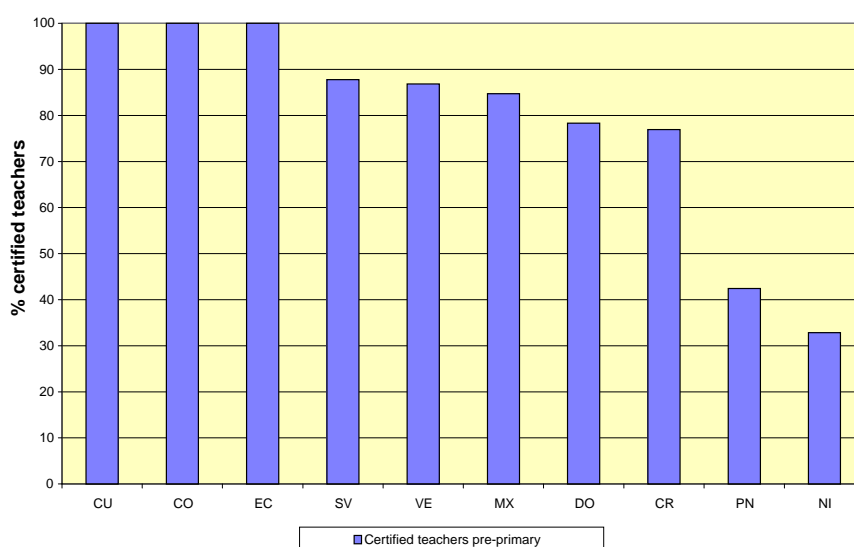
<sup>17</sup> <http://www.oei.es/inicial/cubane.htm>

Program to Reduce Educational Lag in Early and Primary Education (PAREIB) of Mexico (1998). In some cases, these programmes first require improvements to existing infrastructure, while others propose the construction of new facilities designed specifically for early childhood care. Progress has also been made in establishing standards for infrastructure, including Brazil's *Basic Infrastructure Parameters for Early Educational institutions*.

#### 5.4. Staff education

The educational background of the staff involved in the Early Childhood Care and Education is key to improving quality. According to the Education for All Global Monitoring Report 2005, the quality of ECCE programmes is low in many countries precisely because of poorly qualified staff in this area. UNESCO reports that in 2008 the number of suitably qualified ECCE teachers varied widely in the region, as the table below shows:

Percentage of certified teachers in pre-primary education. UNESCO. 2008



Given the diversity of programmes and services offered, ECCE involves a wide range of professionals who require different qualifications to perform their duties. Formal programmes have a greater number professionally trained staff; teachers or educators with 3 or 5 year degrees, technical or support staff with technical-professional education who support the work of teachers; and other professionals such as nutritionists and social workers, among others (Blanco & Umayahara 2004).

The specific qualifications required to work in ECCE depend on the age group and type of service; staff who work with children under 3 require different training than those working with children over 3, and the same is true for formal versus no formal or no conventional programmes. Thus, daycare workers in Brazil who care for children under 3 years of age require less training than preschool teachers (of 4 and 5 year olds). This difference derives from the fact that daycares tend to provide primarily social services such as health, feeding, hygiene and safety, and do not usually have educators among their staff (Promundo, 2007).

No-formal programmes are often operated by mothers or community members who have primary or secondary school education. They generally receive education and training from professionals, as well as supporting materials. In many cases, community agents also help train other mothers in the community. Such is the case with the “*Hogares Comunitarios*”

program operated by the Instituto Colombiano de Bienestar Familiar, where mothers from the community with primary or some secondary education provide care to young children.

In Peru and Paraguay, community education workers (*promotoras educativas comunitarias*) work with children and the community at large, and in Paraguay similar programmes operate with the assistance of mothers and volunteer caregivers.

Countries are making an effort to address the poor training of ECCE staff through programmes such as the Early Education Strengthening Program in the Dominican Republic; Mexico's Preschool Curricular and Pedagogical Renewal Programme (PRONAE); and the Initial Education Programme for ECE Educators (Proinfantil) of Brazil.

In Uruguay, the Integral Childhood and Family Care Centres - ICFC plan (Centros de Atención Integral a la Infancia y la Familia –CAIF plan), which is for children under 3 years

of age, requires NGOs operating ECCE centres to uphold rigorous staff selection standards including participation in government-sponsored educational programmes. In addition to social workers, psychologists and psycho motor specialists, the program includes two categories of teachers: those with an early education specialization or degree, and those with secondary school education and accredited early childhood experience (Instituto del Niño y del Adolescente de Uruguay, Plan CAIF; 2007).

### 5.5. Child-adult ratio

Overcrowded classrooms do not foster effective teacher-student interaction or allow personalized learning processes, which are so necessary for young children. According to the 2009 Education for All report (EPT 2009), the average adult/child ratio in LAC is 1:21, lower than the global average and the average among developing countries. Nevertheless, this average does not reflect the differences that can be found among and within the region's countries.

Countries of the region also have different regulations for this aspect of ECCE. In Nicaragua for example, the Nicaraguan Childhood Care Program (PAININ), operated by the Ministry of the Family, identifies the adult: child ratio as one quality standard, on the following terms:

- One staff member for 6 to 8 children under one year of age
- One staff member for 8 to 10 children between 1 and 3 years of age
- Volunteer mothers are required as support staff to provide early stimulation to children under 3 years of age.
- A minimum of one mother for every 4 children under 1 year of age, and another for every 6 children 1 to 3 years of age

#### ARGENTINA: NATIONAL OPEN CHAIR ON PLAY

The National Directorate of Curricular Management and Teacher Education, through the Ministry of Education's Early Education Department, launched the "*National Open Chair on Play, Online Version*", to address different issues related to play in Early Childhood.

The Open Chair on Play offers an opportunity for pluralistic knowledge sharing, discussion and reflection on the topic of play among a wide range of participants and is offered as part of a continuing teacher education policy that is public and free of charge.

The chair is intended for teachers, school principals, early education supervisors, teacher education professors, recreation leaders, student teachers, and others interested in and/or working in the early childhood area, formally or informally.

The chair is being offered as a distance learning course on the topic of play in early childhood through the use of ITCs. This mode of learning allows users to participate from different locations and at different times in a way that fits their needs.

**Source:** Ministerio de Educación, Presidencia de la Nación, Argentina, Nivel de Educación inicial, <http://inicialcatedradejuego.educ.ar>

## 5.6. Family and community participation

The participation of parents in family education and community relations figures strongly in ECCE policies and programmes of the region. The participation of parents is understood quite differently in different programmes, and is often reduced to the contribution of material resources or participation in educational activities rather than being participation in decisions affecting their children and in policymaking and program design.

Countries in the region have envisioned at least three ways to meet the challenge of involving families and communities in ECCE:

The first way is through community-based early childhood services that include educational programmes for families and community members. Examples can be found in Colombia, where children are cared for by Community Welfare Homes operated by the Instituto Colombiano de Bienestar Familiar, and in Venezuela's HOGAIN Familiar and HOGAIN Comunitario homes, as well as in Guatemala's Hogares Comunitarios.

Chile's Early Childhood Improvement Program (PMI) is an informal program that promotes community projects to encourage the participation of families with children that live in poverty. The program promotes shared learning and generates opportunities for reflection on educational experiences and the group's own dynamic. It has a series of materials geared towards the adults responsible for the educational and community activities of local groups.

A second type of linkage is forged through the provision of education and support for families through specially designed Programmes. The Cuban "Educa tú hijo" program has been notable in this regard, and is inspiring replicas in various countries of the region. This program has national coverage and is intended to prepare families to stimulate the comprehensive development of their children based on their own experience. The achievements of this program, identified by Cuba's Ministry of Education, El Centro de Referencia Latinoamericano para la Educación Pre-escolar (CELEP) (Latin American Reference Centre for Pre-school Education), and UNICEF, include an increase in family participation in the education of children, especially the extended family, and the strengthening of family and community environments, enrichment of local culture and greater articulation among sectors and a range of actors. This strategy has had a very significant impact on young girls and boys. In a 2007 monitoring process involving a sample of 2,103 children under 3 years of age, 97.5% achieved the expected indicators in emotional, language, intellectual and motor aspects (Yañez, 2009).

Peru has the Family-Based Early Education Programmes (PIETBAF) and the "Aprendiendo en el Hogar" program, both of which are aimed at children under 3 years of age, mostly those from at risk families of those living in remote communities. These programmes provide orientation to family members on the care and development of young children. Bolivia also has some community based initiatives such as the program Kallpa Wapa, which provides education on child development, health, and nutrition. In Uruguay, the "Experiencias Oportunas" program, operated by the CAIF centres, promotes comprehensive child development among children up to one year of age and stronger bonding with adult caregivers.

The third type of linkage is the presence of the family and the community as a point of reference for ECCE policies. Such is the case with Colombia, where the national Ministry of Education has a line of action oriented towards supporting and educating adults to recognize and discover children's capacities and competencies. In Argentina, the approach is to accompany and strengthen family childrearing activities, from birth to four years of age, raising awareness of rights in early childhood. In Ecuador, one objective of early education has been to strengthen training and orientation for parents and community members to

transform them into agents that can generate environments conducive to early childhood development. In Chile, the everyday environment (home and community) is recognized as the ideal setting and there is a sense that policies should recognize this context as crucial for child development.

The decade has concluded with some major efforts on the part of governments and civil society to improve the quality of ECCE, but there is still a long way to go, especially in the case of children under 3 years of age, and children living in more vulnerable situations. In order to improve the quality of ECCE, some major challenges must be faced, including: building the capacities of those involved in ECCE, developing a framework for quality appropriate to this stage, and establishing criteria for assessing quality that is formulated and agreed to by a range of stakeholders and sectors.

## 6. COMPREHENSIVE INTERSECTORAL POLICIES

Recent decades have witnessed a growing understanding of the importance of building comprehensive public policies in the region, and since the Summit on Social Development and the ratification of the Convention on the Rights of the Child, this concept has been echoed in policy declarations and in the design of public plans and programmes. But the practical implementation of such a planning approach is hindered by the structural organization of the public administration, in which areas of responsibility related to ECCE are distributed among different government ministries and entities. This leads to fragmentation in the provision of service to children and their families and presents the challenge of coordinating the distribution of those services.

The UNESCO International Institute for Educational Planning, in Buenos Aires, (IIEP - UNESCO Buenos Aires) and OEI, through SITEAL, (2009:96) have emphasised that “in the area of policies oriented towards early childhood, there is great concern for developing strategies that depart from the traditional sector-oriented public policy approaches to promote cross-cutting, intersectoral actions permeated by a firm sense of the comprehensive nature of human development, something that sectoral policies by their very nature lack.”

Countries of the region are attempting to overcome this situation, testing different types of programmes and mechanisms that are intersectoral (among government sectors) and interinstitutional (incorporating not only national policy sectors but also families, communities, sub-national and municipal governments and civil society actors) to comprehensively attend to children’s needs and ensure respect for all of their rights.

### CHILE: COMPREHENSIVE CHILD PROTECTION SYSTEM CHILE CRECE CONTIGO

*Chile Crece Contigo* is a comprehensive child protection system whose main objective is to monitor and make a personalized follow up to the development of children from the first post-partum visit until they enter the school system in preschool (around 4 or 5 years of age).

The program offers services in three broad areas:

- **General Education Program.** Includes awareness raising, informative and educational activities on the care and stimulation of children.
- **Biopsychosocial Development Program.** Offers health monitoring and promotion activities for all children registered with the public health system from the prenatal period to 4 years of age.
- **Special services tailored to the particular needs of children and their families:** **a) Services** provided to children from the 60% most vulnerable: technical support for children with disabilities; free daycare, preschool or equivalent; **b) Services offered to the 40% most vulnerable families with young children:** Family Subsidy beginning in the 5th month of pregnancy until the 18 years of age; free access to early education centres; and prenatal and postnatal care through municipal health centres.

**Source:** Ministerio de Planificación, Gobierno de Chile, Sistema de Protección Integral a la Infancia Chile Crece Contigo, 2010.

## **6.1. Legislation protecting the rights of the child as a framework for intersectoral and interinstitutional programme mechanisms.**

A holistic approach to formulating and implementing early childhood policies is essential if the Convention on the Rights of the Child (CRC) is to be effectively adopted as a legal instrument and public policy framework. All countries of the region have ratified this instrument and passed laws in accordance with it. While these do not explicitly envision the convergence of early childhood care and education, most of them do establish a framework for articulating and coordinating public policies for early childhood and adolescence through the creation of Systems to Protect the Rights of Children during Early Childhood and Adolescence. In many cases, these efforts have been complemented by laws of education, such as those passed in Argentina, that refer to the Comprehensive Child Protection Law and provide for the participation of the appropriate educational authorities in developing local systems for the comprehensive protection of the rights established under that law” (Article 82).

In the case of Chile, while the country has no enacted law with the features found in most other Latin American countries, in 2009 Law 20379 was enacted to create an Intersectoral Social Protection System and institutionalise the sub-system for comprehensive early childhood care “Chile Crece Contigo”. This subsystem, based on a national program of the same name, is intended to accompany children registered with the public health system in their development from the first prenatal visit until they enter the school system in junior kindergarten (at 4 years of age). While the subsystem focuses on health, it also guarantees free access to different types of care and education for young children considered at risk.

The Systems to Protect the Rights of Children during Early Childhood and Adolescence, promoted under comprehensive laws to protect the rights of children and adolescents, generally envision the participation of civil society in intersectoral and interinstitutional planning mechanisms. For this reason, several countries of the region — Argentina, Brazil, Ecuador and Paraguay, to name a few — have put together Councils at the national, federal, sub-national and local levels.

The pioneer of these councils in Latin America was Brazil’s National Council on the Rights of Children and Adolescents (CONANDA), which is the entity responsible for upholding the country’s Statute of Childhood (ECA). This Council is composed of representatives of civil society and different public services. Its duties include drafting national policy standards for protecting the rights of children and adolescents; supporting state and municipal child protection councils and other state, municipal and non-governmental entities in enforcing the provisions of the Statute; accompanying institutional change in both public and private organizations involved in early childhood care and education; evaluating the actions of municipal and state boards; and coordinating the national fund for childhood and adolescence, among other duties.

The state and municipal Councils to Protect the Rights of Children during Early Childhood and Adolescence, composed also of representatives of civil society and the government, have the central function of deliberating, formulating and enforcing compliance with the comprehensive protection policy for children and youth within their respective spheres of action, while at the same time coordinating different public agencies and private initiatives for the purpose of establishing a comprehensive protection system. Under the ECA (Article 88 – IV and 260), these councils also are responsible for managing the budget of the Fund for Childhood and Adolescence, which exists at different levels of the public administration and is intended to fund special programmes and projects designed to protect children and adolescents that are operated by public and private institutions. The municipal fund for children and adolescents must be established by municipal bylaw that specifies the objectives, beneficiaries, administration and spending of the funds; this bylaw must also

stipulate that resources collected through this fund are intended to complement and not replace funding from the municipalities themselves.

Other countries of the region have followed Brazil's example. For example, since its Code of Childhood entered into force Ecuador has taken a major step by forming the Decentralised Comprehensive Protection System for Children and Adolescents, which to date has established 79 Cantonal Councils for Children, with more in progress. Effectively this offers an institutional point of convergence for sectoral actions and social participation under the Decentralised Protection System, led by the National Council for Childhood and Adolescence.

In the cases mentioned it is worth underlining the importance of the local level in guaranteeing the rights of children and civil society's role in planning and coordinating actions in these areas. As each setting in which children and their families live out their everyday lives has its own particularities, including advantages and limitations, effective coordination among local and central government agencies is indispensable if suitable actions are to be implemented in these different settings. Several studies in the region highlight the advantages of decentralisation, especially for implementing actions that are pertinent, significant, efficient and effective, all qualities that are essential in the context of ECCE.

The participation of civil society organizations in the design and implementation of policies oriented towards early childhood is another element that is present in countries of the region. In this regard, countries such as Guatemala deserve recognition for having achieved a degree of collaboration between government and civil society, which work together as partners equally responsible for achieving the comprehensiveness of all measures adopted to uphold the human rights of young children.

## **6.2. Intersectoral programmes**

These are programmes in which two or more areas or sectors of the public administration work together. Two longstanding initiatives of this kind bear special mention, as they were launched before the ratification of the Convention on the Rights of the Child and have continued in operation to this day. One of these is Uruguay's CAIF Plan (Comprehensive Care Centres for Early Childhood and the Family), which was launched in 1988 and has consolidated over the years and through several different government administrations. The plan is based on an intersectoral public policy partnership between the Government, civil society organizations, and municipal Intendancies. Its aim is to guarantee child protection and promote children's rights from conception to 3 years of age. The Centres are distributed around the country and take an approach based on comprehensive care, interinstitutional cooperation and interdisciplinary action. This intervention model is guaranteed under two agreements signed in 2009, one between the National Public Education Administration (ANEP), the Institute of Children and Adolescents (INAU), the CAIF Plan and the Ministry of Social Development (MIDES); and a second one between the Ministry of Health, the State Health Services Administration (ASSE), MIDES and INAU. In both cases, in areas under its purview each public entity pledges to undertake actions to promote "equal opportunities from the beginning of life", coordinating its early childhood care, education and protection programmes.

The other case is that of Cuba's program "*Educa a Tu Hijo*", which has a marked intersectoral, community-based approach. It has served as reference for the development of other experiences in the region, like the *Program Better Early Childhood in Brazil (Programa Primera Infancia Mejor en Brasil)*.

#### **CUBA: “EDUCA A TU HIJO” PROGRAM**

The Educational Social Program “Educa a Tu Hijo” (educate your child) is aimed at boys and girls 0 to 6 years of age who do not attend educational establishments, providing educational attention to more than 70% of children under 6 years of age in Cuba.

The program is based on the provision of educational activities by family members in the home. Each territory has a Coordinating Group consisting of educators, teachers, doctors, cultural actors, retired people, nurses, students and other members of the community who assist parents and other family members in providing ongoing educational activities in the home; they also conduct home visits and monitor the quality of educational care provided.

The program has a strong community and intersectoral focus. Its collaborators include the ministries of Public Health, Culture and Sports; the Federation of Cuban Women (FMC), revolutionary defence committees (CDR), the National Association of Small Farmers (ANAP), student associations, labour unions and mass media outlets, among other participants, all coordinated by the Ministry of Education.

**Source:** Portal Educativo Cubano, Programa Educa a tu Hijo: <http://www.rimed.cu>

#### **BRAZIL: PRIMEIRA INFÂNCIA MELHOR PROGRAM**

The Primeira Infância Melhor (Better Early Childhood) program was designed by the State Secretary of Rio Grande do Sul in 2003 to promote adequate early childhood care and stimulation to foster children's full development.

PIM is organized around three focal areas: the family, the community and intersectoral interaction, through resource material and interactions with family visitors, families participating in the program have access to information and viewpoints that are vital for the care and education of their children.

The PIM program is coordinated by the State Office of Health with the collaboration of the offices of Education, Culture and Justice and Social Development. These efforts are complemented by those of different social actors participating in the program, who are organized into state and municipal Early Childhood Committees. The program also enjoys the technical support of the UNESCO satellite office in Rio Grande do Sul.

**Source:** Scheineder, A. & Ramires, V. (2008), *Primera Infancia Mejor: una innovación en política pública*, UNESCO and Secretaria de Salud Gobierno de Rio Grande do Sul, Brazil.

In Argentina, the National Child Development Program, “Primeros años”, was developed for girls and boys 0 to 4 years of age, and boasts a significant educational component. This program is based in the National Council for Social Policy Coordination and implemented with the collaboration of the national ministries of Education, Social Development and Health; it also receives support from the United Nations Development Programme (UNDP). At the provincial level, contexts for interministerial collaboration have been institutionalised through agreements among provincial authorities and the National Council for Social Policy Coordination. Intersectoral boards are established in local communities, with members from municipal institutions, schools, health centres, community organizations and community centres, development agencies, clubs and churches, among other local bodies. At the national level, training and technical assistance, as well as assistance with work processes, are provided to provincial technical teams for the purpose of developing and strengthening interinstitutional practices that take a comprehensive approach to child development. The criteria established at the national level stipulate that the provincial interministerial boards are responsible for selecting the communities and technical teams for each jurisdiction.

## **7. FINANCING**

According to the World Bank (E.Vegas, L.Santibáñez et al, 2010:55), estimating total spending on children from birth to 6 years of age is no easy task, as public finance indicators

in Latin America do not specifically identify investment in ECCE, making it impossible to clearly determine each country's efforts in this regard. Another aspect that needs to be taken into account is that funds for ECCE come from many sectors, including education, health, social welfare, and labour, among others.

The public policies implemented by countries of the region vary widely in terms of the variety of services provided, the assignment of responsibilities for managing these, and sources and forms of financing. This heterogeneity limits the comparability of indicators, particularly those related to structural aspects and spending levels, pointing to a need to define and implement a methodological classification that would allow comparative analysis among these different situations.

Despite the importance of this information, it is not easily gathered or produced. Governments' traditional budgetary classifications contain no specific category for spending on the age groups targeted by the policies under discussion here. Measurements of spending aimed at both childhood and early childhood must therefore be built, first by identifying programmes and initiatives that impact these specific population segments. To do this, transversal analyses must be conducted of the budgets of different public sectors involved in social policy implementation, and the proportion of funds spent on early childhood identified within these.

An existing example of such an analysis has been conducted by UNICEF, in collaboration with several countries, to define a methodology to quantify and analyze public spending on childhood and adolescence. In the region this initiative has been implemented jointly with Argentina's Ministry of Economy and Production since 2004 (UNICEF – Mecon, 2004). While these experiences cover the larger 0 to 18 age group, the objective is the same — to assess governments' financial commitment to guaranteeing children's rights.

Despite the difficulties of making measurements, it is apparent that countries of the region are making some major funding commitments in this area. "Chile Crece Contigo" is one such program, providing universal access to 100% of children attended to in the public health system, or 70% (863,800 children) of all children throughout Chile. Children who were not "born into" the Chile Crece Contigo program do not receive follow up care and long term monitoring, but they can still enjoy the program's other benefits. The cost per participant per quarter is US\$42.30, amounting annually to US\$165.13. Investment in Chile Crece Contigo has risen each year that the program has been in operation.

One indicator that gives some idea of the situation, though only partial compared to the comprehensiveness of ECCE, is spending on preschool education as a percentage of GDP. Argentina provides an example of the scope of such spending. In 2006 the country's Law of Educational Finance (N°26.075) entered into force, with provisions for a gradual increase in education spending at all levels that would reach 6% of GDP by 2010. In regard to early childhood, this funding is intended to provide early education coverage to 100% of five year olds in the country and ensure the increasing incorporation of three (3) and four (4) year old girls and boys in education, prioritising the most disadvantaged segments of society.<sup>18</sup>

Brazil's Law 11.494, passed in 2007, creates the Fund for the Maintenance and Development of Basic Education (FUNDEB), which increases federal resources for education tenfold and provides funding for daycares as well as for primary and secondary education.<sup>19</sup> This Fund is intended primarily to promote the redistribution of resources associated with education

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<sup>18</sup> <http://infoleg.mecon.gov.ar/infolegInternet/anexos/110000-114999/112976/norma.htm>

<sup>19</sup> [http://portal.mec.gov.br/index.php?option=com\\_content&view=article&id=12327&Itemid=669](http://portal.mec.gov.br/index.php?option=com_content&view=article&id=12327&Itemid=669)

and derives from 20% contributions from various taxes and constitutionally mandated transfers to federated states and municipalities as well as complementary funding from the State to less affluent states. Another indicator that also should be incorporated into calculations of ECCE financing covers the monetary transfers to families that have become common throughout the region; examples include Brazil's Bolsa Familia, Mexico's Plan Oportunidades, Peru's Programa Juntos and Chile Solidario.

The most recent initiative of this kind is Argentina's Universal Social Protection Allocation for Children (AUH), created by Decree 1602/09 in accordance with the Comprehensive Child and Adolescent Protection Law passed in 2005. This program also takes into account benefits envisioned under social security laws. The AUH is aimed at children and adolescents residing in Argentina who qualify for no other family benefit under Law 24.714 (establishing the Family Benefit Scheme) and whose families are unemployed or work in the informal economy. The benefits consists of a monthly, tax-free benefit of 180 pesos per child that is remitted only to a parent, guardian, caregiver, or blood relative (up to the third degree) for each child under 18 years of age under his or her care, or up to any age in the case of dependants with disabilities (SDITALC, 2009). In February 2010, the AUH benefited 3,384,546 children under 18 in 1,732,530 families (Panigo, D; Agis, E, and Cañete, C. 2010) and accounted for 0.58% of GDP (Lukin, T, 2010).

### Comparison of Conditional Transfer Programmes in Latin America

COUNTRY	BRAZIL	MEXICO	CHILE	PERU	ARGENTINA
Program	Bolsa de Familia	Oportunidades	Chile Solidario	Juntos	Asignación Universal por Hijo
Beneficiary Age	Children under 18	Children under 18	Children under 18	Children under 18	Children under 18
Type of Benefit	Per family and per child	Per family and scholarships	Per child	Per family with children	Per child
Conditionality	Health and education	Health and education	Social assistance follow up	Health, education and documentation	Health and education
Beneficiary families	12400000	5000000	370000	420000	1600000
Annual budget (in millions of local currency)	11400	44014	92000	730	7000
Annual budget (in millions of US dollars)	6440	3319	169	253	1800
Monthly benefit per family (in current USD)	43	55	38	50	94
<b>Percentage of GDP</b>	<b>0.39%</b>	<b>0.31%</b>	<b>0.10%</b>	<b>0.20%</b>	<b>0.58%</b>

Source: Panigo, D, Agis, E, and Cañete, C. (2010)

Added to government financing, though to a lesser degree, are private sector financing programmes operating within social responsibility strategies. A pioneering case of this kind

in the region is the program operated by Fundação Abrinq in Brazil. This not for profit institution was created in 1990, the same year that the Statute of Childhood and Adolescence was enacted, establishing a major network of collaborators that provide resources, services and/or products. Most of the resources (71%) come from private companies, and 48% of the funds collected are earmarked for care programmes. The program also has objectives for awareness raising and advocacy to enforce the right to education, health and protection of children less than 6 years of age in early learning environments and, in some cases, has invested in infrastructure in partnership with government entities.<sup>20</sup>

**BRAZIL: NATIONAL FUND FOR THE MAINTENANCE AND THE DEVELOPMENT OF BASIC EDUCATION (FUNDEB)**

The Fund for the Maintenance and the Development of Basic Education (FUNDEB) addresses basic education from preschool to the end of secondary school. FUNDEB entered into force in January 2007 and will run to 2020. It replaced FUNDEF, the Fund for the Maintenance and Development of Primary Education. Its strategy involves providing complementary funding to states in which educational spending per student is lower than the national annual minimum. Resources are distributed according to the number of students registered in basic education, based on figures from the previous school year data.

The legal provisions that created the fund also established a system of councils to monitor and control the distribution, transfer and use of its resources. The members of these FUNDEB Control and Monitoring Councils include school administrators, teachers, parents and students. They operate at the federal, state and municipal levels.

**Source:** Ministério da Educação do Brasil

Some similar initiatives have been implemented in Colombia. For instance, one public-private alliance for early childhood in Bogotá brings together 19 public and private organizations through a cooperative partnership to promote and strengthen a Public Policy on the Quality of Life of Children and Adolescents in Bogotá. This project seeks to bring together all available resources in benefit of early childhood as a focal point and motor of social change in the pursuit of equity and justice. The agreement focalizes technical, physical, administrative, and economic efforts and resources to sustain a policy that emphasises comprehensive early childhood care and education as a fundamental stage of human development and to strengthen the capacities of different social actors responsible for guaranteeing the rights of young children.

Another Colombian initiative is the recent working agreement “Impulso a la política de infancia y Adolescencia” (Promoting a Policy for Childhood and Adolescence). This project seeks to gather technical, administrative and financial resources to help orient, implement, follow up on and monitor public district policies on *the quality of life of girls, boys and adolescents* in the framework of the Code of Childhood and Adolescence. It also aims to enhance the profile of children in the city as a way of impacting their lives, as defined in the “Bogotá Positiva para vivir mejor” development plan. The objective of this initiative will be pursued through its three components: 1. Mobilisation and follow up of the Policy on the Quality of Life of Children and Adolescents; 2. Participation of children and adolescents; and 3. Horizontal cooperation.

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<sup>20</sup> <http://www.fundabrinq.org.br/porta/quem-somos/apresentacao.aspx>

Based on the above information, it is apparent that there is significant financing of ECCE in different sectors in the region, although spending is still insufficient to provide all children with good quality programmes and services.

## **8. NATIONAL ECCE PLANS AND PROGRAMMES**

The last two five-year periods have witnessed major efforts to position early childhood on the public agendas of countries of the region and those of regional institutions and networks. It has gradually become clear that a policy itself is not a national coverage program, and that countries must make progress to establish comprehensive plans of action for the welfare and benefit of young children that involve all members of society.

Since the World Education Forum in Dakar in 2000 and the Early Childhood Care and Education Conference in 2001, most countries of the region have designed education plans that incorporate EFA Objective 1 and plans of action for childhood, both long-term endeavours. These propose an intersectoral approach to address the challenge of comprehensiveness established in the Convention on the Rights of the Child. Some of these plans are incorporated into development plans and/or poverty eradication plans and cover all age groups, while others targeted children and adolescents specifically. In most countries, EFA plans will last until 2015 and most Plans of Action for Childhood will end in 2010 or 2011 as they were enacted early in the decade. In one group of countries, however, these plans will remain in force, either because they were enacted later or because they were envisioned as longer-term initiatives scheduled to last until 2015, the deadline for achieving the Millennium Development Goals.

In almost all cases, the plans were formulated with significant input from social stakeholders and consultation with governmental and non-governmental actors including, in some cases, the participation of children and their families.

Annex presents a synthesis of Countries' Plans of Actions in favour of Early Childhood and Adolescence.

**URUGUAY**  
**National Strategy for Children and Adolescents**

Uruguay's National Strategy for Children and Adolescents (ENIA in Spanish) was designed through a process of public consultation and debate and sets out an approach to the preparation of national plans for children and adolescents, in which the government can partner with other stakeholders to identify specific goals, allocate resources and define management instruments so that all children and adolescents may exercise and enjoy their rights.

Its main elements are:

- Support for families in child rearing activities.
- Protection of early childhood from before birth.
- Strengthening and transformation of the educational system.
- Promotion of healthy living habits during childhood and adolescence.
- Generation of opportunities for social and intergenerational integration.
- Promotion of the democratic participation of children and adolescents.
- A protection system that provides support to all children and adolescents in vulnerable situations.
- Public awareness and the transformation of intergenerational bonds through opportunities for dialogue that improve adults' capacity to listen to children and adolescents.

**Source:** Consejo Nacional de Políticas Sociales, Comité de Coordinación Estratégica de Infancia y Adolescencia, Estrategia Nacional para la Infancia y la Adolescencia (National Social Policy Council, Committee for Strategic Coordination on Children and Adolescents) <http://www.enia.org.uy>

## **9. NATIONAL ECCE PROGRESS MONITORING AND EVALUATION**

Systems for information reporting, monitoring, and evaluation are essential for the design of public policies and action plans on resource provision and the coordination of different sectors, stakeholders, and levels of government. These systems are also necessary to ensure processes are financially and technically sustainable.

Additionally, international agreements signed by countries in the region have also generated a need for tools to monitor implementation of initiatives. In particular, progress towards the goals of Education For All, the development of action plans for compliance with the Convention on the Rights of the Child (CRC), and progress reports on children's rights to be submitted to the Committee on the Rights of the Child, the body that monitors the implementation of the CRC, must all be undertaken.

### **9.1. Information on early childhood in the region**

Although the region generates and disseminates abundant and far-reaching socio-demographic, sector-based, and economic data obtained through censuses, surveys, and records, the situation remains far from ideal. With regard to information on early childhood, significant gaps exist in data collected in almost all countries, with a high level of variability in terms of accuracy, accessibility, coherence, and comprehensiveness. One of the key problems is the lack of data specific to the phase of "early childhood" in information produced by statistics organizations. Furthermore, information broken down by social and economic group, place of residence, and other factors identifying the social and geographic differences in children's living conditions are even less available.

One of the more effective mechanisms for achieving a sustainable expansion of the information baseline on early childhood living conditions is the incorporation of related research fields into censuses and regular or targeted surveys. These may include aspects such as family demographic conditions, participation in the production system, reproductive

health and prenatal care of mothers, breastfeeding, nutrition, healthcare for children, childrearing conditions and styles, and access to cultural goods and recreational activities.

Questions relating to childhood development contexts were incorporated into the National Demographics and Health Survey (*Encuesta Nacional de Demografía y Salud; ENDS*) in Colombia in 2009, and produced information on types of programmes that children attend, the identity of home-based caregivers of children under 7, shared activities undertaken with adults (play, reading, walks, stories), family access to children's reading material, levels of physical activity, and children's play items present in the home. The systematic analysis of such data allowed an enhanced understanding and monitoring of trends in the central elements of early childhood socialisation and development contexts.

Chile conducted a National Early Childhood Survey (*Encuesta Nacional de Primera Infancia; ENPI*) in 2010. This initiative is an effort to characterise the bio-psychosocial development environment of children aged between 0 and 5 years 11 months. The project's goal is to derive baseline data on early childhood in all socioeconomic sectors – an important tool in the development and analysis of public policies.

In some countries the scarcity of information on childhood has been addressed by the Multiple Indicator Cluster Survey (MICS) organised by UNICEF. These surveys collect information from homes in order to analyse progress related to factors such as: childhood survival and development; education and gender equality; childhood protection; and the HIV/AIDS situation. They have been applied at an international level every five years since 1995, and Latin American countries such as Bolivia, Cuba, Ecuador, Panama, the Dominican Republic, and Venezuela have participated in different applications. The MICS has provided data for the supervision of national and international development objectives and commitments and for comparisons among countries.

#### CHILE: NATIONAL EARLY CHILDHOOD SURVEY

This survey, developed by the National Council of Daycares and Preschools (JUNJI), UNICEF and UNESCO/Santiago, collected information on the status of Chilean boys and girls (0 to 5 years, 11 months), identifying childcare practices and characterising living environments in order to analyse factors that foster or hinder their development.

Some of the survey's most notable results were as follows: 51% of children born in Chile were unplanned pregnancies. 66% of the children live with both parents, 32% with the mother only, and 1% with the father only. Mothers perform most childcare duties, usually at home (74%); in higher income segments, however, children are cared for by non-family members. Despite this difference, interviewees generally agreed that "it is best for the future development of the child" if the mother or father is the caregiver (48%).

One of the most controversial results of the survey was the adults' evaluation of the Rights of the Child. Some 74% of those surveyed believed that children "are subjects with their own opinions who grow in autonomy as subjects with rights." However, 88% of those surveyed thought that their opinions "should always be guided by a responsible adult" and that children are entitled to their rights "when they carry out their duties" (65%). The majority of parents also believed that they had the right to decide how to raise their children, "instructing and punishing them in the ways that parents' deem most appropriate".

**Source:** JUNJI, UNICEF and UNESCO, "Resultados preliminares Encuesta Nacional de la Primera Infancia", Chile, March 2010.

## 9.2 Indicator and monitoring systems

Another concern in the evaluation and measurement of advances or deterioration in early childhood development and in levels of compliance with children's rights lies in the definition of indicator systems. Some initiatives in this field were designed or supported by international organizations while others were generated within countries, by either governmental organizations or groups within civil society. Indeed, in some countries information systems were launched or strengthened as a result of alliances among

numerous groups and agencies, once again showing that civil society plays a fundamental role in the monitoring and evaluation of such initiatives.

Countries such as Argentina, Colombia, Ecuador, Honduras, and Venezuela have developed indicators systems based on the common denominator of overseeing compliance with the rights of children, although systems in other countries are based on the monitoring of aspects promoted by national laws or compliance with the goals of specific programmes. Indicator systems tend to cover childhood and adolescence, taking into account children's rights from the moment of conception.

For example, Honduras possesses an Observatory on Children's Rights (*Observatorio de los Derechos de la Niñez*), which generates an index of child development based on indicators such as malnutrition, mortality, and children lacking birth certificates. In the case of children under the age of 5, the indicators used are: maternal mortality rate; exclusive maternal breastfeeding up to the age of six months; and population lacking treated drinking water.

In Argentina, the Integrated System for Social and Economic Indicators Relating to Childhood and Adolescence (*Sistema Integrado de Indicadores Sociales y Económicos sobre la Niñez y la Adolescencia; SIISENA*), developed by the National Census and Statistics Institute (*Instituto Nacional de Estadística y Censo; INDEC*) and UNICEF, monitors compliance with the Convention on the Rights of the Child using the following indicators: childhood morbidity and mortality; health conditions; access to healthcare and service quality; and accessibility, coverage, and quality of education. The system includes statistics, information on legal frameworks, and information on programmes under development.

Different countries in the region apply different methods to the issue of monitoring, including citizen observation groups or periodic reports that enable the evaluation and measurement of human development capacities of children and adolescents, as well as the inclusion of early childhood in development plans, or alternatively, fulfilment of the rights stipulated in international conventions and commitments subscribed to by the countries in question. As these indicator systems focus on the situation of children and adolescents in all aspects of their living conditions (health, home, adequate intellectual and emotional growth and development), they place an emphasis on the fulfilment of their rights in these regards, as active members of society. It must be noted that these important initiatives sometimes face problems related to the lack of sufficient and timely information.

### **9.3. Early childhood action plans**

In countries such as Peru and Colombia, either the National Action Plans mentioned above or comprehensive childhood protection laws establish their own systems of monitoring, based on very specific goals. This is clearly shown in the following extracts from the Colombian national plan for early childhood, known as the Country Plan – Ten Year Plan for Early Childhood 2004-2015 (*Plan País-Plan Decenal de Infancia 2004-2015*).

## COLOMBIAN TEN YEAR PLAN FOR EARLY CHILDHOOD (2004 – 2015)

### Homes with children aged between 1 and 5

**Objective 10:** Bring children into the social security health system, especially for indigenous children and the most vulnerable.

**Objective 11:** Reduce causes of morbidity and mortality related to preventable diseases and/or nutritional or housing conditions.

**Goal N° 31** By 2010, 100% of children under 5 will be covered by the social security health system.

**Goal N° 32** Inclusion of all children under 5 at high risk in the social security health system by 2006.

**Goal N° 33** By 2015 all healthcare and health insurance providers will develop induced demand strategies and will increase coverage for growth and development medical consultations for the population of children under 5 attending state or private comprehensive education services.

**Goal N° 34** Broadening coverage of the municipal growth and development programme in the areas of health and education from 11.4% in 2000 to 15% in 2010 and 20% in 2015.

**Goal N° 35** Achieve increases in the Extended Immunisation Programme coverage for children under 5 to 95% in all municipal government regions in the country.

**Goal N° 36** Reduction of chronic malnutrition (height for age) in children under 5 from 13.5% in 2000 to 10.8% in 2010 and to 8% in 2015.

**Goal N° 37** Reduction of acute malnutrition (BMI) in children under 5 from 0.8% in 2000 to 0.64% in 2010 and 0.56% in 2015.

**Goal N° 38** Reduction of global malnutrition (weight for age) in children under 5 from 6.7% in 2000 to 5.4% in 2010 and 4.75% in 2015.

**Goal N° 39** Eradication of measles in children under 5 by 2010.

**Goal N° 40** Reduction in tuberculosis rates per 10,000 persons from 26.2 in 2002 to 21 in 2010 and 17.5 in 2015.

## 9.4. Accountability mechanisms

Apart from whether or not accountability mechanisms exist within countries, attention must be paid to reports made by parties to the Committee on the Rights of the Child, the body of experts that oversees commitments adopted by signatories to the Convention. Two years after ratification, and subsequently every five years, States must report on advances that have been made in terms of access of children and adolescents to their rights, based on which the Committee makes suggestions and draws up recommendations for the State to follow and comply with until the next report is made.

All countries in the region have made at least one report to the Committee on the Rights of the Child, with the total number of reports made to date varying between one and four for different countries.

## 9.5. Regional information or indicator systems provided by international organizations

Organizations that aim to generate regional information systems are hindered by the lack of comparability of information compiled in different countries. Data comparability is limited, due to conceptual differences, accuracy, timeliness, accessibility, spatial disaggregation, and data breakdown capacity. For this region actions must be taken to coordinate and harmonise information from different sources and different countries.

A number of information systems related to the monitoring of the early childhood situation have been developed, among which perhaps the most noteworthy are the system supported by UNICEF for the monitoring of children's and women's rights, the system proposed by the UNESCO Regional Education Office for Latin America and the Caribbean in Santiago (OREALC/UNESCO Santiago) centred on monitoring early childhood care and education in Latin American countries, and the project undertaken by the Information System on

Educational Trends in Latin America of the Early Childhood Office of the Institute for Educational Development and Innovation of the Organization of Ibero-American States (SITEAL – IDIE PRIMERA INFANCIA – OEI) to develop an information system that reflects the status of children and of families. Added to these are the public policy initiatives (legislative measures and actions undertaken within the framework of plans, programmes, and projects) implemented by member states for the promotion, protection, and realisation of the rights of the child during early childhood.

UNICEF operates two initiatives that actively monitor the early childhood situation in the region. The first is a project for monitoring the early childhood situation at a global level, which includes a suite of indicators organised around ten fundamental dimensions. It enables basic characterisations of countries in demographic and socioeconomic terms that include the areas of nutrition, health, education, the status of women, protection of children, and progress. UNICEF also promotes the publication of data for planning and promotion, while also providing technical assistance to the countries in data compilation through the Multiple Indicator Cluster Surveys (MICSs) mentioned above.

As the United Nations organization in charge of global monitoring of Millennium Development Goals (MDGs) related to childhood, it also supports usage of the DevInfo platform as a tool for the registration of progress towards the MDGs and the supervision of sustainable human development commitments<sup>21</sup>. This database system provides a method for the organization, storage, and presentation of data. It is based on a standard format that facilitates information exchange among organizations, and constitutes an advanced database management system.

Another education-based initiative has been developed by the UNESCO Regional Education Office for Latin America and the Caribbean in Santiago (OREALC/UNESCO Santiago), through their Regional Early Childhood Education Indicators Project<sup>22</sup>. The key aim of the proposal is to obtain useful information in strategic decision making and monitoring of education systems, rather than to evaluate programmes. Although the indicators used are centred mainly on the area of education, the project's model of analysis considers education and care to be two interdependent areas, under the understanding that children's learning and development are mediated by the contexts and environments in which they take place. For this reason the model addresses the issue in terms of contexts ranging from those closest to the family through to educational and social contexts in general.

As the final proposal was being developed, a regional systematisation of national definitions of early childhood and indicators was built, to serve as a starting point for the development of comparable indicators. Alongside this initiative, four case studies were conducted in Bolivia, Chile, Colombia, and Mexico, in order to evaluate the relevance and feasibility of the proposed indicators, and experts in the field were consulted.

The proposal consists of a total of 55 early childhood (0 to 6 years) education indicators, organized into three fundamental dimensions: general context, family context, and education system. General context includes four categories of contexts: (a) demographic; (b) economic; (c) socio-cultural; and (d) political-regulatory, including demographic, economic, social, cultural, and political aspects. Attention is also paid to the basic characteristics of the social, cultural, and economic environment in which children live. The context includes aspects related to the material and cultural living conditions of the population, such as

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<sup>21</sup> For more details on the DevInfo software platform, see [www.devinfo.org](http://www.devinfo.org).

<sup>22</sup> See "Indicadores de la educación de la primera infancia en América Latina. Propuesta y experiencias piloto" ("Indicators of early childhood education in Latin America. Proposal and pilot experiences"; only available in Spanish) OREALC/UNESCO Santiago (2008), which gives a summary of the initiative described in this chapter.

structure, level of school attendance and family income, and level of violence in the home, among others.

The information dimension related to the education system is subdivided into two categories: service quality, and coverage and effort, including indicators relating to inputs, processes, and results. These indicators enable the systematic description of teaching-learning processes, of the number of children with access to early childhood education, and of countries' deployment of resources to promote and sustain early childhood education programmes.

A third project undertaken at the regional level is the Information System on Educational Trends in Latin America, a programme of the Early Childhood Office of the Institute for Educational Development and Innovation of the Organization of Ibero-American States (SITEAL – IDIE PRIMERA INFANCIA – OEI) (SITEAL; 2010). This initiative offers an extremely useful tool for tracking the situation of early childhood in the region, to foster the development of appropriate, pertinent cross-country comparisons, and to determine at the regional level, compliance with the Convention on the Rights of the Child in the first few years after ratification.

The key aim of the Early Childhood Information System is to collect, systematise, analyse, and publish information on: the situation of the youngest children and of their families in regard to the exercise of the rights stipulated in the Convention on the Rights of the Child; and commitments made and actions undertaken by parties to guarantee, promote, and enforce early childhood rights.

In order to reflect to what extent these rights are exercised by children, and the efforts undertaken by governments to guarantee them, four aspects are analysed: description of the well being of children under 6, defined in accordance with the provisions of the Convention; description of each country's regulatory structure, in terms of the rights of young children; description of government initiatives implemented through plans, programmes, and projects to uphold the rights of young children; and finally, a description of budgetary efforts made by each state to achieve these goals. The system contains both statistical and documentary information compiled from various sources.

The system is structured into seven modules, which together offer users a comprehensive view of the early childhood situation, in terms of the exercising rights and institutional responses aimed at meeting commitments. The proposed modules are: socioeconomic and socio-cultural context; general measures for the application of the Convention on the Rights of the Child; civil liberties and rights; the right to wellbeing and to live in a family environment; the right to health; the right to education, recreation, and participation in cultural activities; and the right to special protection and reparation measures for vulnerable groups.

In summary, although progress has been made in the region towards establishing indicators and monitoring systems, the information is still quite incomplete and dispersed, lacking accuracy, accessibility, coherence, and completeness. It is crucial to develop systems that incorporate knowledge and information from different sectors and projects, and that address the entire range of ECCE, in order to design public policies and action plans that are meaningful as well as technically and financially sustainable.

## CONCLUSIONS

The countries of the Latin America are making important efforts in the area of early childhood care and education, being the region with greatest advance and having a more promising outlook on this subject among developing countries. The conclusions offered below identify and relate the real and potential advances that countries in the region face, as well as weaknesses and difficulties.

### **a) In regard to regional scenarios**

1. Structural inequalities in the region and the segmentation of societies produce high rates of exclusion and marginalisation that have an especially strong impact on children. At the same time, advances have been made in the social, political, legal and economic spheres that offer opportunities for further developments in early childhood care and education.
2. The region's great cultural and linguistic diversity and the increase in the migrant population both among and within countries, further complicates processes of exclusion and social segmentation; but they also offer opportunities for enriching the development of children and Latin American societies.
3. Latin America is in a stage of demographic transition marked by a significant reduction in mortality and fertility rates and an increase in the life expectancy of upcoming generations. This is a favourable scenario for investing in early childhood policies, as it puts less pressure on resources that need to be mobilized, compared to countries with a high population of children.
4. The incorporation of women into the labour market reinforces the urgency of expanding early childhood care and education services, especially for more vulnerable sectors and population segments, where women's contribution to household income is a determining factor to overcome poverty.
5. The dominant family model has changed, predominating single parent families, usually headed by a woman; however, social policy design continues to exclusively follow the traditional family model.
6. The lack of adequate environmental policies and the frequency of natural disasters generate a complex scenario for child development and its protection in emergency situations.

### **b) In regard to early childhood care and education**

7. Early childhood situation has acquired greater visibility in the region, but societies have not yet accepted a view of the child as social actor and subject with rights. The concept of early childhood as an object of protection and mere beneficiary of services still prevails.
8. There has been significant advance in aspects of child survival. The region is quite close to achieving the Millennium Development Goal of reducing infant mortality by one-third, but there are still significant disparities among countries and population groups in terms of infant mortality rates, iron deficiency, rickets, and access to health services and mother-child care.

9. There has been a significant expansion of services for 3 to 5 year olds but not for children under 3, existing important differences among and within Latin American countries. There is gender parity in access to ECCE, but also great inequality based on socioeconomic status, place of residence and cultural pertinence. The main obstacles for accessing programmes and services are poverty, low level of parental instruction, distance from care services, the economic cost and lack of cultural pertinence of services.
10. Progress in the area of early childhood protection has been less significant than advances in survival and education. Despite legislative advances, the region continues to suffer from an entrenched culture of physical and psychological abuse and mistreatment of children, a high percentage of whom have not been officially registered, which excludes them to a large degree and places them at higher risk of abuse and other forms of violence.

**c) In relation to approaches, policies and programmes**

11. The region is in a phase transitioning from an assistance and instrumental approach, to an approach where ECCE is considered as a stage in itself, focused on fully meeting the basic needs of survival, psycho-social development, learning and protection. It is still frequent that there is an unbalance between care and education actions, depending on age group (under and over 3 years of age), and modalities and dependencies programmes.
12. Very significant advances have been made in the development of legal frameworks and comprehensive plans to benefit children, but in some cases implementation has been weak due to the absence of real institutional change, the lack of enforcement mechanisms, insufficient investment and institutional, social and family practices that violate children's rights.
13. Policies and the supply of programmes and services, as well as human and financial resources, are more focalised on children over 3 years of age. Many countries have established one or two years of mandatory early education, or three in some cases, or have expanded schooling to all 5 or 4 year olds, without making it mandatory.
14. Intersectoral and interinstitutional coordination is advancing to comprehensively address the needs and rights of early childhood. Public policies have achieved the most in integrating different sectors through common agendas. Progress remains slow, however, due to the lack of political will, differing notions of childhood and human development, a lack of shared criteria, and distinct technical and bureaucratic approaches.
15. Countries are attempting, to varying degrees, to increase investment in ECCE with a variety of approaches that include both public and private sectors, but levels of investment are insufficient to achieve the inclusion of all children in quality programmes and services and pay for the infrastructure required to expand and broaden educational services available. Many countries still have a significant lack of infrastructure.
16. Countries have developed equity policies focalised on the most vulnerable groups, but these have shown themselves to be insufficient to increase inclusion, and instead have in many cases further entrenched segmentation already present in societies of the region. Policies of inclusion are acquiring more importance in the

region, with some exceptions: migrant children, children with HIV/AIDS, Afro-descendant children and children with disabilities remain invisible, unlike indigenous children, who are more often addressed in policies and programmes.

17. The quality of ECCE is still poor in countries of the region, especially in the case of more vulnerable sectors and population groups. Efforts have been made in the areas of curriculum design, availability of materials, and definition of standards to assess the quality of services and programmes. However, no consensus has been reached on quality among the different sectors and stakeholders involved; neither have comprehensive systems of indicators been defined to evaluate the quality of the varied programmes and services offered, taking into account all the areas of care.
18. The issue of transitions is hardly present in national policies, with a few isolated, uncoordinated initiatives focused more on the transition from ECCE to primary school than on the transition from home to ECCE, and through the different stages of ECCE itself. This is a very sensitive issue considering the high rates of school desertion and repetition in the first two years of primary school in the region.
19. The level of qualification of ECCE professionals varies widely among countries and is noticeably lower in non-conventional care settings, which can affect the quality of these programmes and increase inequality, as many of these programmes target children in more vulnerable contexts and situations. Education for ECCE is oriented more towards care of children over 3 years of age, and there are major gaps in aspects such as diversity, interculturality, research, intersectoral work, learning among under-3s, and other matters.
20. The importance of the family and the community in early childhood care and education is widely recognised, but in practice their potential contributions are neither taken advantage of nor appreciated sufficiently, and their participation in decision making and in defining and developing policies and programmes is very limited.
21. Some progress has been made in defining indicators and monitoring systems, but major gaps persist in statistical information disaggregated by different variables that measure inequality. There is also a lack of evaluation and studies that build knowledge that can be used as a basis for decision making.

## CHALLENGES

The challenges listed below have emerged from analyses of the ECCE situation in the region and are included in the commitments adopted by countries when they ratified the Convention on the Rights of the Child and its commentaries, and the Education for All Framework for Action. To address these challenges, governments' must strengthen their capacity to influence political, social and economic spheres in a way that enables them to comply with their commitments.

- 1.- Uphold children's rights in the areas in which they live their lives, paying special attention to the right to education from birth and protection from all forms of abuse, mistreatment and negligence.
- 2.- Within society as a whole, instill a notion of the child as a social actor and subject with rights, and consolidate a comprehensive approach to ECCE as a stage in itself and not simply a preparatory stage for primary school.
- 3.- Establish ECCE as a priority and a public policy that guarantees a comprehensive response to needs and rights in early childhood, placing greater priority on children under 3 years of age, increasing investments in this area, and ensuring their sustainability.
- 4.- Strengthen coordination within and among sectors, institutions and different levels of government, to guarantee comprehensive attention and high quality care with equity.
- 5.- Reduce existing gaps by increasing access to high quality ECCE, especially for children under 3 years of age and for vulnerable populations, and develop a more inclusive ECCE system that helps to reduce inequality and social segmentation in a timely fashion early in life.
- 6.- Improve the quality of ECCE, developing frames of reference and quality approaches that are appropriate for this stage, and establishing criteria for quality that must be met by all programmes and services offered, both public and private.
- 7.- Strengthen the capacities, motivation and ethical commitment of all ECCE professionals and improve their working conditions and society's appreciation of their contribution.
- 8.- Strengthen the participation of civil society and families in the definition, development and monitoring of policies and programmes and their role in the defense, promotion, and protection of children's rights.
- 9.- Increase the information and knowledge available for use in monitoring the early childhood situation, to improve the quality and equity of programmes and services and provide grounds for well founded decision making.

## RECOMMENDATIONS

The following recommendations constitute a road map for addressing the challenges described before. Although the issues apply to the region as a whole, their relative weight in each country depends on the level of advancement in areas of Early Childhood Care and Education, as well as levels of social and economic development. These recommendations should therefore be considered as a shared agenda for the medium and long term that countries can work towards from their own particular starting points.

### **1.- Development of policies, programmes, and mechanisms for the effective and practical protection of children's rights.**

The countries of the region have made significant advances in their legal frameworks since ratifying the Convention on the Rights of the Child, but a substantial gap remains between the enactment and the application of new regulations, with weak enforcement mechanisms, protection systems, and institutional and social practices leading to transgressions of children's rights. Legal frameworks need to be more detailed and precise in order to guide practical changes and ensure needed resources are in place for their implementation.

Progress in the following areas is necessary to achieve the effective protection of children's rights on an everyday basis, and to direct social and institutional practices, policies, and conceptions:

- Development of communications policies to engender society-wide changes in the perception of childhood, the personal adoption of the Convention's principles, and an understanding that all people have a duty to protect the rights of children, albeit with different degrees of responsibility.

The conceptualisation of children as objects of protection and mere recipients of services is still deeply entrenched in institutional and social practices. It is therefore a priority to foster cultural change in views of early childhood that envisions children as social actors and subjects with rights who can take an active role in their own development and in that of the societies they live in. Such an approach involves strengthening children's participation in their spheres of action, taking their views into account in decisions affecting them, and developing programmes and services for their benefit. The universal idea of childhood must also be transformed through recognition of "different childhoods" experienced as a result of historic, political, social, and cultural factors. On the basis of one view or another leads to different policies and programmes.

- Review and adaptation of national legislation and the provisions of conventions on the rights of minorities or groups with diminished social power, to ensure that such rights apply equally during the early years of life<sup>23</sup>.
- Harmonisation of legislation from different sectors that addresses childhood directly or indirectly (education, health, labour, social development, finance, and housing), in order to ensure the coherence and complementarity of actions. One sensitive issue is legislation related to labour, such as maternity and paternity leave, leave for a

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<sup>23</sup> The Convention on the Elimination of All Forms of Discrimination Against Women (1979); Convention on the Elimination of All Forms of Racial Discrimination (1969); Convention for the Protection of the Rights of All Migrant Workers and Members of Their Families (1990); Convention on the Rights of Persons with Disabilities (2006).

dependant child's illnesses, and flexible working conditions to accommodate care of children and nursing. These benefits are less available to mothers from low income sectors and those working in the informal labour market.

- Creation and/or consolidation of protection systems and guarantees for the enforceability and judicial effectiveness of children's rights, and strengthening of the role of States as the principal guarantors of these rights, in collaboration with civil society.
- Implementation of specific programmes to ensure the registration of births, particularly among indigenous peoples and in rural areas. The registration of births enables children to exercise their right to an identity and also fulfils a protective function by facilitating access to social programmes related to child survival, development, and education.
- Development of policies and programmes for rapid response and prevention in cases of mistreatment, abuse, and negligence, incorporating all institutions that have contact with children. Two important aspects for consideration here are the establishment of communication channels and procedures for registering complaints, and public education to change the culture of violence towards children. The family must become a key area of intervention as this is the sphere in which most physical and psychological violence against children occurs, due to the existence of deep set cultural conventions regarding parents' perception that they are entitled to choose how to raise their children and apply whatever forms of punishment they deem appropriate
- Design of plans to guarantee children's rights in situations of natural disasters or armed conflict. These plans should include actions focusing on survival, health, education, and protection during all stages of the process (emergency, recovery, and reconstruction). Areas requiring special attention here include the preservation and rapid reunification of the family unit, the care of orphans and of children separated from their families and their communities, and psychological support for children and their families.

## **2.- Development of national policies with broad-based social participation, tackling the children's needs and rights comprehensively, from gestation to the age of eight years, with particular attention to children under the age of 3.**

Political support and solid legislation are two determining factors in the sustainability of policies and programmes. While there has been growing recognition of the benefits of Early Childhood Care and Education, it is still not a priority issue in many countries. More commitment and pressure from society are necessary if ECCE is to attain greater relevance in public policy.

The need for public policies with broad social participation is widely accepted, and most countries already have comprehensive long term plans for childhood and adolescence, but their continuity and/or priorities are not necessarily maintained through successive governments. Social participation in all phases of policymaking (definition, implementation, and monitoring) is therefore crucial for their sustainability, as well as increasing public demand for care and education for these age groups. Involving stakeholders allows their needs and expectations to be identified and analysed, priorities established, and their viewpoints taken into account. This in turn encourages them to take ownership of policy formulation and assist in their practical application. Strategies must be developed to promote the participation of the most socially excluded groups, as well as children themselves.

To implement comprehensive long term policies focused on rights, progress must be made in the following areas:

- Opening of the debate in society as a whole on the meanings, goals, and approaches to ECCE, to support the definition and development of policies and programmes and training for professionals involved. Greater effort must be made to overcome the current emphasis on academically-based, instrumentalist, and assistance-based ideologies that emphasise the preparation of children for entry into primary education, and move towards a view of ECCE as a stage in itself, the key aim of which is to promote the wellbeing and comprehensive development of children, through actions of care, education, and protection. The balance between care and education must be struck throughout the whole phase, with care being considered an ethical component that must be present in all interventions, as it implies the acceptance of responsibility for the other person, understanding and attending to his or her needs.
- Analysis of the implications of current demographic, social, economic, and cultural scenarios for early childhood, and formulation of social pacts guaranteeing the prioritisation of ECCE and sufficient levels of spending. Given that several plans for childhood and adolescence in the region will end in 2010, it is a good time to evaluate their impacts and an opportunity to construct new institutional, regulatory, and political consensuses for emerging scenarios and challenges.
- Strengthening of civil society's participation in the development and monitoring of policies and programmes, especially in regard to public oversight, coordinated with public attorney's offices to guarantee children's rights and the quality of services provided to them. The role of civil society in public policy and its relationship with the State is a key area of debate in the region which can no longer be ignored.
- Formulation of policies for all childhood stages from gestation to the age of 8, ensuring a suitable transition into primary education, given the current high rates in the region of school repetition and drop out in the first year. This aspect is important, as policies in most countries consider only children age 6 and over. In this conceptualisation of the phases of life, it is vital to consider the specific features of each age range, strengthening State participation in the care of children under 3 in terms of regulatory frameworks, resources, technical support, professionalisation of human resources, and spending, given the importance of this stage for laying the foundation for human development and equality.
- Incorporation of the issue of educational transitions into ECCE policies, in view of the challenges and changes that these impose on children's everyday lives. In the case of the transition from the home to the first educational setting, strategies must be developed to empower families in their educational role, supporting the autonomy required to successfully integrate children into educational centres and programmes. The transition from ECCE to primary education requires a strategy of continuity and progression with stability, for children and for those helping them adjust to more complex learning and social relations. This requires enhanced teacher training and continuity of curricula and teaching methods, with many of the features of ECCE carried through to primary education.

### **3.- Strengthening the development of cross-sectoral policies, collaboration among different levels of government and stakeholders, and coordination among institutions at the local level.**

Comprehensive care does mean that each programme or institution offers all services, but rather calls for effective strategies for coordination and collaboration among different public sectors (health, nutrition, education, labour, justice, and social welfare) at both the national and local levels. Cooperation is also needed with civil society (the academic world, NGOs, religious organizations, companies, etc) and with the private sector.

The development of comprehensive, cross-sectoral policies will enable coordination of goals and strategies to ensure continuity of care from the prenatal period through to the age of eight years. This will optimise resource use, and integrate the key elements of ECCE in the agendas of each sector, ensuring that they are taken into account in decision making processes. Cross-sector policies are also essential for the achievement of higher quality and greater equality, and constitute a fundamental support for programme coverage and sustainability.

Efforts of varying scope are underway for cross-sector articulation and cooperation in the region, but their consolidation will depend on the following key elements:

- Articulation of cross-sector cooperation based around a comprehensive, shared concept of early childhood and human development, to formulate strategies that allow the integration of actions of different sectors within a shared conceptual framework but with complementary functions and services. Functions must be assigned to the various sectors and levels of government (national, regional, and local), and will vary according to each country's level of decentralisation.
- Collaboration of different sector in the setting of goals, priorities, and lines of action, in order to facilitate the continuity of mechanisms for cross-sector coordination. One key element to ensure the coherence and sustainability of ECCE policies is to identify priorities to be incorporated into the policy agendas of different sectors.
- Creation of awareness programmes targeting the social actors and government sectors involved, highlighting the importance of cooperation among institutions to ensure high quality early childhood care and education, with high-level official support for the creation and sustainability of coordination mechanisms.
- Establishment of an institution or ministry to handle cross-sector coordination, ensuring it has sufficient political and technical leadership and political weight to bring diverse parties to the table, as well as the capacity to promote dialogue and build consensus.
- Revision and harmonisation of regulations and decision making processes in cooperating sectors, and reduction of bureaucracy.
- Support from the central government for cross-sector work at the local level, through institutional capacity building, allocation of needed resources, regulation, and oversight.

#### **4.- Development of equity policies centred on personal development, social cohesion and inclusion.**

Compensation and focalisation policies implemented in the region have achieved some success in the short term, especially in increasing coverage, but have proved insufficient for the construction of stable, more equal societies. Among the negative effects of such policies, attention must be paid to the stigmatisation of beneficiaries and the persistence of parallel service systems that reproduce social segmentation.

In order to redress this situation, equity must be at the heart of public policy decision making in general, as a cross element on the agendas of all sectors rather than being limited to peripheral, poorly articulated actions that lead to segmented service structures that perpetuate inequalities. Equity policies must have the central aim of guaranteeing access to high quality care and education for the whole population from the moment of birth, as there is no equity without quality and no quality without equity. This means not only giving most to those who have least, but also providing each person with the specific resources and support that he or she needs to enjoy equal status, given that equity policies in the region tend to be overly homogeneous and do not provide individualised support.

A new equity agenda is needed in the region that guarantees equal access to high quality ECCE and at the same time responds to the wide range of social groups and contexts while developing more inclusive services and programmes that meet the needs of all children in the community. This will ensure that the attention paid to diversity, inclusion, and social cohesion is balanced. In order to face this challenge, progress is necessary in the following areas:

- Identification of excluded groups in each country and the factors leading to their marginalisation, as well as revision of policies and programmes from the perspective of inclusion and diversity.
- Development of comprehensive social protection systems that combine basic universal services for all children and their families with complementary and supplementary support and resources to address the needs of more vulnerable social groups and situations.
- Greater political will and more regulatory development to enable the expansion of inclusive programmes and services that serve children in the community, regardless of their social or cultural origins or individual status. This means that public services and programmes should integrate the diverse segments of the population and break the vicious circle of segmentation by not focusing exclusively on at risk children, although these may remain a priority. To this end, it is crucial to review policies on access to public and publically-funded services in order to avoid any potential discrimination.
- Establishment of an ECCE governability system that guarantees quality with equity. Among other things, this implies a new relationship between central and local levels, with clear definition of duties and responsibilities shared among the State, civil society, the family, the community, and programmes, while ensuring the complementarity of actions. In order to guarantee the efficacy of local policies and avoid inequalities, autonomy must be combined with support; local institutional capacities must be strengthened, the necessary human, material, and financial resources provided, and regulations put in place that facilitate processes and avoid arbitrary differentiation. Progress and difficulties must also be monitored. It is recommended that an evaluation of decentralisation mechanisms under

implementation in the region be conducted to analyse whether they are achieving a balance between quality and equity.

- Development of cross-sector and interdisciplinary support systems to identify changes in development, especial educational needs and other situations affecting child welfare and provide appropriate timely intervention.

### **5.- Progress from homogeneous strategies towards approaches taking into account diversity with equality.**

Attempts to apply homogeneous solutions to diverse situations and needs accentuate the inequalities in children's backgrounds. Responding to diversity means transitioning away from a homogenisation based approach in which the same is offered to all — and which reflects the aspirations of the dominant classes and cultures — towards an approach that takes into account the different identities, needs, and choices of persons and of communities.

Relevant strategies must be developed for all social groups and contexts, but working within the framework of certain common goals, principles, and guidelines that are shared by all. The key is to respond to diversity without creating options that limit inclusion or provide unequal quality. The following points must be taken into account for progress to be achieved in this respect:

- Development of inclusive curriculums that take into account the needs and contributions of different social groups and contexts. An inclusive curriculum should contain learning outcomes related to the local culture, the contributions of different cultures, an emphasis on gender equality, the development of different forms of intelligence, and the different rhythms and interests of the children concerned.
- Assure intercultural diversity and bilingualism from early childhood. Programmes and services should respect and value local culture, incorporating the *cosmovision* and childrearing practices of indigenous peoples and those of African origin, and ensuring children are taught their mother tongue, as this is a fundamental aspect of both child development and identity building.
- Intercultural diversity is not limited to indigenous peoples and those of African descent. Active migratory processes call for the development of policies and programmes that value the contributions of many different cultures; in the case of immigrant children, attention should be paid to family reunification and international cooperation between the country of origin and the country of residence to ensure the members of this group access to their rights and benefits.
- Promotion of complete inclusion of children with special needs in ECCE services and programmes, providing them with the specialised support and care that they require to optimise their development and learning. In the case of children with special needs and their families, critical aspects include the early identification of disabilities by health services, timely referral to ECCE services, and integrated work among the various professionals involved.
- In Latin America and the Caribbean, there is almost universal gender parity in access to ECCE programmes and services, but progress must still be made in overcoming gender stereotypes and differentiated teacher expectations, and in the development of suitable materials, games, and activities for boys and girls.

- Access to ECCE programmes for children with HIV/AIDS is a priority issue, given that many are orphans or have parents who are unable to care for them. This is also one of the groups that suffers the highest levels of discrimination and neglect in ECCE programmes and policies. Efforts in the region should be oriented towards providing comprehensive services in the sectors of health, education, and family support, ensuring home-based care by a family member, which in turn requires more paid leave from the workplace.

## **6.- Curriculum development focused on comprehensive development and care for all ECCE stage taking into account the needs of different age and social groups.**

Comprehensive and inclusive curriculum development is a central element in improving ECCE quality and ensuring equal opportunities for all children. It is important that curriculum development is not centred on preparation for primary school but includes the specific health, nutrition, hygiene, protection, and psycho-social development needs of this age group.

Flexibility and openness of the curriculum are two elements that are necessary but not sufficient in and of themselves to ensure high quality care, given the diversity of needs that must be addressed if programmes are to serve all children and all contexts. Curriculum design should therefore consider the following elements:

- Definition of certain shared frameworks and principles for all stages and programmes, guaranteeing continuity and coherence in learning and development, while also incorporating specific strategies for different age groups, local contexts, and formal and alternative programmes.
- Balanced consideration of all types of needs and capacities. Affective and relational development is critical during these years, and is fundamental for both the wellbeing of children and as to favour learning. Learning and life experience grounded in children's rights and building citizenship from an early age.
- Child-based teaching methodologies that enable children to achieve proposed learning outcomes, making full use of observation, experimentation, play, and participation and promoting enriched learning environments and learning projects. The aim of this approach is a comprehensive approach to learning content. Children's initiative and participation is vital for the success of these programmes.
- Support for curriculum implementation processes based on ongoing training, supervision, and advisory processes, as well as assessment of curriculum implementation to provide feedback and up-date curricular design.

## **7.- Development of criteria and quality approaches pertinent to the unique characteristics of ECCE.**

There is an urgent need to define relevant, commonly agreed approaches to quality in ECCE, given that most countries lack any explicit definition. Quality definitions in this case are even more complex and relative than in later educational phases, given the wide-ranging constellation of needs that must be addressed during this phase, the diversity of programmes and services, and the intervention of different sectors and social actors.

Quality in education is approached and interpreted in several different ways, and there is a frequent lack of agreement among stakeholders, given the value judgements involved in

defining ECCE quality in a specific society and a particular historical moment. Quality does not have a universal definition but is contextual and relative, depending on multiple factors such as the notion of human development, the perceived function of ECCE, and the society's dominant values, among others.

In this sense, although a quality-based approach to ensuring equal opportunity for all children in a country is essential, such an approach must take into account the unique characteristics of the different social groups and contexts involved. This means that pertinence, along with equity and relevance, should be a fundamental consideration in the evaluation of quality.

ECCE quality policies should be directed towards achieving progress in the following areas:

- Public debates within the society on what high quality care and education in early childhood means, striving to reach a consensus on different aspects and/or criteria that will lead to best practices in different programmes and services involved and the construction of indicators to assess them. These debates should include ECCE professionals, administrators, families, and researchers. The concept of quality adopted should be based on rights, and closely related to the goals of ECCE, the notion of learning and development adopted, the type of society that citizens hope to build, the personal characteristics that they hope to engender, and the curriculum of each country.
- Establishment of a set of indicators and procedures to assess ECCE at the micro and macro levels. Countries must understand the impact of policies and programmes on children's development and wellbeing in order to modify factors having a negative influence. Indicators should provide both qualitative and quantitative information on outcomes, processes, and the conditions and characteristics of the environment in which children develop, with education, care, supervision, and protection all taken into account. Whatever the system of indicators adopted in each country, an effort must be made to move beyond the more easily measured factors and consider elements that appear consistently in research findings — such as the quality of interaction between children and adults, attention to diversity, levels of motivation and commitment of the professionals involved, participation and satisfaction of families, and self esteem of children and teachers, among others.
- Establishment of a suite of minimum required criteria for all programmes and services, public or private, and enforcement of their fulfilment. These should include the following aspects at least: staff numbers, profiles, and qualifications; child-teacher ratio; characteristics of venues (size, lighting, acoustics, etc); materials; sanitary conditions and hygiene; service accessibility; and family participation, among others.
- Caution should be taken in establishing levels of child development and learning, as a national definition may fail to take into account cultural and linguistic diversity, leading to stigmatisation of certain children when inappropriately applied. Conversely, since outcomes achieved in these age groups are more strongly influenced by upbringing and the quality of family activities than by results at later stages, these aspects should be accounted for in assessments.

## **8.- Implementation of policies for the personal and professional development of all ECCE professionals, and improvement of their working conditions.**

Increasing coverage and improving quality and equity in ECCE will require more effort to ensure a supply of qualified, committed staff, particularly in areas of greatest need. Conversely, evidence from a number of studies shows that the quality of early education staff and their interactions with children are both central factors in determining the quality of ECCE outcomes.

This highlights the urgent need to develop comprehensive policies for the professional and personal development of all ECCE staff members, to build their capacities and improve their work conditions and perceived value in society. The following aspects are important for making progress in this direction:

- Development of comprehensive professional training systems that provide a shared knowledge base and specific strategies to all professionals, with more specific skills and strategies for specific age groups, professional roles and types of care. This is a complex issue, as ECCE staff require a wide range of skills and qualifications, and therefore a major effort must be made to coordinate these in different initial education institutions.
- Review and modernisation of the approaches and curriculum plans used by initial training institutions to guarantee comprehensive, pertinent service in line with recent research on early childhood. Current training shows a strong disciplinary and sector-based tendency and are generally more centred on children over 3. Theoretical-practical findings on aspects such as intercultural issues, diversity, inclusion, education on rights, cross-sector cooperation, work with families, and work with children under 3 must also be incorporated.
- Establishment of systems for continuing professional education, coordinated with initial education, with access guaranteed for less educated professionals and staff. The update may be undertaken through face-to-face training specialization courses, distance learning, or mixed methods, through postgraduate education, and/or in situ training. Approaches can involve support by more experienced professionals or be based on learning groups with a reflection-research-action methodology that extract knowledge from and for the development of current practices. Networking among professionals and programmes is also an extremely valuable tool in personal and professional development.
- Joint training projects among ECCE and primary education professionals can also be considered in order to facilitate children's transition between these educational levels.
- Specialised training programmes for trainers involved in the training of ECCE professionals, and a closer relationship between ECCE services and programmes and the academic world and universities should also be encouraged. These may use in situ projects as opportunities for learning and continuing professional development, which enables training institutions to offer diverse programmes and contexts to prepare professionals to work in a variety of contexts. Such linkages are also essential for applied research into different aspects of ECCE.
- Prioritisation of qualified mothers and community volunteers involved in non-conventional programmes. Specific training activities focused on specific programmes is insufficient for improving quality. Adult access to primary and secondary education must be promoted, with credit granted for experience and incentives for access to

higher education and technical programmes in ECCE. Educational staff should have access to better salary opportunities and dignified working conditions.

- Education of professionals who represent the diversity of society. Increasing the number of indigenous teachers and professionals who are familiar with indigenous culture and language is a priority that can no longer be postponed in the region. Achieving this will require affirmative action policies in higher education to facilitate their entering and finishing studies, as well as hiring quotas for such staff. There must also be incentives to encourage male participation in ECCE that can focus on breaking down certain prejudices and preconceptions that attribute childcare to women.
- Subjectivity policies that improve the social perception and self perception of ECCE professionals and the development of an ethical commitment to early childhood.
- Scheduling of time periods during the work day for training, research, and reflection activities, work with families, and coordination with other professionals and with community leaders.
- Review of salary policies to remove current salary gaps in relation to teachers working with other age groups and among different ECCE professionals, and improve working conditions related to class size.

#### **9. Development of policies to strengthen families' role and leadership in early childhood care and education.**

The broad recognition of the importance of families espoused in legal documents is not matched by a similar level of appreciation for and participation of families in this sphere, especially in the case of low-income families or families from minority cultures. The centrality of the family as the core unit for the development, socialisation, and protection of children must be recovered, and the role of parents as the primary educators of their children must be strengthened. This will enable parents and caregivers to demand their rights, accept their responsibilities, and participate in decision making affecting their children.

Given the central role of the family for both child development and society as a whole, legislation and public policies should be developed to give families the importance they deserve in terms of social spending. Such policies ought to take into account the following aspects:

- The variety of family structures that exist in the region, as well as different upbringing adopted by different cultures, with parents' contributions valued and employed to design policies and develop programmes.
- Provision of economic assistance and labour training programmes to support low-income families.
- Guaranteed universal access to family planning services and information on reproductive health, particularly for young women and teenage mothers, and the promotion of responsible fatherhood.
- Creation of specialised support services for high-risk families and children, with coverage from the prenatal period through to school transition, including home visits to monitor children and support mothers.
- Information for families on available resources and services, to qualify the demand

for ECCE, as well as studies into ECCE supply and demand; identification of families' needs and analysis of the suitability, accessibility, and usage of services.

- Development of comprehensive, systematic family education plans based on diagnosis on parental needs, strengths, and concerns. Such plans should include different methodologies and activities that make them accessible to different family situations, and may include literacy programmes and adult primary and secondary education. Two key aspects in parental education are the adoption of participatory strategies that take advantage of parents' experience and knowledge, and respect for cultural diversity.
- Strengthening parental participation in deliberative processes, creating suitable conditions for their participation in the design, development, and monitoring of policies and programmes. This type of participation requires a shift in the perception of families as simple recipients of services towards a view of parents as individual actors and social agents. Efforts in this direction must pay attention to cultural differences and the kinds of activities parents undertake, as well as provide the information parents need to form opinions, make informed decisions, and to exercise their rights and responsibilities.

#### **10. Increasing ECCE spending and the equitable redistribution of human, material, and financial resources.**

The priority assigned to a given policy is reflected in public spending levels in that area, and in the area of ECCE there is a gap between declared intentions and reality. Public investment in early childhood care and education programmes is the natural starting point for human development programmes and policies.

In order to achieve the Millennium Development Goals, and particularly the first goal of Education for All, countries must significantly increase investment in early childhood development, especially by the public sector, and give mayor priority to children under 3 years of age. Alongside increased investment, distributive justice criteria must be applied to ensure equal conditions for those in greatest need owing to their social and cultural background, the geographical region in which they live, or personal life conditions.

Finance policies must aim to guarantee the ECCE quality and equity. The following actions must be undertaken in order to achieve this goal:

- Reliable information on investments in ECCE must be available for policy decisions and for the equitable allocation of resources. Both public (in different sectors and levels of government) and private (both for-profit and not-for-profit) investment levels must be known, as well as family contributions and investment per child. This last factor is crucial in determining whether ECCE is distributed equitably among different regions and population groups.
- Diversification of funding sources, with high levels of public investment and assured sustainability. The funding model adopted must guarantee quality of ECCE across different social groups. For example, the model of shared financing between families and the State, a commonly used model in ECCE, perpetuates social segmentation and generates exclusion because many families are unable to pay for services, even when the cost is relatively low. Furthermore, direct family subsidies (with or without conditions) also tend to be insufficient to cover the true cost of services, especially in rural areas and more vulnerable regions.

- Research to estimate the cost of providing high quality care and education, in accordance with the needs in different settings and population groups.
- More efficient resource management and coordination of investments from different agencies and/or international cooperation projects.
- Establishment of mechanisms to ensure transparency in resource usage and accountability to society as a whole.

**11. Construction and implementation of comprehensive, integrated information systems and knowledge bases to determine the status of ECCE and contribute to the definition, development, and monitoring of programmes and policies.**

Extensive information systems and knowledge bases are urgently needed for critical analyses of early childhood status. These tools will provide information for policy making and resource allocation, and enable monitoring of the progress and impact of programmes and policies. These systems should gather together indicators and statistics, as well as information from assessments and research covering the prenatal period to the age of 8 years.

A comprehensive information system should include the following elements:

- Information and knowledge related to children's rights. A set of indicators should be defined to monitor fulfilment of rights and identify specific situations that transgress rights.
- Statistics specific to age, gender, geographic region, socio-economic level, ethnic origin, disability, and other life situations affecting children, in order to evaluate disparities within countries. Disaggregated information on children under the age of 3 should receive special attention, as should information regarding children with disabilities.
- Indicators for assessing policy and the quality of programmes and services, with a rights-based approach, and studies into specific areas such as cross-sector cooperation, ECCE institutions, and non-conventional programmes, among others.
- Longitudinal studies that compile long term data on programme impacts, to demonstrate its benefits and cost effectiveness for those involved in decision making.
- Information related to public investment in ECCE, broken down by public sector, contributions from private investment and from families, and individual programme cost.
- Definition of a long term research agenda to inform policy decisions, identifying priority research areas and systematising existing research.
- Systematisation of programmes and best practices to define learning outcomes from such experiences.

Developing systems of this kind requires the participation of different sectors of government, the academic world, and civil society, as well as the support of international organizations. Mechanisms for disseminating information must also be developed, so that relevant information reaches those involved in ECCE in a format useful for decision making; indeed, while there are gaps in the information available, it is equally true that information available is often ineffectively distributed and used.

**12. Strengthen cooperation among countries and coordinate the efforts of the different agencies of cooperation involved to advance more decisively in early childhood care and education.**

Horizontal cooperation is becoming an increasingly important strategy among countries in the region, and is a key priority of UNESCO and the United Nations as well. South-South and South-North-South cooperation among countries is essential for promoting the exchange and efficient use of knowledge derived from the experiences of different countries in this area. Cooperation not only serves to strengthen technical capacities in the countries involved, but also helps to foster dialogue and understanding among nations.

In Latin America there are several geopolitical blocks in which public policies agendas are discussed as well as regional and sub-regional summit- and ministerial-level forums in which shared agendas are defined in relation to a variety of issues, including early childhood care and education. Transnational working groups offer opportunities for countries to make collective commitments to cooperate on certain issues, thereby putting pressure on national policy agendas.

Cooperation can materialise through technical assistance programmes, professional exchange programmes, joint studies and projects, databases of legislation, policies and programmes, network building, and the creation of regional observatories to monitor policies, as well as the organization of technical-political forums to promote dialogue, interchange, and the exchange of ideas.

Articulation among international and/or regional cooperation agencies is another critical aspect, as it promotes parallel agendas and cooperative action. In this sense, it is vital that agencies continue their efforts to harmonise and ensure the complementarity of their actions, with each making its own contribution to developing a regional agency for early childhood care and education. Articulation and complementarity also lead to more efficient and sound use of human and financial resources.

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**ANNEX: PLANS OF ACTION FOR CHILDHOOD AND EARLY CHILDHOOD  
EDUCATION IN LATIN AMERICAN COUNTRIES <sup>24</sup>**

COUNTRY	STATUS OF PLANS OF ACTION
<b>ARGENTINA</b>	An interministerial technical committee was formed and in late 2007 submitted a preliminary version to the National Secretariat for Children, Adolescents and the Family (SENNAF). Under the Law for the Comprehensive Protection of Children's and Adolescent's Rights, Law 26.061, SENAFF and COFENAF (Federal Council on Children, Adolescents and the Family) are responsible for designing the National Plan of Action for this area. The document is currently under study and will be sent to provincial executive branches through COFENAF for consultation and validation.
<b>BOLIVIA</b>	A participatory process is currently underway to formulate a National Plan for Children and Adolescents - PNNA (a ten-year plan), under the principles and strategies as the National Development Plan 2006-2011. Strong, active leadership by social sectors, public sectors, and social movements in the definition of the Plan has made this an especially important process.
<b>BRAZIL</b>	Brazil has no National Plan for Children but is in the process of building one. In early 2010, the National Early Childhood Network, which includes different public sector agencies, civil society organizations, private sector groups and multilateral organizations presented the National Early Childhood Plan 2011-2022 for public consultation. This Plan addresses the areas of health, infant mortality, violence, culture and play, registration of births, indigenous children, education, social assistance, housing and the environment. The plan will be presented to the federal government for its analysis and subsequently will be sent to the National Congress <sup>25</sup>
<b>CHILE</b>	Chile has an Integrated Plan of Action for 2001-2010, which was designed collectively by a group of public institutions working within the Interministerial Working Group on Childhood and Adolescence. The Plan was promoted by the Ministers' Social Committee in 1999 and technically coordinated by the Ministry of Planning and Cooperation. Consultations were held in all regions of the country, with representatives of public institutions and civil society, as well as some children and adolescents. During the regional—and in some cases provincial—consultations, participants discussed priorities and requirements for designing a National Policy on Children and Adolescents, and proposals for action were gathered to be incorporated into the Integrated Plan of Action.
<b>COLOMBIA</b>	Colombia's National Plan of Action on Children, called the "Country Plan-Ten-Year Plan for Children 2004-2015", emerged from a general framework policy "Colombia is for Children. Public policy for children from gestation to 6 years of age". The Country Plan was presented to the National Council for Economic and Social Policy, CONPES, for its consideration, on behalf of the national government, in partnership with territorial governments, civil society organizations, universities and international bodies. The movement in favour of early childhood originated in 2002 with the Alliance for a Public Policy for Children and Adolescents in Colombia, through a working group whose members represented the Colombian Institute of Family Welfare (ICBF), the Social Welfare Administration (DABS) and the International Centre for Education and Development (CINDE); UNICEF and Save the Children also collaborated on this initiative. In 2004, the working group was expanded to include 19 other institutions, all coordinated by ICBF.

<sup>24</sup> This information was obtained from official websites of the different countries under discussion and from the document "La atención y educación de la primera infancia en Centroamérica: desafíos y perspectivas", preparado para el Informe Global de Monitoreo, Ecuación para Todos, 2007 UNESCO, 2007/ED/EFA/MRT/PI/28

<sup>25</sup> Taken from the web portal of the Red Nacional Primera Infancia <http://primeirainfancia.org.br/quem-somos/>

<b>COSTA RICA</b>	This country has a National Agenda for Children and Adolescents 2000-2010, which was designed through a consultative process and the establishment of several special standing commissions. Every year the Agenda is translated into a Plan of Action, the implementation of which is followed up by the National Council for Children and Adolescents. In 2005 the country was in the process of formulating National Policies for Children and Adolescents, bringing them into line with the Doctrine of Comprehensive Protection.
<b>CUBA</b>	Since 1991, the country has had a National Plan of Action for Children in the areas of health, education and water and sanitation services that are applied throughout the country, that is, in the nation's 14 provinces and the Special Municipality of Isla de la Juventud. The Plan was elaborated by a multisectoral group of representatives from government ministries and civil society organizations, and has been a strategic tool for social policy design and decision making aimed at achieving the goals of the First World Summit for Children in 1990. The Plan's actions and follow up and assessment tasks are intended to fulfil medium and long terms goals.
<b>ECUADOR</b>	In 2004 the National Council of Children and Adolescents (CNNA) approved the National Ten-Year Plan for the Comprehensive Protection of Children and Adolescents. This was hailed as the first planning document prepared with a rights perspective and presents policies targeting three age groups: a) newborn to 5 years of age; b) children 6 to 11 years old; c) children and adolescents 12 to 18. In 2007, CNNA built the Social Agenda for Children and Adolescents, which lays out six policies to address specific needs in different regions of the country and a set of articulated commitments defined through consensus by the institutions represented on the Council.
<b>EL SALVADOR</b>	In 2001, the National Policy for the Comprehensive Development of Children and Adolescents (PNDINA) was passed. This Policy addresses all segments of the population and all children and adolescents in the country and its approach is based on shared social responsibility. The policy replaces the National Policy of Minors.
<b>GUATEMALA</b>	Guatemala's National Public Policy and Plan of Action for Children (2004-2015) were approved in 2004. It is intended to facilitate the implementation of a "Public policy for the comprehensive protection of children and adolescents", expressed in five kinds of policies: Basic social policies, social assistance policies, special protection policies, policies guaranteeing rights, and policies for participation. One strategy adopted is the expansion of educational coverage and the implementation of the educational reform, with goals such as universal care and education for all children 3 to 6 years of age by 2015 and for children 0 to 3 years old by 2011.
<b>HONDURAS</b>	Honduras has no document that sets out its vision, goals, and priorities for the education and care of children. Instead the country has a Social Policy Plan of Action that includes three work plans focused on education and culture, with pre-school education identified as a priority. The country also has a Plan of Opportunities for Children and Adolescents under the framework of the goals and objectives of the Poverty Reduction Strategy (ERP) for the 2005-2015 period.
<b>MEXICO</b>	Mexico has a National Action Plan entitled: "A Mexico fit for children and adolescents 2002-2010" which establishes a detailed framework of principles, actions and strategies that the Government of Mexico has put in place to improve the lives of young girls and boys. Its overall goal is to ensure all children get an equal start in life and enjoy opportunities that foster their comprehensive development.
<b>NICARAGUA</b>	The National Plan of Action for Children and Adolescents, 2002-2011, includes a series of multisectoral commitments related to the health, nutrition, education, special protection and participation of children. Other public policies are oriented towards strengthening the framework of actions and strategies for early childhood, including the Food and Nutritional Security Policy and the Population and Development Policy. All of these policies come under the umbrella of the National Development Plan (PND), which is the government's principal management instrument. However, the Plan lacks goals for preschool education and is not mentioned in the basic education system established under the General Law of Education that was passed in 2006.

<b>PANAMA</b>	In early 2010 the Early Childhood Development Program (DIT) was launched as part of the country's Strategic Governance Plan (2009-2014). The DIT is intended to strengthen and integrate the programmes and actions of different ministries to provide care for pregnant women and children up to 6 years of age. The aim is to enhance growth and development from early on, laying the foundation for children's future development in education, society and the workplace. The backbone of the DIT is the education of mothers, fathers and families. The DIT is coordinated by the First Lady of Panama and the National Early Childhood Council.
<b>PARAGUAY</b>	Paraguay has a National Policy, POLNA, in effect for the 2003-2013 period. Its objectives are conveyed through the National Plan of Action for Children and Adolescents (PNA), which is a five-year plan (2003-2008). It was formulated by the National Secretariat (SNNA) and approved by the National Council, and is promoted by all entities working within the National Comprehensive Child Protection and Promotion System and all actors actively involved in the sector; it is overseen by the National Council.
<b>PERU</b>	Peru has a National Action Plan for Children and Adolescents (PNAIA) for the period 2002-2010. It was designed by a Multisectoral Commission of representatives of government, NGOs, local and international private entities, religious groups, grassroots organizations and groups working with adolescents.
<b>DOMINICAN REPUBLIC</b>	The Dominican Republic does not currently have a Comprehensive Early Childhood Plan, but an Early Childhood Advisory Board was formed to coordinate the efforts of government institutions, civil society and international bodies that develop policies, programmes and other initiatives for Early Childhood. The Board seeks to: Participate in defining and implementing public policies linked to comprehensive development in early childhood; support a comprehensive vision of early childhood care from the perspective of rights; and encourage institutions working in the area of early childhood to share experiences and good practices.
<b>URUGUAY</b>	Uruguay has a Development Plan that provides a framework for policies on childhood. With a strong future commitment, Uruguay is currently formulating a National Strategy for Children and Adolescents (ENIA) 2010-2030. ENIA is defined as a collective exercise in policymaking in the broadest sense of the term. ENIA began as a proposal of the national government's Strategic Coordination Committee for Children and Adolescents, under the framework of the Equity Plan, as a long term social development policy. However, the strategy has sought to move beyond this with a longer term vision that transcends any particular administration and therefore requires the participation of all political parties.
<b>VENEZUELA</b>	Venezuela has no plan in place for childhood and adolescence but has a Development Plan under which policies for children are framed. Initiatives targeting early childhood fall under the national development plan, entitled the National Simón Bolívar Project, First Socialist Plan (PPS) which addresses the nation's economic and social development. Venezuela represents a departure from the other countries of the region, as it has designed a strategy that lacks a specific national action plan for children that addresses the implementation of the Convention.

## PART II

# **Early Childhood Care and Education in the Caribbean Community**

## ACKNOWLEDGEMENTS

The writing of this report would not have been possible without the contributions of the following persons and agencies from across the region who responded to the questionnaires and supplied data; and who shared examples of lessons learned, effective models within the region and related challenges.

### 1. Representatives from the Ministries of Education from the following countries:

*Susan Smith, Anguilla*  
*Earla Esdaille, Antigua and Barbuda*  
*Catherine Blackman, Barbados*  
*Agatha Archer, Commonwealth of The Bahamas*  
*Margaret Williams, Belize;*  
*Alberta Dyer-Tucker, Bermuda*  
*Jerelyn Callwood, British Virgin Islands*  
*Kate Marnoch, Cayman Islands*  
*Veda George, Commonwealth of Dominica*  
*Pearl Belfon, Grenada*  
*Doodmatie Singh, Guyana*  
*Yolaine Vandal, Haiti;*  
*Richard Williams, Jamaica*  
*Sheron Burns, Montserrat*  
*Ann Thornhill, Trinidad and Tobago*  
*Heidy Williams, Turks and Caicos Islands*  
*Vanta Walters, St. Kitts and Nevis*  
*Marguerite Gustave, St. Lucia*  
*Cecile Harry, St. Vincent and the Grenadines*  
*Rinette Telting-Djokarto, Suriname.*

### 2. Representatives from regional and international agencies:

*Patricia McPherson, CARICOM Secretariat*  
*Susan Branker, Caribbean Child Support Initiative*  
*Janet Brown, Parenting Partners Caribbean*  
*Galia Ngamy, UNICEF Haiti Office*  
*Michele Rodrigues, UNICEF Guyana Office*  
*Heather Stewart and Shelly-Ann Harper, UNICEF Barbados and Eastern Caribbean Office*  
*Jenelle Babb and Robert Parua, UNESCO*

Notwithstanding the wide range of inputs into the process, the responsibility for this final output rests with **Leon Charles and Sian Williams**, the authors of the report, and any errors and omissions thereof are not to be attributed to the other participants in the process.

## LIST OF ACRONYMS AND ABBREVIATIONS

- **AIDS** – Acquired Immune Deficiency Syndrome
- **BvLF** – Bernard van Leer Foundation
- **CARICOM** – Caribbean Community
- **CCS - CARICOM** Community Secretariat
- **CIA** - Central Intelligence Agency
- **CDB** – Caribbean Development Bank
- **CECE** - Council on Early Childhood Education
- **COHSOD** - Council on Human and Social Development
- **CPOA** – Caribbean Plan of Action for Education, Care and Development
- **CCSI** – Caribbean Child Support Initiative
- **ECCE** – Early Childhood Care and Education
- **ECD** – Early Childhood Development
- **ECERS** – Early Childhood Environment Rating Scale
- **ECHO** - Early Childhood Health Outreach Programme
- **EFA** – Education For All
- **GDP** – Gross Domestic Product
- **GER** – Gross Enrolment Ratio
- **HDI** – Human Development Index
- **HIV** – Human Immuno-deficiency Virus
- **IADB** – Inter-American Development Bank
- **ICYF** - Infant and Young Child Feeding
- **IMF** - International Monetary Fund
- **IPCC** - Inter Governmental Panel on Climate Change
- **IYC** – International Year of the Child
- **MCH** – Maternal and Child Health
- **NCTVET** – National Council for Technical and Vocational Education and Training
- **NGO** – Non-governmental Organisation
- **PATH** - Programme of Advancement through Health and Education
- **PPC** - Parenting Partners Caribbean
- **RCP** - Roving Caregivers Programme
- **UNAIDS** - Joint United Nations Programme on AIDS

- **UNDP** - United Nations Development Program
- **UNESCO** – United Nations Education Scientific and Cultural Organisation
- **UNICEF** – United Nations Children Fund
- **UWI** – University of the West Indies
- **WCECCE** – World Conference on Early Childhood Care and Education

## EXECUTIVE SUMMARY

This Report has been commissioned by the UNESCO Kingston Cluster Office for the Caribbean as part of the preparatory activities for the first ever World Conference on Early Childhood Care and Education (WCECCE). The Report addresses the status of Early Childhood Care and Education (ECCE) within the Caribbean Community (CARICOM). This includes the fifteen (15) member states of CARICOM<sup>26</sup>, as well as the five (5) associate member states<sup>27</sup>.

The assessment was done within the context of Education for All (EFA) Goal #1 "*Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children*". It takes a holistic and multi-sectoral approach to ECCE and defines ECCE as "*services which support children's survival, growth, development and learning – including health, nutrition and hygiene, and cognitive, social, emotional and physical development, and social protection – from birth to entry into primary school and through the first grades of primary school.*"

The Report concludes that the ECCE sector within the Caribbean Community is very far from achieving that goal, viz:

1. The coverage of ECCE services within the region is far from comprehensive. There are significant gaps in a number of areas, including:
  - Early stimulation services;
  - Developmental monitoring and early intervention;
  - Developmental and care services for the birth to three cohorts; and
  - Access to and quality of preschool education.
2. The region has performed very poorly on deliberate targeting of the most vulnerable and disadvantaged for access to service provision. While some programmes exist in some countries, they are not at the scale needed to tackle the needs in these areas. There is a definite need for more conscious programming in this area across all countries.
3. Underlying the lack of comprehensiveness and targeting is the need to continue to strengthen policy frameworks, to implement strong monitoring mechanisms and to build human and technical capacity to deliver the services at the levels that are required.

However, notwithstanding the gaps and deficiencies that have been identified by this analysis, there are also a number of areas in which the region nonetheless will be able to show significant achievement **by 2015**. These include:

- ***The implementation of comprehensive Early Childhood Development (ECD) policies*** - All Member States are developing comprehensive ECD policies, with implementation plans monitored on an annual basis. These should be completed and fully operational by 2015.
- ***National Regulatory Frameworks*** - All Member States are developing national ECD regulatory frameworks with standards for early childhood services in keeping with CARICOM guidelines. These should be completed and fully operational by 2015.
- ***Quality Improvements*** - All Member States are implementing strategic plans for

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<sup>26</sup> Antigua and Barbuda, Commonwealth of the Bahamas, Barbados, Belize, Commonwealth of Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago.

<sup>27</sup> Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Turks and Caicos islands.

increasing access to quality early childhood services by all children. These should be operational by 2015. They include:

- Exposing practitioners to early childhood teacher training and qualification and early childhood caregiver training and certification either in state or in collaboration with neighbouring states;
- Developing and harmonising curriculum offerings that are consistent with the current scientific underpinnings;
- Providing access to quality education in the first two years of primary school through the provision of early childhood trained teachers and appropriate staff child ratios;
- Implementing adaptation and mitigation measures needed to reduce impacts of climate change on children, especially in the area of disaster risk reduction.

Outstanding challenges include:

- Extending access to children 0 to 3 years of age for development and care services in a multi disciplinary framework through support to home based day care, childminding and other informal forms of non-parental care, parenting support and information programmes through well child clinics, and cash transfer programmes linked to health check-ups and participation in early childhood programmes;
- Extending access to children 3 – 5 years of age to provide at least one year of pre K in preschools or primary schools, through increased direct government investment in the provision of facilities and direct incentives for private operators to invest and expand;
- Developing the capacity of countries to establish special mechanisms for increasing access of children in vulnerable and poor populations to early detection and prevention services, to supported care and education services.

Follow-up action that can address these challenges include:

- Development of a regional framework to guide programming for the birth to three cohorts in terms of (a) development and care services and (b) early detection and prevention services. Such a framework could identify options that countries could consider, with supports available through the partner agencies in assisting countries to assess and implement the most appropriate options for their circumstances. This process should be led by the CARICOM Early Childhood Working Group, using a similar methodological approach as was used in the policy development process.
- Inclusion of early childhood services in the social safety net programmes being developed by governments across the region. Such inclusion should make support for participation in early childhood services by vulnerable children an eligible activity under these programmes. This should be complemented by the establishment of an institutional linkage between the administration of the safety net programmes and the administration of the early childhood programmes, to ensure that the vulnerable children are addressed as a matter of priority<sup>28</sup>.

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<sup>28</sup> As an example, there could be an arrangement whereby, all children of early childhood age who enter the safety net program would be referred to the early childhood authorities, who would then be responsible for placing them within an appropriate institution. The relevant costs will be paid directly to the institution by the safety net programme.

- Awareness building on the need for comprehensive ECCE programmes. The driving forces for such programming have to be strengthened using a variety of approaches that will raise the social demand for comprehensive ECCE programmes. This will not be done by national governments and will have to be initiated by the non-governmental sector and civil society.

## BACKGROUND

### Purpose

This Report has been commissioned by the UNESCO Kingston Cluster Office for the Caribbean as part of the preparatory activities for the first ever World Conference on Early Childhood Care and Education (WCECCE). This Conference is scheduled to be held in Moscow City, Russia, September 27 to 29, 2010, under the auspices of UNESCO and the Russian Federation.

### Scope

The Report addresses the status of Early Childhood Care and Education (ECCE) within the Caribbean Community (CARICOM). This includes the fifteen (15) member states of CARICOM<sup>29</sup>, as well as the five (5) Associate member states<sup>30</sup>.

The assessment was done within the context of Education For All (EFA) Goal #1 *"Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children."*

The report takes a holistic and multi-sectoral approach to ECCE and defines ECCE as *"services which support children's survival, growth, development and learning – including health, nutrition and hygiene, and cognitive, social, emotional and physical development, and social protection – from birth to entry into primary school and through the first grades of primary school."*

The services could take diverse forms in formal and non-formal settings ranging from parenting programmes to community-based and home-based childcare, centre-based provision and pre-primary education, often in schools (UNESCO Global Monitoring Report, 2007). They also include comprehensive measures to support families, such as maternal and child health, micronutrient supplementation, psychosocial support to families, programmes to promote household food security, parental leave and childcare allowance.

The report will therefore examine to what extent the above definition of ECCE is reflected in legislation, policies and implementation frameworks within the region.

### Methodologies

The data and information in the Report were compiled from a variety of sources, viz:

- Responses to a questionnaire that was custom designed for this report and administered to the early childhood coordinators in the twenty (20) states. Responses were received from all twenty (20) countries. Challenges related to this process are discussed in the section on Limitations and Challenges. A copy of the questionnaire is included as Appendix 1.
- A roundtable discussion on the issues addressed by the questionnaire with ten (10) Early Childhood Coordinators on the margins of a regional workshop.

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<sup>29</sup> Antigua and Barbuda, Commonwealth of the Bahamas, Barbados, Belize, Commonwealth of Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago.

<sup>30</sup> Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Turks and Caicos islands.

- Information submitted by institutions working on specific issues, including the Caribbean Community Secretariat (CCS), the Caribbean Child Support Initiative (CCSI), Parenting Partners Caribbean (PPC) and UNICEF.
- Reviews of relevant documentation, as appropriate. A listing of documents consulted is included in the Bibliography.

### **Limitations and Challenges**

The data collection process encountered many challenges as a result of the limited time (2 weeks) that was available for completing the questionnaire at the regional level. Some of the challenges included:

- the need to work across many ministries given the holistic nature of the information required;
- the absence of comprehensive data collection, collation and analysis systems for any of the specific areas of interest at the unit and national levels;
- the absence of national databases on children.

As a result, not all of the information required was sourced in all countries, and there were varying levels of responses to the various questions on the questionnaire. This is noted in the report, where relevant.

There was also the challenge of harmonising information from different early childhood systems into a regional framework. Different countries use different threshold ages for transitions from one level to the next (e.g. age of primary school entry), as well as similar terms (e.g. nurseries) with different meanings in different countries.

The harmonisation of these conceptual issues is addressed in the section dealing with key definitions and concepts.

## KEY DEFINITIONS AND CONCEPTS

- Developmental Monitoring and Early Intervention Services: These services include diagnostic services provided by both health and education ministries to identify developmental delays and special educational needs (sensory, cognitive, language, social/emotional/behavioural and physical) and to provide appropriate interventions (treatment, therapy, support etc).
- Early Childhood Care and Education: These services include day care (home based and centre based), nursery, preschool, kindergarten and primary school services provided in the private and governmental sector, for children 0-8 years by practitioners, caregivers and teachers.
- Early Stimulation Services: These services are provided to parents and children in vulnerable communities, usually on a prioritised basis, and include home visiting (such as the roving caregivers programme), parenting support in the home, or clinic based interventions to encourage parent-child interaction.
- Maternal and Child Health Services: These services are both pre-natal and post-natal, provided in health facilities such as hospitals and clinics, such as immunisation, growth monitoring and nutrition support to mothers and children (0-8 years old).
- Parental and family support services: These include parenting programmes provided on a group basis (that is, different from home visiting, one-to-one support for parents) for parents either as part of national programmes, or as a community based or school/centre based programmes in parenting education or support. These also include other family supports that may exist such as cash transfer programmes (e.g. the Programme of Advancement through Health and Education (PATH) in Jamaica) or family literacy (e.g., in St Lucia).

## 1. THE REGIONAL SCENARIO

### 1.1. Political

The Caribbean Community is a diverse grouping of 20 countries that straddle the boundary between the Atlantic Ocean and the Caribbean Sea. They cover approximately 2000 miles from Suriname and Guyana on the South American mainland, northwards to Bermuda, off the east coast of the USA; and also extend westwards to Belize on the Central American mainland - Fig. 1.1. The total land area of the 20 countries is estimated at 434,017 square kilometers<sup>31</sup>.



**Fig.1.1 - Map of Caribbean**

All 20 countries are former colonies of European powers - Dutch, English, French and Spanish. This varied background has resulted in a diversity of ethnicities, languages, traditions, internal political systems, external political relationships and socio-economic systems and strategies. Nine (9) are independent countries, within the Commonwealth; five (5) are Republics with sitting Presidents; and six (6) are British Overseas Territories and Dependencies, with internal self-government.

The Caribbean Community has a population of 16.1 million people<sup>32</sup>, of whom 9 million live in Haiti, 2.8 million live in Jamaica and 1.3 million live in Trinidad and Tobago. Despite the small population of the majority of the islands, the Caribbean Community number fourteen (14)<sup>33</sup> votes at the United Nations, representing 7% of the Membership.

Despite this diversity, the region has a long history of political stability.

<sup>31</sup> CIA World Factbook: Land area rankings: <https://www.cia.gov/library/publications/the-world-factbook/fields/2147.htm>

<sup>32</sup> CIA World Factbook: Population rankings: <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2119rank.html>

<sup>33</sup> Montserrat, though a full member, is not an independent country

## 1.2. Economic

The main drivers of economic performance in the region are tourism, commodity exports and foreign direct investment. The fluctuating fortunes of these economic drivers over the years have left the region in a very precarious economic position.

The region's historic dependence on preferential markets and trade protectionism for their commodity exports has been eroded with the advent of the World Trade Organisation and the spread of trade liberalisation. This has resulted in the demise or decline of important banana and sugar industries in many countries, with resultant declines in macro-economic activity and increases in unemployment and social problems.

The adjustment strategies employed by governments at the national level has relied heavily on debt financing and by the end of 2003, *"... 14 of 15 Caribbean countries ranked in the top 30 of the world's highly indebted emerging market countries ... with seven among the top 10."*<sup>34</sup>

This trend has continued and the current situation is exemplified by the June 2009 IMF's Report on its Article IV Consultation with St Kitts and Nevis, which estimated their debt to GDP ratio at 178%, among the highest in the world. The Report stated that *"interest payments alone represented 24 percent of total government revenue in 2008, crowding out social and other development-related spending and leaving little room for maneuver to respond to adverse shocks... Interest payments are expected to swell from about 8 percent of GDP in 2007 to 15 percent in 2014"*<sup>35</sup>

This situation has prompted the President of Guyana to pose the question *"When you have two items, just paying wages and salaries and debt and that's more than your revenue, what remains to run the Country?"*<sup>36</sup>

This economic situation has been further exacerbated by the financial crisis of 2009 and 2010. Global economic activity is estimated to have contracted by approximately 1% in 2009 and the Caribbean Development Bank (CDB) reports that *"economic output contracted in most regional economies in 2009, reflecting the lagged impact of the global financial crisis and economic recession"*<sup>37</sup>.

This is confirmed by the World Bank which reported that the *"Caribbean economies contracted ... 0.1 percent in 2009, down from the 3.6 percent growth recorded in 2008"*<sup>38</sup>. The GDP growth in 2006 was 9% and in 2007 was 6.1%. The 2009 GDP was estimated at US\$96.8 billion.<sup>39</sup>

The CDB goes on to note that this downturn has resulted in deteriorating public finances and rising unemployment. This has led the regional economies to seek

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<sup>34</sup> Sahay, Ratna (2005). *Stabilisation, Debt and Fiscal Policy in the Caribbean*. IMF Working Paper WP/05/26

<sup>35</sup> Excerpted from CARICOM Statement to the Informal Meeting of the Ad Hoc Open Ended Working Group of the General Assembly to follow up on the issues contained in the Outcome of the Conference on the World Financial and Economic Crisis and Its Impact on Development, April 12, 2010

<sup>36</sup> Ibid

<sup>37</sup> Highlights of CDB's Activities in 2009 and Economic Background and Prospects. No1/10G. January 28, 2010

<sup>38</sup> World Bank - Global Economic Prospects 2010: Latin America and the Caribbean

<sup>39</sup> CIA World Factbook: GDP rankings: <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2001rank.htm>

external financing to mitigate the effects on foreign exchange reserves and liquidity levels in the banking system, as well as to improve fiscal and debt sustainability<sup>40</sup>. Two countries - Dominica and Grenada - have accessed IMF Emergency Assistance and four countries - Dominica, Grenada, Guyana and Haiti - have accessed IMF support under the IMF Poverty Reduction and Growth Facility. In addition, Jamaica has entered into a Stand-By Arrangement with the Fund.

The CDB concludes that *"the outlook for regional economies in 2010 is largely predicated on the timing, pace and magnitude of the incipient global recovery, with recovery in the Region expected to lag behind that of the major world economies by a few quarters. In 2010, growth is expected to return to some of the economies that contracted in 2009, but the recovery of regional economies is not likely to take hold before 2011."*

### 1.3. Demographic

Caribbean societies are multi faith, multi ethnic, multi cultural societies reflecting Amerindian, African, East Indian, Far Eastern, European, Middle Eastern and Chinese settlement over centuries.

The ethnic mix varies across the different countries, with significant populations of African descent providing the population base in all countries. Their contribution range from almost 100% in the islands of the eastern Caribbean, to approximately 50% in Guyana and Trinidad and Tobago, where there are significant populations of East Indian descent. Suriname also has a significant East Indian community with 27% of the population being of East Indian descent and 15% of Javanese descent.

Significant Amerindian populations are found in the mainland countries of Belize, Guyana and Suriname. In Belize, for example, 16% of the population consists of indigenous people - mainly Maya and Garifuna - while 34% of the population are Mestizos - a mixture of European and indigenous ethnicities.

### 1.4. Social

The countries in the region have received relatively high rankings on the 2009 UNDP Human Development Index, which is based on 2007 data.

**Table 1.1 - 2009 HDI Rankings**

Very High	High	Medium
Barbados - #37	Antigua and Barbuda - #47	St. Vincent and the Grenadines - #91
	Bahamas - #52	Belize - #93
	St. Kitts and Nevis - #62	Suriname - #97
	Trinidad and Tobago - #64	Jamaica - #100
	St. Lucia - #69	Guyana - #114
	Dominica - #73	Haiti - #149
	Grenada - #74	

**Source:** UNDP: 2009 Human Development Report

Eight (8) of the fourteen (14) independent countries in the region were ranked as either High, or Very High on the Index, and no country was ranked in the Low category - Table 1.1.

<sup>40</sup> Highlights of CDB's Activities in 2009 and Economic Background and Prospects. No1/10 G. January 28, 2010

These high rankings however, mask a number of social challenges which adversely impact on the estimated 16.1 million people living in these countries and on the region's developmental potential. These include:

- **HIV/AIDS** - The UNAIDS/WHO 2009 AIDS Epidemic Update reports that the Caribbean has been more heavily affected by HIV than any region outside sub-Saharan Africa, with the second highest level of adult HIV prevalence (1.0%). AIDS-related illnesses were the fourth leading cause of death among Caribbean women in 2004 and the fifth leading cause of death among Caribbean men.
- **Crime and Violence** - The United Nations Office on Drugs and Crime and the Latin America and the Caribbean Region of the World Bank in a joint 2007 report<sup>41</sup> concluded that for the region "*Crime and violence are a **development issue**. The high rates of crime and violence in the region have both direct effects on human welfare in the short-run and longer run effects on economic growth and social development. Estimates suggest that were Jamaica and Haiti to reduce their rates of homicide to the level of Costa Rica, each country would see an increase in its growth rate of 5.4 percent annually.*"
- **Family Structures** - Traditional family roles are changing, and families are finding it increasingly difficult to cope. Dr. Rhoda Reddock, in delivering the 10th W.G. Demas Memorial Lecture hosted by the Caribbean Development Bank in 2009 concluded that "*parents, especially low-income parents, most significantly mothers, are not being supported in this increasingly challenging job of parenting.*"

She goes on to state that "*while the challenges of work and family have always existed, they have taken on new forms today. The reasons for this are many. They include: the general process of urbanization and decline of intimate community relations; the increasing demands of the workplace; the absence of family members to provide child care and family support; and the insistence on the part of women, including grandmothers, for a life beyond the household; the non-synchronization of work hours with school hours; and the difficulties of public transportation and school transportation* (Reddock and Bobb-Smith, 2005:106)."

She concludes that "*while middle and upper-income women/parents are able to use their financial resources to ameliorate their situation e.g. babysitters, special transport arrangements etc. low-income women are unable to access similar support structures and their children remain unsupervised consistently for extended periods*" (Reddock and Bobb-Smith, 2005a:12-13).

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<sup>41</sup> The United Nations Office on Drugs and Crime and the Latin America and the Caribbean Region of the World Bank - Crime, Violence, and Development: Trends, Costs, and Policy Options in the Caribbean

**Table 1.2. - Poverty Rates in the Caribbean<sup>42</sup>**

Country	Year	Rate (% Population)
Anguilla	2008	5.0
Antigua and Barbuda	2006	18.4
Bahamas	2001	9.3
Barbados	1997	8.7
Belize	2002	25.3
British Virgin Islands	2003	16.0
Grenada	2008	37.7
Haiti	2007	76.0
Jamaica	2007	9.9
St. Kitts and Nevis	2008	21.8
St. Lucia	2006	28.8
St. Vincent and the Grenadines	2007	7.5
Turks and Caicos Islands	2000	26

- **Poverty** - The region is characterised by high levels of poverty as illustrated in Table 1.2., which summarises the responses received on that question. Poverty rates as a percentage of the population range from a low of 5% in Anguilla to 76% in Haiti. The median rates are between 18.4% and 37.7%.
- **Female Labour Force Participation** - For those countries with data available, the rate of women's participation in the labour force has been fairly flat (less than a 4% difference) over a ten year period 1993-2003, after a rapid rise in the previous two decades. Figures for 2002 show that women's participation in the labour force was 63% in Barbados; 55% in Jamaica; 59% in St. Lucia and 37% in Belize<sup>43</sup>.

There may be an association between the rate of women's participation and access to ECCE in these countries. It would be interesting to explore this further. For example, is women's participation influenced by the age range of the ECCE provision offered? Is provision for children under 3 a factor in higher rates of women's participation (both Barbados and St Lucia have more provision for this age group compared to Belize)? It may be that informal arrangements with family/relatives for childcare are used either as a preference or because they might be less costly, and that therefore the absence of ECCE Provision is not a factor affecting women working.

### 1.5. Natural Disasters

This region is also very vulnerable to hurricanes and other natural disasters with the Atlantic hurricane seasons averaging 14 tropical storms and 8 hurricanes per year - part of a trend of higher-than-normal hurricane activity that began in 2005 and is expected to last until at least 2015. Annual hurricane activity varies throughout the Caribbean, with the southernmost island, Trinidad and Tobago having less than 1% chance of being struck while the northeastern Bahamas has an over 20% chance (Pielke Jr et al. 2003).<sup>44</sup>

<sup>42</sup> Summary of questionnaire responses

<sup>43</sup> Downes A.S. (2004) Caribbean Labour Market Challenges and Policies. United Nations. Economic Development Division. Santiago, Chile

<sup>44</sup> D.O. Prevatt1, L.-A. Dupigny-Giroux2, and F.J. Masters, Engineering Perspectives on Reducing Hurricane Damage to Housing in CARICOM Caribbean Islands

Analysis by the Caribbean Catastrophic Risk Insurance Facility (CCRIF) has concluded that the average long term economic cost to the region from hurricanes is 2.4% of regional GDP. However, the loss to the affected countries is much higher as demonstrated by the experience of Grenada in 2004, when damages and losses from hurricane Ivan exceeded 200% of GDP.

In addition to hurricanes, the region is also vulnerable to earthquakes, volcanic activity and floods, viz:

- In January 2010, a magnitude 7.0 earthquake hit Haiti. The Haitian Government reported that an estimated 230,000 people had died, 300,000 had been injured and 1,000,000 made homeless. They also estimated that 250,000 residences and 30,000 commercial buildings had collapsed or were severely damaged. Approximately 50% of the school aged children were out-of-school in the period immediately following the earthquake.<sup>45</sup>
- Montserrat has experienced ongoing activity at the Soufriere Hills volcano since 1995. The effects of this volcanic activity have destroyed the former capital, Plymouth, and restricted livelihood activities to the northern part of the island.
- Guyana experienced severe flooding in 2008/2009 as a result of unusual weather patterns.

## **1.6. Climate Variability and Climate Change**

The region is also very susceptible to climate variability and climate change. It has been listed by the Inter Governmental Panel on Climate Change (IPCC) as being among the most vulnerable regions in the world and lists stronger hurricane activity, sea level rise, water shortages and threats to food security as challenges that these countries have to contend with as a result of climate change<sup>46</sup>.

The estimated total annual impact of potential climate change on all CARICOM countries is estimated at US\$9.9 billion in the total Gross Domestic Product (GDP) in 2007 US\$ prices or about 11.3% of the total annual GDP of all 20 CARICOM countries (Member States and Associate Member States) according to the World Bank estimates<sup>47</sup>.

The region has already begun to experience the increased destructiveness from the hurricane activity, with significant losses and damage from hurricanes in the 2004 - 2009 period.

In early 2010, it also experienced the most severe drought in decades, which required the introduction of restrictions on water use across the entire region. Many observers cite this as a forerunner of the kinds of challenges that will have to be faced, as climate change impacts intensify in the coming years.

## **1.7. Summary**

The regional context within which early childhood programming is located is therefore one in which the governments are operating under significant fiscal constraints, while

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<sup>45</sup> United Nations, Haiti Earthquake 2010 Flash Appeal

<sup>46</sup> IPCC, Climate Change 2007, Impacts, Adaptation and Vulnerability

<sup>47</sup> Excerpted from the Liliendaal Declaration On Climate Change And Development Issued By The Thirtieth Meeting Of The Conference Of Heads Of Government Of The Caribbean Community, 2-5 July 2009, Georgetown, Guyana

having to contend with a range of social, economic and environmental vulnerabilities, all of which impact significantly on the livelihoods of the people and the developmental potential of the countries.

This has created challenges for the governments in prioritising areas for urgent action, as all these matters demand attention. ECCE has therefore had to compete, many times unsuccessfully, for attention and funding, with other pressing matters, some of which have more immediate social and political consequences.

## **2. ECCE IN THE CARIBBEAN REGION**

### **2.1. Historical Trends in Education and Child Care**

Formal, non-family initiatives for early childhood care and for early childhood education developed as two separate and distinct fields in the Caribbean region.

Formal early childhood care, characterized by health services for maternal and child health, has historically been provided by state authorities. Across all countries, these have typically included pre and post natal maternal services, and with the evolution of time, immunization and basic growth screening- weight for height assessments, basic vision and hearing. Some countries have gone further, and introduced formal developmental monitoring and early intervention follow-ups.

Within this construct however, the initial responsibility for the physical, social and emotional development of the child - early stimulation, basic communication, initial motor development, and the like - has been left to the family, until the child was ready to begin state sponsored primary education - typically at age five, or six.

This created an obvious gap in services available for children's development and this void was filled through the initiation of programming by concerned citizens and/or organisations – UNICEF, Bernard van Leer Foundation (BvLF), and religious denominations. With the exception of three (3) countries<sup>48</sup>, this predominance of private/charitable initiatives is still a defining feature of early childhood education and development programming in the region today.

The earliest record of early childhood education and development programming in the region is found in St. Kitts-Nevis where the history of education for young children predates the abolition of slavery<sup>49</sup>. Infant schools for children aged 3 to 8 were established by the Moravian and Methodist Churches soon after they arrived on the island in the late 1700's. Private individuals began to offer formal childcare services outside the home in 1918, when working mothers started leaving their children with trained nurses. In 1920, the Baby Saving League was formed and opened six (6) Crèches to serve a total of 40 infants. At this same time, some community members started small preschool care and education centres in their homes.

During that period, initiatives were being started in other countries across the region and in Barbados, for example, in 1837 an organisation called the Mico Charity erected the first infant school in the suburbs of Bridgetown (the capital) to accommodate two hundred (200) children in the 2 – 4 year age range. In 1850, legislation was passed to provide infant schools in rural areas and by 1900 one hundred and twelve (112) infant schools had been established.

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<sup>48</sup> Barbados, Grenada, St. Kitts-Nevis

<sup>49</sup> Submission by Early Childhood Unit – St. Kitts-Nevis

Programming developed unevenly across the region in the years that followed – Trinidad and Tobago in 1934, Jamaica in 1938 - and today most countries have some level of ECCE programming in place.

The main demographic, economic, social and political factors that have influenced these developments have changed over time. Davies<sup>50</sup>, writing in 1997, identified three (3) distinct phases in the evolution of ECCE programming, viz:

- **The Post War Period to 1969** – where rapid industrialisation created new employment opportunities for both men and women and led to the gradual erosion of the traditional extended family structures and an increased demand for child care services outside of the home. These tended to be primarily custodial in nature.
- **The Decade of the Seventies** – during which programming responded to the outcomes of a 1967 UNICEF Regional Conference on “The Needs of the Young Child in the Caribbean”. This conference highlighted the deteriorating social and economic conditions of individual countries which jeopardised the normal healthy development of young children. It proved, in Davies’ words, “... to be the catalyst which intensified activities in advocacy, training and programme expansion in the region.”

- **1980 to 1997** – which saw a rapid expansion in ECCE and other child-related services triggered by the designation of 1980 as the International Year of the Child (IYC). Local committees were set up to develop proposals and plans for achieving IYC objectives and some of these activities continue to the present e.g. in Child Month celebrations. In addition, many governments recognised the need for regulations regarding the care and welfare of the preschool child. This increase in advocacy was supported by continuing inputs from UNICEF, which at that time shifted its focus to direct country assistance.

**Innovative Practice 1  
CARICOM ECD Working Group  
MANDATE OF CARICOM ECD WORKING GROUP**

To identify and coordinate *regional* activities in ECD which support and facilitate action at the *national* level in ECD capacity building

**OPERATIONAL PRINCIPLES FOR WORKING GROUP**

1. Members of the Working Group will:
  - assume responsibility within the Working Group for programming in their areas of expertise and support from within their regular resources, human and financial (see 2a below)
  - develop regional activities of the Working Group in light of priorities/recommendations of meetings of COHSOD, Ministers, Technical workshops and other fora held under the auspices of CARICOM
2. The CARICOM Secretariat will:
  - source additional funds where necessary to cover the identified regional activities not presently covered by the current programming of any one agency
  - liaise with National COHSODs to ensure that regional activities requiring supporting action at the national level are monitored. The Regional activities are meant to support and facilitate activities at the national level and will only be successful if the national level programming structures are supported
  - invite regional organisations to participate in the Working Group and to be designated as Members as appropriate
  - convene meetings of the Working Group at least twice a year
  - identify the objectives for the Working Group and detail the annual programme of Working Group activities
  - report to COHSOD on the work of the Working Group

<sup>50</sup> Rose Davies, A Historical Review of the Evolution of Early Childhood Care and Education in the Caribbean

In the post 1997 period, programming at the operational level has been influenced by the processes that were developed to monitor the implementation of the Caribbean Plan of Action for Early Childhood Education, Care and Development (CPOA), which was adopted by the CARICOM Heads of Government in 1997. At the political level, these have been reinforced by international developments including the outcomes of the Education For All (EFA) 2000 processes and the United Nations Special Summit on Children.

These developments have been consolidated in the 2002 - 2010 period by the work of the CARICOM Secretariat, which has assumed responsibility for coordinating early childhood policy programming across the region. A Regional Framework for Action was approved by the CARICOM Council on Human and Social Development (COHSOD) in 2002, and updated in 2008, with the implementation of the Framework being monitored by the CARICOM Early Childhood Working Group (see Innovative Practice<sup>51</sup>).

The foregoing has highlighted one of the critical features of the duality in the evolution of ECCE in the region – namely that the health components were addressed by Government, while the education and development aspects evolved outside of the scope of governmental action and, in many countries, evolved as a response to the need to provide services to working mothers.

The net result of this has been:

- Little or no attention being paid to the health issues beyond basic immunisation and immediate post-natal care. In most countries there is little systematic nutritional programming/monitoring, nor is there any systematic programming for developmental monitoring and early intervention;
- Little or no attention being paid to early stimulation;
- A primary focus on the provision of custodial care for children either through day care centres and/or preschools.

### **Evolution of Custodial Care for Children**

Many of the early day care and pre-school institutions started in people's homes, providing a babysitting service, or responding to the perceived need to teach little children "the ABCs", or provide day care services while the parents went to work. The net result is that, in most countries (except Grenada, St. Kitts-Nevis, Barbados), Governments were not seriously involved in the evolution of the ECCE provision, until well past children's formative years.

The reality today is that in many countries, ECCE provision is primarily private sector driven, with little or no government involvement. Across the region as a whole (16 countries reporting), the private sector, churches and community organisations own 81% of the early childhood institutions catering for the birth to five age cohorts<sup>52</sup>.

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<sup>51</sup> Submitted by CARICOM Secretariat

<sup>52</sup> Questionnaire responses

## 2.2. Conceptual Definitions of ECCE

Eighteen (18) countries reported having formal definitions of ECCE, with fifteen (15) of these being contained in formal national documents - seven (7) in Education Acts, eight (8) in National ECCE or EFA policies. The content of these definitions vary between being education-focused definitions and development-oriented definitions.

A typical education-focused definition is contained in the one from Dominica which states that "*Early Childhood Education means education and care suited to the requirements of children under five years of age provided either within a primary school or in an Early Childhood Education Facility specially designed for that purpose.*"<sup>53</sup>

A typical development-focused definition is contained in the one from Suriname which states that "*Early childhood development is a broad integral approach for the development of all children; physical, psychological, mental, social, emotional, cultural and spiritual, beginning from the conception till the age of 8, through a coherent package regarding care and services based on the International Convention on the Rights of the Child, which is reflected in the national legislation and standards, in such a way that the child feels accepted and respected and have the opportunity to develop her or his potentials in a secure, safe and stimulating environment.*"<sup>54</sup>

None of the definitions explicitly referenced the care needs of children, although these could be inferred from the developmental definitions.

This conceptual focus is a direct result of the duality with which early childhood development evolved within the region - typified by the separation of the health component from the development and educational components.

## 2.3. Access and Equity

The access data that are available focus on the education and development aspects of ECCE. There was very little data reported in the questionnaires on the maternal, child care and nutritional aspects, primarily due to the fact that this had to be sourced from other ministries and was not possible in the limited time available.

### 2.3.1. Maternal and Child Health

It must be noted however, that the region, for the most part, enjoys very good indicators on maternal and child care, with low maternal mortality rates, low infant mortality rates and high immunisation rates. All countries have universal access to primary health services, and most mothers have access to pre and post natal care.

The World Bank, in its Regional Fact Sheet from the World Development Indicators 2009, Latin America and the Caribbean, describes the situation in the Latin American and Caribbean region as follows: "*The region has a low child malnutrition rate (4 percent around 2007) and high immunization rate against measles (93 percent in 2007). Under-five mortality rate was more than halved between 1990 and 2007 (from 55 to 26 per 1,000). The region also ranks high on indicators of reproductive health. Ninety five (95) percent of pregnant women received prenatal care, and 89 percent of*

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<sup>53</sup> Dominica Act No. 6 Of 2002 (An Act to amend the Education Act (No. 11 of 1997))

<sup>54</sup> ECD policy document Suriname 2004-2008

*the births were attended by skilled health staff. The maternal mortality ratio was the second lowest among developing regions, after Europe and Central Asia*<sup>55</sup>.

This is supported by the data from the WHO Global Health Observatory in Table 2.1, which show high immunisation rates for most member states except Haiti and Jamaica, and low infant mortality rates for all member states except Haiti and Guyana.

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<sup>55</sup> Regional Fact Sheet From The World Development Indicators 2009, Latin America And The Caribbean

**Table 2.1 - Child Mortality Indicators for CARICOM Member States (2007)**

Member Country	< 5 Mortality Rate	< 1 Mortality Rate	MCV Immunisation
Antigua and Barbuda	11	9	99
Bahamas	13	12	96
Barbados	12	11	75
Belize	25	22	96
Dominica	14	12	96
Grenada	19	15	98
Guyana	60	45	96
Haiti	76	57	58
Jamaica	31	26	76
St. Kitts and Nevis	18	16	99
St. Lucia	13	12	94
St. Vincent and the Grenadines	17	15	99
Suriname	28	27	85
Trinidad and Tobago	35	31	91

**Source:** WHO Global Health Observatory: <http://apps.who.int/ghodata>

### 2.3.2. Health and Nutrition

Comprehensive data on health and nutrition was not readily available. However, low birth weight has been found to be the greatest predictor of malnutrition in urban, poor young children from six months to 4 years old in Jamaica<sup>56</sup>. Iron deficiency is also a major public health concern and the rates of anaemia in early childhood age group were found to be 43% in Dominica, and 48% in both Guyana and Jamaica<sup>57</sup>.

The incidence of obesity is another rapidly rising phenomenon amongst the population in the Caribbean; pricing of foods affects purchasing habits with fats and sugars heavily subsidized in cheaper and more appealing foods to the poor and to their children<sup>58</sup>. These nutrition studies have drawn attention to the realities of poverty, such as inadequate housing, poor and crowded environmental conditions, and low and inconsistent income to support proper household nutrition, which can work against the most caring efforts of low income parents.

Policies for Infant and Young Child Feeding (ICYF) have been initiated in 11 countries<sup>59</sup> and these support a comprehensive approach to the integration of nutrition into the health services provided through clinics. Specific policies for HIV and

<sup>56</sup>Integrating early stimulation into primary health care services for undernourished Jamaican children: a randomised controlled trial. Powell, C., Baker-Henningham, H., Walker, S., Gernay, J., Grantham-McGregor, S. (2004)

<sup>57</sup> Gordon, G, Johnson, P, Morris, A and Henry, F (2002) Iron and Vitamin A status in Five Caribbean Countries, in Micro-nutrient deficiencies in the Caribbean in *Cajanus*, Vol 35 No.1, The Caribbean Food and Nutrition Institute Quarterly

<sup>58</sup> Henry, F (2004) The Obesity Epidemic – a major threat to Caribbean development: the case for public policies in Obesity, *Cajanus*, Vol 37 No.1, The Caribbean Food and Nutrition Institute Quarterly

<sup>59</sup> Anguilla, Antigua and Barbuda, Commonwealth of the Bahamas, British Virgin Islands; Cayman Islands, Grenada, Haiti, Jamaica, St. Kitts and Nevis, St. Lucia, Suriname,

infant feeding exist in 8 countries<sup>60</sup>, and growth monitoring and nutrition surveillance is ongoing in 7 countries.<sup>61</sup>

Exclusive breastfeeding policies are promoted for children from birth to 6 months of age throughout the region. However, the rates vary greatly in the region. Data from Jamaica and Belize show that between 60% and 80% mothers breastfeed within a day of a child's birth, a number that decreases to 10%-15% by the time a child is 6 months; however in Suriname, Guyana and Trinidad and Tobago, between 30% and 40% of mothers breastfeed within a day of a child's birth, and the decrease in that number by the time a child is 6 months old varies between 2 and 20%.<sup>62</sup>

The situation with other aspects of access to early childhood education and development is different. Major gaps exist in the provision of early stimulation, development monitoring and early intervention and early childhood education.

### 2.3.3. Early Stimulation

Early stimulation of children traditionally takes place in the home or, in the case of working parents who do not have anyone at home to look after their children, in day care centres. The quality of early stimulation is therefore dependent on two factors i.e. parenting knowledge and expertise of the parent or caregiver in the home and/or the quality of service provided by the day care centres. Anecdotal information from practitioners in the field and the high incidence of teenagers who become parents indicate that many parents do not have access to information on the importance of early stimulation, or techniques for providing such stimulation.

Organised processes for teaching parents techniques in providing such early stimulation are not widespread and is a recent development in most countries. It is an integral part of the Roving Caregivers Programme being implemented in seven (7) countries<sup>63</sup> and is also integrated into the parenting education being conducted by Parenting Partners Caribbean<sup>64</sup>.

#### ***Innovative Practice 2***

##### ***Bermuda Child Development Program***

In Bermuda, children from birth to four and their parents are serviced by the Child Development Programme (CDP).

The programme offers a variety of free support services, including behaviour management, occupational and physical therapy and psychological services. Two year olds are assessed by CDP to determine whether their physical, psychological, social and emotional well-being are on target. Where there are concerns, CDP either refers the child and parent for additional support or supplies that support from within its own ranks.

Children who are four years old are eligible for entry in to one of the ten free Government preschools, located throughout the Island.

The Ministry of Education will admit children with special needs in to preschool early (ie before they reach their fourth birthday) in order to ensure that the child is in a stimulating environment. The Ministry partners with the Ministry of Health for the delivery of speech-language, occupational and physio- therapy to young children. The Ministry of Health employs a community-based model, meaning that therapists serve not just children with special needs, but also other persons in the wider community.

<sup>60</sup> Antigua and Barbuda, Commonwealth of the Bahamas, Barbados, Belize, Dominica, Guyana, Jamaica, Suriname

<sup>61</sup> Antigua and Barbuda, Belize, Guyana, Jamaica, Haiti, Montserrat, St Kitts and Nevis

<sup>62</sup> MICS Survey data for Jamaica, Belize, Guyana, Suriname, Trinidad and Tobago ([www.unicef.org](http://www.unicef.org))

<sup>63</sup> See Section 2.4.1. pg. 17

<sup>64</sup> See Section 2.5.6. pg. 26

### 2.3.4. Development Monitoring and Early Intervention

This is an area where the region is seriously deficient, with only one country, Bermuda, having a sustainable system in place to perform developmental screening and provide adequate follow up support. (See *Innovative Practice 2*<sup>65</sup>)

The net result is that children with developmental delays – physical, behavioural, social emotional, sensory, communication as well as cognitive – are not systematically identified until they are well past the age of 5, many times as a consequence of poor performance in primary schools. This is much too late for significantly helping many of them. Some countries – St. Lucia, Jamaica and Barbados – have initiated programming aimed at strengthening this area.

### 2.3.5. Early Childhood Care and Education (ECCE)

ECCE, as defined in the Caribbean region, takes place in day care centres and preschools.

#### a. Service Provision

**Table 2.2 – Ownership**

<b>Owner</b>	<b>Total</b>	<b>%</b>
- Government	837	19
- Private	981	22
- Faith-based	137	3
- NGO	15	0
- Community	2,452	55
<b>Total</b>	<b>4,422<sup>66</sup></b>	<b>100</b>

Survey responses from sixteen (16) countries<sup>67</sup> reported a total of 4,462 early childhood institutions<sup>68</sup> across the region – 19% (858) providing services to the birth to three cohorts and 81% (3,604) providing services to the age three to primary entry cohorts.

19% of these institutions are owned by Government, and Governments also provide small subventions to selected community and private institutions in some countries. 22% are owned by private operators and the remainder is owned or sponsored by NGOs and community organisations<sup>69</sup> - Table 2.2.

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<sup>65</sup> Submission by Bermuda

<sup>66</sup> One country reported forty (40) institutions, but did not report ownership distribution. These are not therefore reflected in Table 2.2

<sup>67</sup> No data reported by Belize, Haiti, Suriname and Trinidad and Tobago

<sup>68</sup> Including the Home Visiting Programmes

<sup>69</sup> The community ownership refers to the basic schools in Jamaica, which constitute 2,153 (48%) of the 4,422 institutions

## b. Access

Table 2.3 contains data on participation rates in formal early childhood programmes, expressed as percentages of the eligible age cohorts, across seven (7) countries that provided usable responses in this area<sup>70</sup>.

The data for these seven (7) countries show that significant proportions of the early childhood cohorts are not exposed to structured early childhood programming. For the birth to three cohorts, the participation rates ranged between 17% and 41% for the entire cohort, with a similar gender profile. For the pre primary cohorts, the participation rates ranges from 65% to 100% in two countries.

**Table 2.3 - Enrolment Ratios as a Percentage of Eligible Age Cohorts**

	ANU	ANG	BVI	GRE	MONT	SKN	SLU
<b>Gross Enrolment Ratio</b>							
. Entire Cohort	46	49	51	44	41	41	39
. Birth - 2	28	17	41	18	26	15	18
. Preschool	72	100	65	65	115	67	73
<b>Gross Enrolment Ratio Male</b>							
. Entire Cohort	46	n.a	53	45	38	42	38
. Birth - 2	28	n.a	43	19	25	16	18
. Preschool	73	n.a	69	66	117	68	72
<b>Gross Enrolment Ratio Female</b>							
. Entire Cohort	46	n.a	49	43	44	40	40
. Birth - 2	28	n.a	40	17	26	15	19
. Preschool	73	n.a	61	64	115	66	74

**Note:** ANU - Antigua; ANG - Anguilla; BVI - British Virgin Islands; GRE - Grenada; MONT - Montserrat; SKN - St. Kitts and Nevis; SLU - St. Lucia.

Partial data provided by other countries not listed in this table tell a similar story, viz:

- Bermuda - 32% of the pre primary cohort;
- Dominica - 34% enrolment for entire birth to five cohort;
- Guyana - 62% for the pre primary cohort only; and
- Jamaica - 43% for entire birth to five cohort.

Access therefore continues to be a challenge in the region. Reasons advanced for this include:

- Inability to pay the fees at private institutions;
- Lack of support from government to support participation of poor and vulnerable groups;
- Insufficient early childhood facilities, with overcrowding in existing ones;
- Logistical challenges in multi-island states and in hinterland communities; and
- Limited human capacity to support expansion.

The impact of natural disasters should also be noted here, with the case of Haiti being a case in point. Before the January 2010 earthquake, 20% of children under 5 were enrolled in preschool, or approximately 590,000 children. Following the earthquake, the

<sup>70</sup> There were significant challenges with the data provided for this analysis. These included (a) provision of aggregate numbers for the respective cohorts, with no disaggregation by gender (b) provision of aggregated data for the entire birth to five cohort, with no breakdown into sub-categories (c) absence of accurate population data for the current period and (b) unavailability of data from some countries.

NGOs and Development Partners established an ECD Task Force to effect a harmonized response aimed at addressing the holistic needs of young children both in the immediate aftermath and in the longer term. Training was provided in psychosocial support of traumatised children and tents provided to house preschools.

The Task Force estimated that within three months of the earthquake, 120,000 children had been reached with materials and structured activities not only in preschool settings, but also in baby nutrition tents, orphanages, and pediatric/ baby clinics<sup>71</sup>.

### **c. Equity**

#### ***Rural-Urban Provisions***

The disaggregated data needed to assess rural-urban disparities were not provided by any country. However, ten (10) of the seventeen (17) countries who responded noted the existence of rural-urban disparities within their countries. In one country - Dominica - it was noted that there were no day care centres in the rural areas. Jamaica also noted that the majority of day care centres were in urban areas. The larger countries with hinterland communities - Suriname and Guyana, and the multi-island states also noted the limited services available in the communities that were far from the capital.

#### ***Special Needs***

Only five (5) countries reported data on programming for children with Special Needs - Anguilla, Bermuda, British Virgin Islands, Montserrat and Grenada. In each of these countries, such children are mainstreamed wherever possible to ensure that there is equity in learning opportunity and to ensure that all children benefit from the same quality of care and education being offered. In addition, Special Education Programmes are also provided to cater specifically to children with global developmental delays.

## **2.4. Inclusion - Provisions for Especially Disadvantaged and At Risk Children**

Poverty and vulnerability combine to exclude children from ECCE provision. Some of the reasons are clear - for example, it can be an insurmountable barrier to access ECCE provision in the majority of countries for those families unable to pay fees.

Lack of resources is a factor in the paucity of provision in hinterland areas of Guyana, Suriname, Jamaica and Belize, areas in which Maroon and Amerindian populations live. The inability of ECCE provision to provide increased human resources or physical assistance is a factor in the provision of access to children with special educational needs.

Fear of discriminatory treatment has been shown to be a factor in the absence of children affected by HIV and AIDS in Jamaica<sup>72</sup>. Children out of family care, children who are living in abusive situations and children suffering poor health and nutrition also appear to be excluded groups.

In recent years, children of migrant populations are being seen in ECCE provision in increasing numbers, in the urban areas around the region. Some of these are the result of internal migration, such as the children in Maroon populations in Suriname moving to the capital, Paramaribo. Others result from external immigration such as Chinese,

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<sup>71</sup> [www.educationandtransition.org](http://www.educationandtransition.org)

<sup>72</sup> Ramsay, H., Brown, J., Bhardwaj, S., Williams, S. (2004) "Young children, a neglected group in the HIV Epidemic: Perspectives from Jamaica." *Caribbean Quarterly*, Vol.50:1

Haitian and Venezuelan children moving into Roseau, Dominica. These groups have limited access to curricula that are mono-lingual and mono-cultural.

The factors affecting exclusion of children need to be understood at national level in the process of governments developing plans for extending access, especially to those whose development and well being is at risk through vulnerability or disadvantage.

#### 2.4.1. Provisions for Especially Disadvantaged Children

Ten (10) of the twenty (20) countries who responded to this question indicated having programmes in place for especially disadvantaged children. These provisions include:

- A targeted pilot home visiting programme - The Roving Caregivers Programme (RCP) - aimed at supporting rural, unemployed parents to provide early stimulation to their children, operating in seven (7) countries (See *Innovative Practice 3*<sup>73</sup>)
- A package of supports in St. Kitts and Nevis which give priority to children from Foster Care homes and teenage mothers. The fees of the former are paid by the Government. Supervisors at government-owned centres are also provided with the discretion to recommend a waiver for fees, if the socio-economic circumstances of the parents warrant.

It must be noted here that many of these programmes only satisfy a small proportion of the needs in these areas.

#### 2.4.2. Provisions for At-Risk Children

Twelve (12) of the twenty (20) countries that responded to this question indicated having programmes in place for at risk children. Many of these targeted children with Special Needs and included establishment of separate centres for children with special needs. Three countries - Antigua, Jamaica and St. Kitts-Nevis, also reported provisions for children living with and affected by HIV and AIDS, while one country - Belize, reported providing for orphans.

It must be noted here that many of these programmes only satisfy a small proportion of the needs in these areas.

#### 2.4.3. Link between ECCE Participation and Dropout and Repetition Rates

The region has learned a great deal from longitudinal research in Jamaica on the association between early childhood experience and later achievement in primary schooling.

In 1999, a national sample of 6 year olds in Jamaica entering primary school in Grade 1 in 2000 from pre primary “basic schools” was followed until Grade 4. This longitudinal research study, known as the Profiles Project, demonstrated the consequences for

<p style="text-align: center;"><b>Innovative Practice 3</b> <b>Roving Caregivers Programme</b></p> <p>RCP is an informal early childhood development programme that seeks to reach children birth to three years of age who do not have access to any formal early childhood service, using early stimulation for the child and parenting education to form the core of the programme.</p> <p>The RCP recruits recent secondary school graduates to serve as community caregivers. These caregivers work in their home communities making regular visits to families with children in the target group.</p> <p>During home visits caregivers involve children in play activities that support the development of motor, perceptual, emotional and cognitive skills, and they offer tips to parents about how best to promote children’s health, hygiene and safety.</p>
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<sup>73</sup> Submission by Caribbean Child Support Initiative (CCSI).

child development outcomes of *family socio-economic status, parental education, parental stress, reading books to children and early childhood experience*. Homes with low socio-economic status had little physical material to stimulate children's development; they also lacked appropriate parent-child interaction to promote emotional development. From age 3 years 8 months, the children attended early childhood facilities that lacked materials for activities, space, furniture and programme structure.

The study also found that the home learning environment was associated with child academic and behavioural outcomes, particularly strengths; in particular, it found that learning materials in the home reduced child behaviour problems and that attendance at good early childhood facilities had improved child academic and behaviour outcomes.

The Profiles research in Jamaica also identified the impacts on child outcomes of poverty, family structure and family functioning, and demonstrated the positive effects of parenting and early childhood experience. Poverty was shown to impact directly on children's development and behaviour and indirectly through parenting, the learning environment at home and in early childhood provision and through social exposure.

Parental education was the only parenting factor associated with cognitive, academic and behavioural strength outcomes. Parental stress was found to affect all child outcomes: academic, cognitive and behavioural. The findings of the research for the positive interventions in ECCE were:

- Reading books led to improved school outcome and behaviour strengths.
- Attending supervised activities, including church, improved academic and behavioural outcomes.
- Parental participation in activities with children increased behavioural strengths.

In the follow up of children in Grade 4 in 2003, children of low socio economic status performed significantly less well than their peers of higher socio economic status. In comparison to achievement at Grade 1 in 2000, the differences between the groups had widened. The trend showed that the differences in achievement between pre-school and Grade 1, and between Grades 1 and 3 were highly significant.

Statistics for achievement in the education system for the same period up to 2009 reflect a similar picture for the primary school population as a whole. Statistics in Jamaica for 2009 reveal that less than half the children entering primary school mastered all domains of the Grade One Readiness Inventory test. In Grade 4, approximately three quarters of girls mastered the Grade 4 literacy test and only half of the boys. Means scores of girls and boys at the Grade 6 Achievement Test were approximately 50% with girls outperforming boys by more than 10 percentage points each year.

The lesson from the research study together with the statistics in a country in which 97% of children attend preschool provision from 3 years, and one in four children is poor, is that the quality of the early childhood programme is critical to the outcomes, and that parents need support and information about the critical role of the home learning environment for emotional and cognitive development.

## **2.5. Quality Dimensions of ECCE**

### **i. Quality in Existing Service Provision**

National surveys of the quality of learning environments using the Early Childhood Environments Rating Scale (Revised 1998) were undertaken in Grenada 2005, Antigua and Barbuda, St Kitts and Nevis and Dominica in 2007 and Montserrat and Turks and Caicos Islands in 2009.

With the exception of St Kitts and Nevis, the majority of centres in all countries surveyed were inadequate on indicators for indoor space and furnishings; support for language and reasoning; children's activities; programme structure and provisions for parents and staff. Between a quarter and a half of centres in all countries failed to maintain a minimal standard in personal care routines or in interaction with the children – except St Kitts and Nevis.

St Kitts and Nevis stands out as a country that, despite resource constraints and increased pressure on space, has managed to sustain a higher level of positive staff child interaction, and programme quality. The critical difference from the other countries surveyed appears to be in the *combination of capacity building supports by government sustained over a 20 year period*, including:

- management of the sector by a qualified team of officers on a ratio of 1 to 30 centres, including the home based services in the Reaching the Unreached programme;
- stability of salaries for teachers in the public ECCE centres;
- regular in service training (despite the notable absence of qualification training in the country);
- licensing of centres on an annual basis;
- sustained implementation of standards;
- supply of equipment and materials for centres; and
- a robust curriculum and pedagogy.

The surveys have identified best practices; potential centres that can act as 'mentors' to others in countries; suggested improvements that can be effected *without* expenditure (e.g. working practices); informed priorities for staff training; and provided data for sector plans, policies and priorities for capital investment.

### **2.5.2. Indicators of Quality**

An ECD Minimum Service Standard was developed in consultation with the 20 CARICOM countries and was adopted by CARICOM's Council on Human and Social Development in 2008<sup>74</sup>.

The ECD Minimum Service Standard "is an essential requirement for achieving desired outcomes for children's development and well being". Countries have used the Minimum Service Standard to guide the development of programme standards, and to put in place monitoring systems for assisting service providers to progress towards meeting the standards.

In developing the standards, the region's Learning Goals and Outcomes Framework in Early Childhood Development (2004) was used to define the standards from the perspective of the child's development and well being. Proceeding from this foundation, the requirements were then set out for the profile of the caregivers and teachers who work with the children and for how they manage their role and the involvement of parents and communities in the care and education of children.

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<sup>74</sup> CARICOM Regional Guidelines for Developing Policy, Regulation and Standards in Early Childhood Development Services

Examples from the Minimum Service Standard include:

### **Group and Class Size**

Children in primary school: class size should not exceed 30 children

Children 3 and over: Group size should be 26 children

Children 2 and under: Group size should be 12 children or less

### **Staff/Child Ratios**

1:30 for children 7-8

2:30 for children 5 – 6 years in primary schools where one person at least is a qualified teacher and has an assistant

1:12 for children 3 and 4 years of age

1:6 if children 2- 3

1:4 for children 1-2

1:3 for children under 1

1:1 for children with special needs as required

### **Staff Qualifications**

At least half of the Programme Staff are qualified

Unqualified Programme Staff are pursuing qualification training

All staff are trained in First Aid and CPR

### **Curricula and Materials**

For ALL children:

- Basic daily schedule exists that is familiar to children (*e.g. the routines and activities occur in relatively the same sequence most days*)
- Written schedule/timetable is posted in the room and relates generally to what occurs
- At least one indoor and one outdoor activity occurs daily
- Written activity guide/curriculum guide/learning indicators posted
- At least 3 scheduled activities provided for children daily, reflecting the activity guide, to foster creativity, independent thinking and physical development
- Opportunities are provided for children to work independently and confidently on their own choice of projects, over a period of time *e.g. growing seeds, completing a model, painting a series of paintings, completing a story on tape or in pictures, preparing for a group event of their choice*
- Staff provide experiences that will stimulate children to learn by trial and error and risk taking, to develop critical thinking and problem solving skills *e.g. how to conserve water use at the centre; cooking; trying an experiment*

For children 2 years and under:

- Toys and activities are age-appropriate and provide a variety of language and sensory activities both indoors and outdoors on a daily basis
- Opportunities provided for children to look at books, listen to stories, rhymes and songs, recognize pictures, symbols and letters and hear familiar stories re-told

### **2.5.3. Measures of Quality**

Ten (10) countries in the Eastern Caribbean have developed a Monitoring Checklist for monitoring programme quality against the regional ECD Minimum Service Standard

together with health, safety, nutrition and a range of administrative requirements as part of the ECD Minimum Service standard - Fig 2.1.

The checklist has been devised as a series of statements describing acceptable minimum standards that can be observed such as e.g. Children are encouraged to be fair and respectful to one another; At least one staff-initiated receptive language activity time daily (e.g. *reading books to children, storytelling, using flannel board stories*); Information is exchanged with parents on a daily basis about changing developmental and care needs and routines; Alarm system or means of raising the alarm and contacting the Fire Authorities is in place and is painted RED. The ten countries plan to pilot the checklist during 2010 and put it into regular use in early 2011.

Moral development	Yes	No	Improvements required (practices, arrangements etc) and TIMEFRAME	Resources required
Children are treated respectfully and fairly by adults				
Staff model respectful and fair behaviour with children				
Children are encouraged to be fair and respectful to one another				
Children are respectful and fair to each other				
Staff explain the difference between right and wrong in examples children can understand				
Staff arrange activities in which children can learn to behave responsibly with one another				
Staff explain importance of respect for others who are different e.g. <i>special needs, abilities, cultures, religions, gender</i>				
Staff encourage children in their own spiritual				

**Fig 2.1: Sample Checklist from the Monitoring Tool for Eastern Caribbean and Turks and Caicos Islands**

In Jamaica a similar checklist was devised and put into operation into 2008. However, in the Jamaican checklist, the description of the standard of what is 'acceptable,' is positioned in a continuum between a statement of what 'needs improvement' and a statement of a 'good' standard in which the expectations for 'acceptable' have been met and exceeded.

Category/standard area	Needs Improvement	Acceptable	Good
Presence of language development activities	Language development activities not included in the daily programme	Specific language development activities included in the daily programme	Language development activities are integrated with other daily activities

**Fig 2.2. Sample from the Inspection Instrument for the Jamaican ECD Standards**

#### 2.5.4. Curriculum Development

ECCE curriculum reform has a long history in the Caribbean Community. ECCE curriculum reform was undertaken in Barbados a decade ago as part of the broad Education Sector Policy. The curriculum framework included specific outcomes for

children commencing from 3 years old. Trinidad and Tobago has embarked on a similar project with the assistance of the Inter-American Development Bank, to deliver support for a Seamless Education System Programme for children from three years old upwards, in keeping with the Government's Vision for 2020: a world class, self renewing seamless education system for Trinidad and Tobago. In Guyana, St Kitts and Nevis, and Grenada, integrated planning for children in the pre-primary years as part of education policy in the public sector has been in existence for over twenty five (25) years. Education sector reform in Jamaica has separated tertiary, secondary and primary sector initiatives from early childhood; in the early childhood sector, a comprehensive vision of curriculum development for children resulted in the publication in 2008 of a curriculum for children in the 0-3 age group.

In recent years, the curriculum reform initiatives have been informed by the Caribbean ECD Learning Goals and Outcomes Framework (2004) developed by eighteen (18) countries, for children 0 to 8 years. The Framework addresses six (6) key areas of learning: wellness, resilience, valuing culture, effective communication, intellectual empowerment, and respect for self, others and the environment.

The framework is supported by a curriculum resource guide for the region providing key strategies for developing curricula within the framework. It includes mileposts of development (what children are expected to do). Signals of performance in learning settings (expressed as what we see children doing); Signals of appropriate practices (what we can do to support children's development); and Signals of inappropriate practices. Strategies are set out for involving parents and community based on examples being used in programmes already and strategies for supporting diversity and children with special needs. The most used section of the Guide is the section dealing with "what really works in the field". As a result of responses to the Guide it is being updated in 2010 and will include a new section reflecting the pedagogical developments in the region as new curricula are implemented.

New curricula in Barbados and Jamaica (for children 0-5 years), and in Trinidad and Tobago and the Bahamas (for children 3 and 4 years of age) are being implemented and facing challenges as the training systems in the new pedagogy of child-centred learning have not as yet produced sufficient numbers of graduates who are ready and confident to manage the kind of learning environments required.

In Antigua and Barbuda, Commonwealth of Dominica, Grenada and Saint Kitts and Nevis, the HighScope Educational Research Foundation was contracted to support the governments to (1) review the curriculum materials being used in the early childhood programmes being implemented; (2) engage stakeholders to identify learning outcomes and programme goals; (3) support the improvements of the learning environments through the development of developmentally appropriate curriculum; (4) support the improvement of the professional skills and competencies of the teachers, care givers and other ECD practitioners through training; and (5) guide in the procurement of adequate materials to support effective development and learning outcomes.

It was agreed that the HighScope<sup>75</sup> educational approach would be adapted to suit the culture of the specific islands and be framed within the Caribbean ECD Learning Goals

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<sup>75</sup> HighScope Educational Research Foundation (<http://www.highscope.org>) is best known for its research on the lasting effects of preschool education and its preschool curriculum approach. HighScope's preschool education approach is used throughout the world and its research on preschool education has had an important impact on public policy in the USA and in forty developing countries.

and Outcomes. It was decided this participatory approach would be implemented initially as a pilot in fourteen (14) “model” centres in total.

In the HighScope educational approach, children are active learners, supported and challenged by adults. The heart of the HighScope approach is the plan-do-review sequence in which children make choices, carry out their ideas and reflect on what they learned. HighScope promotes all areas of academic, social and physical development with focus on language and literacy, mathematics and science, social skills, arts and outdoor play. There are professional development options for supervisors, teachers/caregivers and parents.

Key results to date include:

- HighScope Educational Research Foundation adapted the HighScope curriculum in a culturally specific manner for the participating countries ;
- A Spiritual Development curriculum was drafted as a supplemental component;
- Based on the Programme Quality Assessment survey findings, HighScope identified sources for standard sets of materials which were purchased by UNICEF and distributed to the 14 model pilot sites across the four target countries;
- The interactive approach is being piloted in 14 model sites in the participating islands;
- A series of national training workshops on the new approach have been on going to ensure that all ECD practitioners have a clearer understanding about how to support children’s development using the HighScope interactive curriculum;
- To date more than 800 early childhood practitioners, inclusive of Education Officers, preschool and kindergarten teachers, caregivers, parents, centre owners and supervisors have been trained to support the children’s development using the interactive curriculum.

Some of the challenges faced include:

- Convincing participating communities that the interactive and child centred approach will provide the children with the skills and competencies needed to be “ready” for primary school;
- The additional funding support which is necessary to upgrade the pilot centres to the status of demonstration centres will be very substantial;
- To expand the delivery of the interactive approach to a wider community, both in the Public and Private sector will require additional financial support;
- The impact of the pilot project is yet to be formally evaluated.

### **2.5.5. Teacher Education and Training**

Low levels of training and in particular the absence of teacher trained early childhood practitioners in early childhood settings outside the public sector kindergartens are common characteristics in the region. In Jamaica, for example, college trained teachers

comprise only 7.7% of practitioners in all early childhood facilities and less than 1% of all practitioners in the early childhood sector have a first degree (Early Childhood Commission, Government of Jamaica, 2008). In Antigua and Barbuda, formal caregiver qualifications were generally low with 30% of the persons who interacted with children having a formal early childhood qualification. An additional 18% had attended in-service workshops organised by the Government of Antigua.

Teacher training in early childhood is available in the region at bachelors degree level at the universities in Haiti, Suriname, Guyana and the University of the West Indies (on the main campuses in Jamaica and Trinidad ), with onward progression to advanced degree level. However, the most common qualifying level for teachers is the associate degree or diploma level accessible at tertiary colleges in 50% of the countries, and not yet accessible in the others.

The great majority of practitioners in early childhood services have very little access to formal training for recognised certification either because they do not possess the education entry level requirements or because their country does not provide vocational training as an early childhood practitioner. The region has had occupational standards, curricula and assessment procedures for the Caribbean Vocational Qualification (CVQ) in Early Childhood since 1999, but with the exception of Jamaica, has not been able as yet to channel the resources to fully implement it in a regional qualification structure.

The expansion of teacher training in the region to include early childhood teachers is complicated by supply and demand factors. If the intention is to provide trained teachers for provision for children before they go to school, rather than for the first grades of primary school, the issue of terms and conditions of employment in a largely under-resourced, community based and privately run centres have to be addressed. Teachers who do not anticipate gaining employment in the relatively secure public sector will not be attracted to early childhood teacher training but to primary education training with an elective in early childhood.

Expanding teacher training opportunities in early childhood is necessary in each country in the region where training capacity is not sufficient to meet the needs in the sector; however a rigorous examination of how this expansion can be done must be undertaken in tandem with securing employment conditions equitable to those of primary school teachers.

#### **2.5.6. Parental and Community Participation**

It is part of the Regional ECD Minimum Service standard that ECCE services engage parents in what their children are doing and learning and encourage parents to undertake complementary activities with their children at home. Parent and community involvement is a specific component of both the early childhood teaching qualification in the region and in the vocational certification for caregivers.

Within publically provided services it is a norm that parents are expected to participate in supporting activities including children's activities and outings, public service contributions such as physical maintenance, celebratory events such as Child Month held annually in almost all countries of the region, as well as fund raising events.

This was borne out by the responses to the questionnaires, in which all countries indicated the existence of parent-teacher associations and related parent activities. However, formal parent/community institutions (Boards, Committees, Support Teams), with responsibility for managing the centres were reported by only four (4) countries -

Dominica, Jamaica and St. Kitts and Nevis and Trinidad and Tobago. Trinidad and Tobago also has in place an assigned coordinator, with support officers, to ensure outreach support program development and implementation in this area.

Additionally, attached to each ECCE centre is a centre support team which includes both family/parent and community representation on the team.

In some countries, broader national parenting initiatives have been initiated - Bahamas, Barbados, Grenada, Guyana, Jamaica and Suriname - where governments have taken up some areas of responsibility for leading and/or coordinating and/or funding national initiatives.

They have received capacity building support from Parenting Partners Caribbean (PPC) who developed standards for parenting group facilitators and a framework for delivering training to achieve these standards.

To date, *eight countries* have offered the full 150-hour National Council for Technical and Vocational Education and Training (NCTVET)-approved Level III course developed by PPC towards assessment and certification<sup>76</sup>, and five others developed shorter courses of their own, drawing on the PPC framework but modified to meet local situations.<sup>77</sup> The support project concluded with a two-week training course in September 2009 (in Grenada) for assessors from the eight countries to enable graduates of the full courses being offered throughout the region to obtain NCTVET certification.

PPC has proposed that collective regional work on a Caribbean Plan of Action for Parenting should be a logical next step to supporting governments and local networks of family support organizations to further national planning, coordination, training and implementation of quality programmes of parent support.

### **2.5.7. Traditional Child Rearing Practices**

There is no one definition of traditional in a region that is as diverse as it is similar. The region shares a history of slavery, indentured labour and harsh economic and social realities. To the extent that these realities have given birth to a “tradition” in child rearing, cross-country research studies have shown similar practices in gender socialization and discipline of children. Parental protection and preparation of daughters for independence or a secure partnership, and the encouragement of the development of male “survival” skills via greater independence learned outside the home were found in low and middle income communities Dominica, Guyana (Indian Guyanese and African Guyanese) and Jamaica<sup>78</sup>.

Child-rearing practices were strongly gendered vis-a-vis chores, leisure activities allowed/encouraged, social skills taught, discipline administered, affection demonstrated, and in preparation for sexuality. Such traits as obedience, respect for elders, and sharing are highly prized in children in Trinidad and Tobago and

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<sup>76</sup> Certificates were given by administering local institutions, but official assessment to be conducted by NCTVET (Jamaica) or Trinidad and Tobago's NTA.

<sup>77</sup> Full: Anguilla, Antigua, Belize, Grenada, Jamaica, St. Nevis, St. Vincent and the Grenadines, Trinidad and Tobago. Partial: Bahamas, Barbados, Guyana, Montserrat, Suriname.

<sup>78</sup> Brown, J. and Chevannes, B. (1998) Why Man Stay So: Tie the Hiefer, Loose the Bull. An Examination of Gender Socialisation in the Caribbean, University of the West Indies, Mona with UNICEF Caribbean Area Office.

Dominica<sup>79</sup>. Beginning early in childhood, parents expect children to do what they are told.

Physical punishment, commonly used, is said to demonstrate parental love and concern. The national sample of children used for the Profiles Project in Jamaica revealed use of physical punishment of children to be common across all social classes<sup>80</sup>. Research has also shown a lessening hold of this practice as exposure to other ways of seeing child development (in the media, in ECCE provision, in education) demonstrates positive outcomes for guiding the child and supporting the child's learning through discovery<sup>81</sup>. In this area as in gender socialisation there is evidence throughout the region of change and development.

Common to all countries is a shared belief in the importance of teaching basic skills at a young age for survival and advancement. This belief is reflected in the modality of whole group instruction and the formality of arrangements in ECCE provision. There is little apparent divergence of opinion between parents and ECCE providers in this: ECCE services must first and foremost keep children safe while parents are at work and secondly provide children with instruction to get them 'ready for school'. Obedience is also a general expectation within the ECCE setting, in which children are expected to follow rules and wait their turn for most of the school day. During the early childhood years, developmental outcome research has not shown differences by sex or resulting from gender socialisation before entry to school<sup>82</sup>.

The impact of traditional child-rearing on ECCE has varied among the countries. Some have taken the positive aspects of these traditional practices and deliberately made them a part of their early childhood provision. These include the use of storytelling, teaching of basic courtesies and emphasis on traditional morals and values.

Others have indicated that the traditional practices represent challenges. These cite issues like:

- resistance to immunisation;
- the use of corporal punishment;
- the desire to keep the child at home in the care of grandparents until age of primary school entry, sometimes in the belief that the child cannot participate in structured learning until the age of five;
- the practice of leaving the child with a "neighbour", instead of a formal institution;
- emphasis on female nurturing of the child; and
- a general culture where children should be "seen and not heard".

These challenges are being addressed through parenting education targeted at both fathers and mothers, exposure of parents to alternative disciplinary methods and public advocacy on the rights of the child.

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<sup>79</sup> **Barrow, C.** (2005) A situational analysis of Approaches to Childrearing and Socialisation in the Caribbean: The cases of Dominica and Trinidad, Caribbean Support Initiative, Barbados.

<sup>80</sup> **Samms-Vaughan, M., Williams, S., Brown, J.** (2005) Disciplinary Practices among Parents of Six Year Olds in Jamaica, Caribbean Childhoods: Journal of the Children's Issues Coalition, Vol. 2.

<sup>81</sup> (Roopnarine, J.L. (2006) Cultural Bases of Childrearing and Socialization in African Caribbean and Indo Caribbean Families, Caribbean Child Support Initiative, Barbados. Syracuse University

<sup>82</sup> (Profiles Project, Samms-Vaughan, 2004).

## 2.6. Holistic Integrated Programming

There are few examples of integrated programming across the region, although there is a strong emphasis on collaboration between different ministries. Twelve (12) of the reporting countries indicated that there was ongoing collaboration with relevant ministries on a range of matters affecting children's development.

Four (4) countries reported some form of integrated programming, with two (2) of these being pilot projects. The two (2) examples of formal structures integrated programming were:

- The Early Childhood Commission (ECC) of Jamaica with a Mission to provide "An integrated and co-ordinated delivery of quality early childhood programmes and services, which provide equity and access for children zero to eight years within healthy, safe and nurturing environments." (See *Innovative Practice 4*<sup>83</sup>).
- The Dominica Council on Early Childhood Education (CECE) which has been set up by independent legislation and which has the responsibility to coordinate the work of the early childhood sector and advise the government on policy.

Pilot projects cited included:

- The ECHO project in St. Vincent and the Grenadines which is intended to combine health outreach services to the birth to three with early stimulation services. (See *Innovative Practice 5*<sup>84</sup>).
- A national Pilot in Haiti which combines nutrition, parenting programme and early education for children in the services offered by a public ECCE centre in the South Department.

Three (3) countries reported an absence of integrated or collaborative programming.

### **Innovative Practice 4 Functions of the Early Childhood Commission**

The Early Childhood Commission of Jamaica's functions were spelled out in the legislation:

- Advise the Cabinet, through the Minister of Education and Youth, on policy matters relating to ECD, including initiatives and actions to achieve national ECD goals
- Assist in preparation of plans and programmes concerning ECD
- Monitor and evaluate implementation of plans and programmes for ECD and make recommendations to the Government.
- Act as a coordinating agency to streamline ECD activities
- Convene consultations with relevant stakeholders as appropriate
- Analyse the resource needs of the sector and make recommendations for budgetary allocations
- Identify alternative financing through negotiation with donor agencies and liaise with them to ensure efficient use of the funds provided.
- Regulate early childhood institutions
- Conduct research on ECD

<sup>83</sup> CARING AND LEARNING TOGETHER, The Integration of Early Childhood Care and Education Services under Ministry of Education Auspices, in Jamaica. A REPORT FOR UNESCO AND UNICEF, May 20, 2009.

<sup>84</sup> Submission by Caribbean Child Support Initiative.

### ***Innovative Practice 5 - ECHO***

Early Childhood Health Outreach Programme (ECHO) is a concept that builds on the existing maternal and child health services. The overall goal of the programme is to build on the existing health care services to deliver integrated intervention to improve the health and child development for disadvantaged families.

The objectives are:

- Strengthen caregiver awareness of the importance of early childhood development and techniques to help promote the good health and development of young children
- Monitor the early development and health of young children without adequate access to early childhood services.
- Increase the dialogue between parents/caregivers and healthcare providers about early childhood development

## **2.7. Funding for ECCE**

### **2.7.1. National Funding**

The role of the state in the provision of early childhood services varies between countries and with the type of service offered, viz:

- *Maternal and Child Health Services* - In all countries, the state provides pre and post natal maternal health services, immunisation and initial growth monitoring. This is provided either free of cost by the state, or for a subsidised fee.
- *Early Stimulation* - This is a major gap in services and is provided only in the Bahamas, Barbados, Belize, St. Kitts-Nevis and Suriname. In all of these countries, except Suriname, the costs are borne by the State.
- *Developmental Monitoring* - basic growth monitoring (weight for height) is provided by the State in all countries and basic vision and hearing checks are provided upon request. More advanced developmental monitoring and supportive early intervention services is a major gap in the services available and is provided by the State in Jamaica and by private operators in Antigua, Barbados, St. Lucia and Trinidad and Tobago.
- *Early Childhood Care and Education* - is provided by a mixture of State and private sources in most countries.
- *Parental and Family Supports* - This is provided by the state in most countries, with the exception of Jamaica, where clients have to pay for the service.

Actual comparative data on government expenditure were very difficult to obtain, and usable comparative data on expenditure in early childhood care and education vis-a-vis education were only reported by one country St. Kitts and Nevis. In the latter, early childhood expenditure varied between 7% and 12% of education expenditure for the 2006 - 2009 period.

Comparative data on the proportion of the national budget spent on education were reported by ten (10) countries and ranged between 12% and 18% for the 2006 to 2009 period. Antigua and Barbuda, Jamaica and Montserrat were outside of this range, with a range of 6% to 8%.

Eleven (11) countries also reported that the State provided special incentives for the provision of ECCE services. These incentives included:

- Annual subventions/subsidies for preschools;
- Tax exemptions for materials and vehicles;
- Grants, subsidies and assistance with teachers' salaries;
- Ongoing training for staff; and
- Assistance with meals for children.

### **2.7.2. External Funding**

In general, the last decade has seen sustained interest from long term supporters of ECD funding, together with a significant growth of interest from new funding sources in-country. The driving forces for this shift are national policy development and the emergence of government in the regulation or provision of structured ECCE programming. UNICEF Offices in the Caribbean have supported ECD programming for over 20 years in 16 member states, and UNESCO has supported ECCE initiatives across 16 countries also.

National sources of funds such as Education Foundations, Debt swap facilities and Lottery funds have been successfully sought for early childhood projects. In addition, the Inter-American Bank has current loan agreements to support early childhood in Trinidad and Tobago and the Bahamas, and the World Bank and the Caribbean Development Bank have current early childhood loans with Jamaica.

The region has also in the last decade received significant external funding for technical assistance to regional processes, through the technical cooperation agreements with the University of the West Indies (UWI), managed by the Caribbean Child Development Centre:

- Child Focus 1 Project (World Bank) supported the development in Jamaica of training, certification, curriculum and planning processes that were exchanged with country representatives in a regional workshop process;
- Child Focus II Project (Inter-American Development Bank) supported the establishment of a Masters programme in Leadership in ECD, costing and financing studies in two countries, policy and standards in two countries. It also supported, through a series of participatory processes with all countries in the region (with additional assistance from UNICEF and Caribbean Development Bank), a media strategy for supporting parenting (in collaboration with Parenting Partners Caribbean), capacity building of national ECD Associations, and the development of the Caribbean ECD Learning Goals and Outcomes and curriculum resource guide;
- Child Focus III Project (Caribbean Development Bank) supported development legislation and standards development in two countries, curriculum reform implementation in two countries and costing and financing studies in two countries – support to six countries in total;

- Support to Eastern Caribbean Countries (UNICEF Caribbean Area Office) in programme planning and development;
- Support to networking and information exchange as a UNESCO Cooperating Centre in ECCE.

Regional processes have been supported in planned collaborations under the auspices of the CARICOM-chaired regional ECD Working Group (with financial support from UNESCO, UNICEF, Caribbean Child Support Initiative [funded by Bernard van Leer Foundation], Inter-American Development Bank, Caribbean Development Bank and the World Bank). Notable shared initiatives at regional level have included:

- Convening of a CARICOM Caribbean ECD Policy Forum in 2006 which sensitized policy makers to the importance of investment in ECD and the extent to which the success of the Caribbean Single Market and Economy depended on the adequate development of human resources, starting with the region's youngest citizens.
- Regional process for developing the CARICOM ECD Minimum Service Standard and the guidelines for developing policy, regulation and standards at national level.
- Collaboration of a series of related activities including research on integrated ECCE; policy implementation at national level; expansion of teacher education; home visiting and stimulation programming; policy briefs; teacher training systems amongst other joint initiatives

The Organisation of American States has a Caribbean Early Childhood initiative agreed with Heads of States to support curriculum development and evaluation capacity in the region.

## **2.8. Policy Frameworks, National Action Plans and National Coordination for ECCE**

### **2.8.1. Formal National Policy Frameworks**

Table 2.4. contains summarised data on the percentage of countries that reported having formal policy frameworks for the various sub-components of ECCE in place. Foremost among these are policy frameworks for maternal and child health, where 72% of the countries (13 of 18 reporting countries) reporting having either formally approved, or draft policy frameworks for these sub-components.

**Table 2.4. - Percentage of Countries with ECCE Policy and Institutional Frameworks**

<b>Service Provision</b>	<b>Policies</b>	<b>Institutional and Legal Frameworks</b>
- Maternal and Child Health	72	72
- Early Stimulation	56	28
- Developmental Monitoring/Early Intervention	56	39
- Early Childhood Care and Education	72	61
- Parental and Family Supports	44	33

Formal policies for early childhood care and education were reported by 72% of the countries (13 of 18 reporting) and institutional and legal frameworks by 61% of the countries (11 of 18 reporting).

It is significant to note however, the relative absence of institutional and legal frameworks that included early stimulation - five (5) countries; developmental monitoring - seven (7) countries; and parental and family supports - six (6) countries.

A number of factors were cited as being responsible for the development of the policy frameworks, especially in the field of early childhood education. These included:

- Global Frameworks e.g. Education For All;
- Advocacy by development partners e.g. UNICEF;
- Parental demand for quality services;
- Availability of trained personnel with the knowledge to lead the processes; and
- Stakeholder participation and buy-in in the policy development process.

Challenges to the policy development process included:

- Resistance to formalisation of sector from existing operators;
- Negative attitudes towards early childhood development;
- Limited human resource capacity;
- Financial constraints on the part of government and operators;

- Over-burdened legal departments, which created extended delays in the preparation of legal documentation for parliament;
- Poor inter-ministerial coordination;
- Lack of political will;
- Geographical constraints - multiple islands and/or remote hinterland communities in some countries.

***Innovative Practice 6***  
***POLICY DEVELOPMENT GUIDELINES***

**Community & Stakeholder Consultations:**

1. Generate ownership of the final product
2. Create trust
3. Ensure that the policy response is realistic
4. Provide an opportunity to resolve difficult issues in advance
5. Build awareness
6. Create a network of partners

**Example of the Leading Strategies in a National Policy Structure**

1. Increase access to early stimulation and early education services for all children from birth to eight.
2. Develop and implement a regulatory framework for the provision of early childhood services, based on minimum service delivery standards and a strong compliance mechanism.
3. Strengthen the quality of the learning environment in early childhood centres.
4. Provide opportunities for children with special needs to participate in inclusive early childhood experiences.
5. Establish and maintain teacher training and development programmes for early childhood workers.
6. Provide financial support and incentives for the development of the early childhood development services.
7. Strengthen parents understanding of the importance of early childhood development and of their participation in their children's programmes.
8. Formalise structures and processes for the integrated management of the sector.

## 2.8.2. Regional Support for Policy Development

The policy development process was supported at the regional level by the CARICOM Secretariat which published *Regional Guidelines for Developing Policy, Regulation and Standards in the Early Childhood Development Services* (See *Innovative Practice 6*<sup>85</sup>).

The Guidelines aim to support the establishment of protective mechanisms and benchmarks at national level in the Community and provide a common methodology and set of principles that can be used by member countries in developing policy, standards and regulatory regimes.

The Guidelines provide the basis and road map for harmonizing expectations across the region for quality and equity in access to ECD services, a critical development in the context of the Caribbean Single Market Economy (CSME), free movement of skilled nationals and the associated contingent rights.

UNICEF and UNESCO collaborated throughout to provide technical and grant assistance to Member States to develop policy and put in place the systems required for implementation. A strong emphasis is placed in the Guidelines on Member States adopting participatory processes to ensure ownership and capacity building or the policy and its implementation.

Gaining political endorsement of the Guidelines by CARICOM's Council on Human and Social Development was vital in providing political credibility and subsequent leadership to the use of the Guidelines at national level in development of policy, regulation and standards in ECD services.

### **Innovative Practice 7 Regional Priority Actions 2008-2011 (excerpted from Regional Framework for Action)**

1. A regional strategy is to be developed to strengthen the capacity of countries to establish special mechanisms for increasing access of children in vulnerable and poor populations to early detection and prevention services – *planned for 2011*
2. A regional strategy is to be developed to address the needs of children birth to three years of age for development and care services in a multi disciplinary framework – *planned for 2010 with UNICEF support*
3. A regional policy is developed to mandate at least one year of early childhood education prior to formal primary schooling by lowering the age of access to universal education by one year – *a policy brief to be developed for Member consideration*

### **National Priority Actions 2008-11**

4. Member States to develop and formally adopt comprehensive ECD policies with legislative and administrative reforms required for policy implementation - *underway*
5. Member States to develop, establish and implement national ECD regulatory frameworks with standards for early childhood services in keeping with CARICOM guidelines - *underway*
6. Member States to develop and adopt strategic plans for increasing access to quality early childhood services by all children with priority for the needs and circumstances of children in poverty and those who are vulnerable – *included in policy implementation plans*
7. Member States to establish mechanisms to provide early childhood teacher training and qualification and early childhood caregiver training and certification - *included in policy implementation plans*
8. Member States to ensure that the access to quality education in the first two years of primary school is improved by the provision of early childhood trained teachers and appropriate staff child ratios.

<sup>85</sup> CARICOM Secretariat: *Regional Guidelines for Developing Policy, Regulation and Standards in the Early Childhood Development Services*

### 2.8.3. National Action Plans for ECCE in National Plans

Three (3) countries - Belize, Haiti and Jamaica - reported specific national plans for children. In Belize it was referred to as the Integrated ECD Policy; in Haiti it was called the EFA Strategy Paper; while in Jamaica, it was called the National Strategic Plan for Early Childhood Development in Jamaica.

In addition, sixteen (16) countries reported that ECCE was an integral component of National Development Plans, Poverty Reduction Strategy Papers, Sustainable Development Plans and similar national documents.

### 2.8.4. National Coordination of ECCE

Five (5) countries - Antigua and Barbuda, Dominica, Guyana, Jamaica and Suriname - reported national mechanisms to coordinate early childhood programming across sectoral and ministerial boundaries. These countries used multi-stakeholder mechanisms - Early Childhood Councils, Early Childhood Commissions, and Early Childhood Committees - to achieve this objective. The other countries reported sectoral approaches to programming, with collaborative activities between sectors and ministries as the need arose.

### 2.8.5. Regional Coordination of ECCE

At the Special Council on Human and Social Development on Children in March, 2008, CARICOM Member States agreed to support and/or implement eight priority actions by 2011. Three (3) of these priority actions are to be undertaken at the regional level coordinated by the CARICOM Secretariat in collaboration with Member States and the Regional ECD Working Group and five (5) of these are to be implemented at National Level by Member States with support of members of the working group. (See *Innovative Practice 7*).

To date, the strategy to develop a regional consensus on an approach that is both evidence-based and policy-led has proven ultimately productive. ECD Working Group partners are now supporting the development of costing and financing strategies in the Eastern Caribbean to provide governments with tools for costing services and planning investment. Therefore, the next decade of support for early childhood services in the region has the potential to be the one in which policy *together with* planned investment drives the improvement and expansion of services so that all children entering primary school are equipped to learn and thrive

## 2.9. Monitoring Indicators, Standards and Measurement of Progress

Most countries reported the existence of monitoring mechanisms as highlighted in Table 2.5.

**Table 2.5. Monitoring Mechanisms**

Monitoring Mechanisms	Total	%
- Regulations including minimum standards	14	78
- National databases	13	72
- Child development indicators	15	83
- Monitoring and evaluation of programmes/services	15	83
- Accountability Mechanisms	12	67

The following examples from Jamaica and Guyana are indicative of the mechanisms being used across the region:

- *Regulations for ECCE Services including Minimum Standards (Jamaica)* - Early Childhood Act and Regulations established minimum standards and the Standards for the Management and Operation of Early Childhood Institutions details those minimum standards and best practices.
- *National Databases (Guyana)* - Each nursery school supplies data on a monthly and yearly basis to the Head of the Education District. This information is transmitted from the eleven (11) education districts to the Central Ministry and to the Education Planning Unit.
- *Child Development Indicators (Jamaica)* - ECD Indicators of Health and Education have been routinely used to track child development. These include Immunization Status, Infant and Child Mortality and Enrolment in Early Childhood Facilities. The Early Childhood Commission has included a module in Jamaica's Survey of Living Conditions to track indicators related to the child's psycho-social environment and child development status.
- *Monitoring and Evaluation of Programmes and Services (Jamaica)* - The National Strategic Plan (NSP) is supported by a monitoring and evaluation framework which outlines a comprehensive set of monitoring indicators and 45 disbursement targets attached to a World Bank loan over the five year period of implementation. In the early years of the NSP, these disbursement targets are in majority qualitative indicators that measure changes in processes and improvements in policy. In the later years of the NSP, the milestones are defined on the basis of quantitative indicators that capture outputs and results of the investments from the NSP.
- *Accountability Mechanisms (Guyana)* - In cases where the services provided by the school are not of an acceptable standard, the head teacher of the school and the departmental officers responsible for supervising the school, are asked to respond to the Chief Education Officer as to the state of affairs at the school.

## **2.10. Impact of Global Trends**

### **2.10.1. Economic Downturn**

The 2009 economic downturn has had an adverse effect on the provision of early childhood care and education across the region. Impacts that individual countries have reported include:

- Cessation of government subsidies to private early childhood centres in one country
- Closing of early childhood centres;
- Transfer of children from private centres to public centres, where these exist and where possible;
- Increase in the number of parents not paying stipulated fees for their children's participation;

- Parents opting to keep their children at home, because they could no longer afford to pay the fees; and
- Reduction in support from the NGO sector.

Four (4) countries reported an increase in enrolment, due to an influx of migrants looking for jobs.

### **2.10.2. Climate Variability and Climate Change**

The early childhood sector was also affected by the drought that the region experienced during the first half of 2010. Impacts that individual countries have reported include:

- Closure of centres on some days due to unavailability of water at the centres.
- Negative impacts on children's diet and nutrition due to the unavailability of local fruits and vegetables, as a result of the drought.
- Challenges to keep centres sanitary, due to the unavailability of water to clean the centres at the end of the day.

The sector has also experienced the impact of hurricanes. In 2004, hurricane Ivan hit Grenada and, *inter alia*, destroyed 36% of the day care centres and 45% of the preschools. The remainder were all significantly damaged. In addition, furniture and materials were destroyed by exposure to water and wind. Children were also very traumatised<sup>86</sup>. There were also temporary closures to public services until early 2010 in Turks and Caicos due to damage caused during the hurricane season in late 2008.

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<sup>86</sup> UNICEF, Office for Barbados and the Eastern Caribbean (2004). Grenada Education Sector Preliminary Assessment

## CONCLUSIONS

EFA Goal #1 calls for "*Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children*". When measured against this yardstick, it is clear that the ECCE sector within the Caribbean Community is very far from achieving that goal.

### 1. Comprehensiveness

The coverage of ECCE services within the region is far from comprehensive. As the foregoing analysis has shown, there are significant gaps in a number of areas, including:

- Early stimulation services;
- Developmental monitoring and early intervention;
- Developmental and custodial services for the birth to three cohorts; and
- Access to and quality of preschool education.

### 2. Targeting the Most Vulnerable and Disadvantaged

The region has also performed very poorly on deliberate targeting of the most vulnerable and disadvantaged. While some programmes exist in some countries, they are not at the scale needed to tackle the needs in these areas. There is a definite need for more conscious programming in this area across all countries.

### 3. Support Mechanisms

Underlying this lack of comprehensiveness and targeting is the need to continue to strengthen policy frameworks, to implement strong monitoring mechanisms and to build human and technical capacity to deliver the services at the levels that are required.

### 4. Prospects for 2015

Notwithstanding the gaps and deficiencies that have been identified by this analysis, there are also a number of areas in which the region can still show significant achievement by 2015. These include:

- ***The implementation of comprehensive ECD policies*** - All Member States are developing comprehensive ECD policies, with implementation plans monitored on an annual basis. These should be completed and fully operational by 2015.
- ***National Regulatory Frameworks*** - All Member States are developing national ECD regulatory frameworks with standards for early childhood services in keeping with CARICOM guidelines. These should be completed and fully operational by 2015.

- **Quality Improvements** - All Member States are implementing strategic plans for increasing access to quality early childhood services by all children, including:
  - Exposing practitioners to early childhood teacher training and qualification and early childhood caregiver training and certification either in state or in collaboration with neighbouring states;
  - Developing and harmonising curriculum offerings that are consistent with the current scientific underpinnings;
  - Providing access to quality education in the first two years of primary school through the provision of early childhood trained teachers and appropriate staff child ratios;
  - Implementing adaptation and mitigation measures needed to reduce impacts of climate change on children, especially in the area of disaster risk reduction.

## FOLLOW-UP ACTION AND POLICY RECOMMENDATIONS

Notwithstanding these positive developments, outstanding challenges include:

- Extending access to children 0 to 3 years of age for development and care services in a multi disciplinary framework through support to home based day care, childminding and other informal forms of non-parental care, parenting support and information programmes through well child clinics, and cash transfer programmes linked to health checkups and participation in early childhood programmes.
- Extending access to children 3 – 5 years of age to provide at least one year of pre K in preschools or primary schools, through increased direct government investment in the provision of facilities and direct incentives for private operators to invest and expand.
- Developing the capacity of countries to establish special mechanisms for increasing access of children in vulnerable and poor populations to early detection and prevention services, to supported care and education services.

Follow-up action will have to be targeted at addressing these challenges. This could include:

- Development of a regional framework to guide programming for the birth to three cohorts in terms of (a) development and care services and (b) early detection and prevention services. Such a framework could identify options that countries could consider, with supports available through the partner agencies in assisting countries to assess and implement the most appropriate options for their circumstances. This process should be led by the CARICOM Early Childhood Working Group, using a similar methodological approach as was used in the policy development process.
- Inclusion of early childhood services in the social safety net programmes being developed by governments across the region. Such inclusion should make support for participation in early childhood services by vulnerable children an eligible activity under these programmes. This should be complemented by the establishment of an institutional linkage between the administration of the safety net programmes and the administration of the early childhood programmes, to ensure that the vulnerable children are addressed as a matter of priority<sup>87</sup>.
- Awareness building on the need for comprehensive ECCE programmes. The driving forces for such programming have to be strengthened using a variety of approaches that will raise the social demand for comprehensive ECCE programmes. This will not be done by national governments and will have to be initiated by the non-governmental sector and civil society.

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<sup>87</sup> As an example, there could be an arrangement whereby, all children of early childhood age who enter the safety net program would be referred to the early childhood authorities, who would then be responsible for placing them within an appropriate institution. The relevant costs will be paid directly to the institution by the safety net programme.

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## APPENDIX

### QUESTIONNAIRE ON NATIONAL DEVELOPMENTS IN EARLY CHILDHOOD CARE AND EDUCATION IN THE CARIBBEAN

to be completed and returned no later than April 20<sup>th</sup>, 2010

#### Completing the Questionnaire

The questionnaire will take approximately 4 hours to complete. Please read through it first so that you can enter the information only where it is required and avoid duplication between sections. You will need some input from your Planning Department and Health Ministry to obtain the information required. The completed questionnaire should be returned to Leon Charles, UNESCO consultant, at [progman@caribsurf.com](mailto:progman@caribsurf.com) by 20<sup>th</sup> April. If you have difficulty understanding any part of the questionnaire, Leon Charles and Sian Williams, UNICEF, [sgwilliams@unicef.org](mailto:sgwilliams@unicef.org) will be able to assist you. Other contact information for **Leon Charles is as follows:** Tel: 473-407-3054; or Fax: 473-442-4681.

#### Purpose of the Questionnaire

The purpose of this questionnaire is to collect data and information on developments in Early Childhood Care and Education (ECCE) in the Caribbean. It is intended to inform the Caribbean Regional ECCE Report 2010 - one of a number of regional reports being prepared for the UNESCO World Conference on Early Childhood Care and Education (WCECCE), 22-24 September 2010, Moscow.

The main thrust of the regional reports will be to focus on Education For All (EFA) Goal 1 "*expanding and improving early childhood care and education, particularly to the most disadvantaged and vulnerable children*". in terms of where we stand now, and what we need to realize Goal 1 by 2015, outlining regional persisting challenges as well as highlighting success stories and providing examples of good practice.

#### Definition of ECCE for the Questionnaire

The report will be using **a definition of ECCE that encompasses a holistic and multi-sectoral approach**. The definition therefore comprises ECCE services which support children's survival, growth, development and learning – including health, nutrition and hygiene, and cognitive, social, emotional and physical development, and social protection – **from birth to entry into primary school and through the first grades of primary school**. The services take diverse forms **in formal and non-formal settings** ranging from parenting programmes to community-based and home-based childcare, centre-based provision and pre-primary education, often in schools (UNESCO Global Monitoring Report, 2006). They also include comprehensive measures to support families, such as maternal and child health, micronutrient supplementation, psychosocial support to families, programmes to promote household food security, parental leave and childcare allowance.

The regional reports will therefore examine to what extent the above definition is reflected in legislation, policies and implementation frameworks within their regions.

#### Definitions of categories ECCE Services used for this Questionnaire

**Maternal and Child Health Services:** These services are both pre-natal and post-natal, provided in health facilities such as hospitals and clinics, such as immunisation, growth monitoring and nutrition support to mothers and children (0-8 years old)

**Early Stimulation Services:** These services are provided to parents and children in vulnerable communities, usually on a prioritised basis, and include home visiting (such as the roving caregivers programme), parenting support in the home, or clinic based interventions to encourage parent child interaction

**Developmental Monitoring and Early Intervention Services:** These services include diagnostic services provided by both health and education ministries to identify developmental delays and special educational needs (sensory, cognitive, language, social/emotional/behavioural and physical) and to provide appropriate interventions (treatment, therapy, support etc)

Early Childhood Care and Education: These services include day care (home based and centre based), nursery, preschool, kindergarten and primary school services provided in the private and governmental sector, for children 0-8 years by practitioners, caregivers and teachers

Parental and family support services: These include parenting programmes provided on a group basis (that is, different from home visiting, one-to-one support for parents) for parents either as part of national programmes, or as a community based or school/centre based programmes in parenting education or support. These also include other family supports that may exist such as cash transfer programmes (e.g. PATH in Jamaica) or family literacy (e.g., St Lucia).

**Format of and Requirements for the Questionnaire**

The questionnaire is divided into five (5) sections:

- *Section 1* – deals with the Policy and Institutional context for ECCE;
- *Section 2* – deals with the Scope and Coverage of the ECCE service provision;
- *Section 3* – deals with participation in ECCE services;
- *Section 4* - deals with Quality in ECCE services; and
- *Section 5* - State financing and expenditure in the provision of ECCE services.

In completing the questionnaire:

- Please indicate sources and year for all the data reported.
- Where assumptions have been made, or extrapolations have been done, or estimates made, please indicate clearly, and explain the basis of these assumptions and/or extrapolations and/or estimates.
- Please use an additional sheet(s) of paper, if it is necessary to provide additional explanations that would be useful in interpreting the data presented in the questionnaire.
- For questions dealing with financial information, please indicate the currency in which the data is supplied.

We encourage you to consult with colleagues in the relevant ministries/departments in order to complete the survey as fully and as accurately as possible.

Thank you in advance for your assistance.

## NATIONAL DEVELOPMENTS IN EARLY CHILDHOOD CARE AND EDUCATION

Name of Country:

### SECTION 1 – THE POLICY AND INSTITUTIONAL CONTEXT

1.1. Do policy-makers and practitioners in your country use a formal definition of Early Childhood Care and Education in your country e.g. in formal policy and legal documents like the Education Act? If yes, please provide that definition:

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Source of the information:

1.2. Please provide a brief description of the services that are available for children **between birth and three** in your country, identifying gaps in services provided, where applicable.

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1.3. Please provide a brief description of the services that are available for children **between age three** and primary school entry in your country, identifying gaps in services provided, where applicable.

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1.4. What factors (demographic, social, economic, political, historical, other) have contributed to and supported the development and provision of the ECCE services (0-8 years old) that are available in your country?

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1.5. For the gaps in service provision that have been identified, what factors (demographic, social, economic, political, historical, other) have hindered and/or prevented the development and provision of these ECCE services in your country?

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1.6. Does your country have a formal policy (or policies) covering all aspects of ECCE in formal, informal and non-formal settings:

- Maternal and Child Health Services  Yes  
 No
- Early Stimulation  Yes  
 No
- Developmental Monitoring and Early Intervention Services  Yes  
 No
- Early Childhood Education  Yes  
 No
- Parental and family supports  Yes  
 No

1.7. Does your country have formal institutional and legal frameworks covering all aspects of ECCE in formal, informal and non-formal settings:

- Maternal and Child Health Services  Yes  
 No
- Early Stimulation  Yes  
 No
- Developmental Monitoring and Early Intervention Services  Yes  
 No
- Early Childhood Education  Yes  
 No
- Parental and family supports  Yes  
 No

1.8. Are ECCE services coordinated at the national level? If so, **how** are the services coordinated?

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1.9. Are there any examples of integrated services, for example a combined health and education service, or parenting programme and education service?

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1.10. Please indicate in the following table the main factors and influences that have **enabled** progress of **ECCE Policy and Institutional development** in your country, as described above?

Main Enabling Factors/Influence	Description of Impact on ECCE Provision

1.11. Please indicate in the following table, the main factors and influences that have **hindered** further development of **ECCE Policy and Institutional development** in your country?

Main Hindering Factors/Influence	Description of Impact on ECCE Provision

1.12. In what year was the most recent Poverty Survey done for your country?

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1.13. What is the official poverty rate in your country based on the findings of the Poverty Survey? \_\_\_\_\_

1.14. What is the official poverty rate among young children birth to eight?

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1.15. Is ECCE included in National Development Plans, Poverty Reduction Strategy Papers, and other national development programmes?

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1.16. How is progress in ECCE monitored at the national level? Are there any of following mechanisms in place?

- Regulations for ECCE Services including Minimum Standards  Yes  
 No
- National databases  Yes  
 No
- Child Development Indicators  Yes  
 No
- Monitoring and Evaluation of Programmes and Services  Yes  
 No
- Accountability Mechanisms  Yes  No

For each of the mechanisms where you have answered yes, please describe in more detail.

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1.17. Is there parental and community involvement integrated into ECCE Services? Are there ECCE committees at community level?

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1.18. Are there traditional child-rearing practices in your country? If yes, please describe these. What has been the impact, if any, of these traditional child-rearing practices on the development of ECCE in your country?

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1.19. Please indicated in the following table **any new initiatives** that have been taken in ECCE in your country in the period **January 2006 – December 2009**? Why were these initiatives taken? What have been the results/impacts? (*Please use additional sheets of paper if necessary*)

New Initiatives	Rationale Initiatives	for	Results/Impact	Comments

1.20. What **new initiatives** are planned for **2010**?

New Initiatives	Rationale for Initiatives	Expected Results/Impact	Comments

**Section 2 – SCOPE AND COVERAGE OF ECCE PROVISION.** (For this section, please include ALL the services set out in 1.5 above and in the definitions section at the start of the questionnaire. Also, please use data applicable for one point in time only, either for December 2009, or December 2008, if 2009 data is not yet available. Please indicate the year in the space provided and ensure that all data provided is applicable to that year).

**Year for which data is being provided:** \_\_\_\_\_

2.1. Please indicate in the following table the different types of ECCE Services in your country. Please include separately any services specially designed for poor and vulnerable children, children with special needs and children with disabilities. (**Please add to the number of rows in the table as necessary**)

Type of Service	Age Group Served	Brief Description of Services (including duration of service on a daily, weekly and annual basis)

2.2. Please indicate in the following table, **the number of institutions** involved in providing services by type identified in Q2.1 Please also indicate the distribution among the different types of owners e.g. Government, Private Sector, NGOs,

Type of Service (from Q2.1)	Number of Institutions (Total)	Government	Private	Faith - Based	NGO	Community-Based	Other (Please Describe)	(Please Describe)
<b>Total</b>								

2.2. Please indicate in the following tables, the rural/urban distribution of the ECCE institutions described in 2.2 by service type. (Urban is defined here as within the environs of the capital city and other major commercial centres within the country. **Please provide an explanatory note in your submission**).

Type of Service (from Q2.1)	Number of Institutions (Total)	Rural	Urban
<b>Total</b>			

Explanatory note on the definition of 'urban' and 'rural' used in your country:

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2.3. Please indicate in the following tables, the rural/urban distribution of the ECCE institutions described in 2.2 by ownership type (using the same definition of urban and rural).

Location	Number of Institutions (Total)	Government (Total)	Private (Total)	Faith-Based	NGO (Total)	Community-Based	Other (Please Describe)
Rural							
Urban							
<b>Total</b>							

2.4. Are there any geographical disparities in the provision of ECCE services in your country? (e.g. health clinics and primary schools may be generally accessible, but day care centres may be concentrated in urban areas). If so, please describe what the disparities are:

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2.5. What aspects of ECCE coverage/access present major gaps and challenges?

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**SECTION 3 – PARTICIPATION IN ECCE SERVICES (For this section, please use data applicable for December 2009, or December 2008, if 2009 data is not yet available. Please indicate the year in the space provided and ensure that all data provided is applicable to that year).**

**Year for which data is being provided:** \_\_\_\_\_

3.1. How many children were there in the national population as per the age and gender categories contained in the following table? (This data may be sourced from the National Statistical Departments and should be current based on the results of **the most recent** National Census.)

Age Group	Male	Female	Total
Less than 1 Year			
1 Year			
2 Year			
3 Years			
4 Years			
5 Years			
6 Years			
7 Years			
8 Years			
<b>TOTAL</b>			

3.2. Please indicate in the following table, the numbers of children who have participated in each of the ECCE services identified in Section 2.

Type of Service	Age Served	Group	Total Participation	# Male	# Female
<b>TOTAL</b>					

3.3. Please indicate in the following table the number of children **who participated in the regular services** listed in 3.2 above who have **identified special needs**.

Type of Service	Cognitive Needs	Language Needs	Social/Emotional Needs	Physical Needs	Sensory Needs	Other Needs
<b>TOTAL</b>						

3.4. For children participating in **early childhood education services BEFORE entry to primary school**, please indicate in the following table, the distribution of enrolment by the nature of the ownership of the service provision.

**(a) Children from 0 to Two Years old ONLY**

Ownership	Number of Institutions	Total Enrolment	# Male	# Female
Government				
Private				
Faith-Based				
NGO				
Community-Based				
Other				
<b>TOTAL</b>				

**(b) Children from Three years old to Primary School Entry ONLY**

Ownership	Number of Institutions	Total Enrolment	# Male	# Female
Government				
Private				
Faith-Based				
NGO				
Community-Based				
Other				
<b>TOTAL</b>				

**(c) Children from 0 to Primary School Entry (NOT already included in (a) or (b) above)**

Ownership	Number of Institutions	Total Enrolment	# Male	# Female
Government				
Private				
Faith-Based				
NGO				
Community-Based				
Other				
<b>TOTAL</b>				

3.5. At what age is it compulsory for a child to attend formal, primary schooling? \_\_\_\_\_

3.6. Children 8 years of age and under in primary school

Ownership	Number of schools	Total Enrolment	# Male	# Female
Government				
Private				
Faith-Based				
Other				
<b>TOTAL</b>				

3.7 Are there any special ECCE services targeting the poorest and most disadvantaged children?  Yes  No

If yes, please describe, if different from services described in Section 2 above.

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3.8. Are there any special ECCE services targeting the especially disadvantaged and at-risk children e.g. children with special challenges, migrant children, children infected and affected by HIV-AIDS?  Yes  No

If yes, please describe the specific services targeting the issues and challenges related to the specific sub-groups, if different from the services described in Section 2 above.

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## SECTION 4 - QUALITY OF ECCE SERVICES

4.1. Are there formally approved, regulations for legal minimum standards for service provision in ECCE (schools and centres) in your country?  Yes  No

4.2. If the answer to Q4.1 is yes, are the regulations for standards being implemented to guide the development of the ECCE services?  Yes  No

4.3. Please indicate in the following table, the adult/child ratios used for regular ECCE programming in schools and centres– public/private (please separate services by differences in stipulated adult/child ratio)

Type of Service	Age Group Served	Total Enrollment	Total adults employed	Actual Adult/Child Ratio	Stipulated Adult/Child Ratio
<b>TOTAL</b>					

4.4. Please indicate in the following table, how the Stipulated Adult/Child ratios are adapted for children with special needs in schools and centres

Type of Service	Age Group Served	Total Enrollment (Special Needs)	Total adults employed	Actual Adult/Child Ratio	Stipulated Adult/Child Ratio
<b>TOTAL</b>					

4.5. What is the **minimum education level and /or qualification** required for **lead staff** (supervisors, teachers or caregivers with responsibility for a group of children) to work directly with children? *Check one box for each row*

Type of Service	None	Some primary	Completion of primary	Some secondary	Completion of secondary	Some tertiary	Other – please specify

4.6. What is the **minimum education level and/or qualification** required for **support staff** (e.g., assistant to teachers or caregivers with responsibility for a group of children) to work directly with children? *Check one box for each row*

Type of Service	None	Some primary	Completion of primary	Some secondary	Completion of secondary	Some tertiary	Other – please specify

4.7. Are there training and development programmes available for the development of ECCE professionals?

(a) Is early childhood teacher training available  Yes  No  
What are the entry requirements?

What level(s) of teacher qualifications are available in the country (e.g. Diploma, Associate Degree, B. Ed)?

(b) Is early childhood practitioner/caregiver training available  Yes  No  
What are the entry requirements?

What level(s) of qualification are available in the country (e.g. TVET Levels 1 and 2)?

What other levels of training are available for ECCE professionals (e.g. special needs training, child development therapy, Masters Programmes etc).

4.8. Is there a formal, national early childhood curriculum that is used by ALL providers of ECCE services?

Yes  No

(a) If not used by ALL ECCE service providers, which providers use it?

Government providers only, not private

Primary schools only, not preschools

Pre-school providers only, not day care centres

(b) If used by ALL ECCE service providers, how was the curriculum developed?

(c) How have traditional child rearing practices been incorporated into this national curriculum?

(d) Was the Caribbean Early Childhood Learning Goals and Outcomes Framework (2004) used to inform the curriculum? If yes, state how?

## SECTION 5 - STATE FINANCING AND EXPENDITURE

In filling out this section, please use the currency of your country

State name of currency: \_\_\_\_\_

5.1. How are ECCE services financed in your country? (Please use the definitions of services provided on the first page of the questionnaire)

- Maternal and Child Health  Paid by state  Fee Paid by client  Combination of state and client
- Early Stimulation  Paid by state  Fee Paid by client  Combination of state and client
- Developmental Monitoring/  Paid by state  Fee Paid by client  Combination of state and client Early Intervention
- Early Childhood Education  Paid by state  Fee Paid by client  Combination of state and client
- Parental and family supports  Paid by state  Fee Paid by client  Combination of state and client

5.2. Please provide in the attached table, the annual government expenditure in the following sectors for the 2006 - 2009 period. The data can be sourced from the National Budget documents. **Please provide data in local currency**

<b>National Expenditure</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Total Government Expenditure				
Total Government Expenditure on Education				
Total Expenditure on Health				
Total Expenditure of Social Services				
Expenditure on other sectors servicing ECCE				
<b>TOTAL</b>				

5.3. Please provide in the attached table, the expenditure incurred by the government in providing ECCE services in the 2006 - 2009 period. **Please provide data in local currency**

<b>ECCE Service</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Maternal and Child Health				
Early Identification				
Early Stimulation				
Day Care Services				
Early Childhood Education				
Parental and Family Supports				
<b>TOTAL</b>				

Please include here an explanatory note, if applicable, on any assumptions or estimates made in the Table in 5.3:

\_\_\_\_\_

\_\_\_\_\_

5.4. Does the state provide any special incentives for provision of ECCE services and/or participation in ECCE services?  Yes  No  
If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU VERY MUCH !!**

Prepared by:

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Ministry/Department: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

## **TO KNOW MORE:**

For updated news of the Conference, please visit the Website at [www.unesco.org/new/en/world-conference-on-ecce/](http://www.unesco.org/new/en/world-conference-on-ecce/)

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or by fax at **(33.1) 45 68 56 44**



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WCECCE  
World Conference  
on Early Childhood Care and Education  
Moscow, Russian Federation  
27-29 September 2010