EARLY CHILDHOOD CARE AND EDUCATION

A priority for the Belgian development cooperation

January 2019
Katrijn Asselberg
Lisette Caubergs
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Foreword

“See that child there in the white shirt? His mother doesn’t want him to come, but when he sees that the school is open, he gets dressed and comes on his own. His mother has no choice but to let him come.”

Senegal, June 2018

The first two thousand days of our life are key. To a great extent, they determine our chances of survival, our capacity to learn and our further development.

Throughout the world, too many children are denied the opportunity to develop fully during their early years of life. However, the international community is committed to changing that through the Sustainable Development Goals (SDGs).

The special attention in the SDGs for early childhood development demonstrates a universal need for action in this area. In our country and in our partner countries – despite the difference in context – children, young parents and authorities are faced with the same challenges.

This study shows that the partner countries of Belgium, the Wallonia-Brussels Federation and Flanders make efforts on various scales to establish a policy and initiatives for good education and effective development opportunities for young children. But, in spite of our awareness in Belgium of its importance, the efforts of the partner countries are not given enough support by the Belgian authorities.

Early childhood care and education also has great potential for promoting gender equality. First, at the child’s level: by ensuring equal care for girls and boys and by preventing the transmission of gender stereotypes to children at this young age. Second, at the parents’ level: by giving young mothers the opportunity to continue their studies or find a job. Or by creating a better balance in the traditional division of duties between mothers and fathers.

We hope that this study will inspire the Belgian authorities to invest more in better early childhood care and education in their partner countries.

For all young children and their parents.

Régine Debrabandere
National Director – Plan International Belgium
### Abbreviations

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<th>Acronym</th>
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<tr>
<td>ACDIPE</td>
<td>Animateur Communautaire pour de Développement Intégré de la Petite Enfance (Senegal)</td>
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<td>AFADIPE</td>
<td>Association des Femmes Actives pour le Développement Intégré de la Petite Enfance (Senegal)</td>
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<td>AGR</td>
<td>Activités Génératrices de Revenus</td>
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<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>COGEPE</td>
<td>Comité de Gestion de la Petite Enfance (Senegal)</td>
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<td>DICIP</td>
<td>Integrated Development of the Child in Pre-school Age (Mozambique)</td>
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<td>ECE</td>
<td>Early Childhood Education</td>
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<td>ECCE</td>
<td>Early Childhood Care and Education</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>EDI</td>
<td>Early Development Instrument</td>
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<td>ETP</td>
<td>Education and Training Policy (Tanzania)</td>
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<td>ICDP</td>
<td>International Child Development Programme</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>LMICs</td>
<td>Low and Middle Income Countries</td>
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<td>MIGEPROF</td>
<td>Ministry of Gender and Family Promotion (Rwanda)</td>
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<td>MINEDUC</td>
<td>Ministry of Education (Rwanda)</td>
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<td>NGO’s</td>
<td>Non-Governmental Organisations</td>
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<td>ONPPE</td>
<td>Organisation Nigérienne pour la Promotion et la Prime Enfance</td>
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<tr>
<td>PAQUET</td>
<td>Programme d’Amélioration de la Qualité, de l’Equité et de la Transparence de l’Education et de la Formation (Senegal)</td>
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<td>PNDIPE</td>
<td>Politique Nationale de Développement Intégré de la Petite Enfance (Senegal)</td>
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<td>PSE</td>
<td>Plan Sénégal Emergent</td>
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<td>TOT</td>
<td>Training of trainers</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WASH</td>
<td>Water, Sanitation and Health</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>UN</td>
<td>United Nations</td>
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## Glossary

1 Adapted from Plan International (2018).

<table>
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<th>Term</th>
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<tr>
<td><strong>Early Childhood</strong></td>
<td>The period between birth and the start of primary school (the definition used in this study).</td>
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<td><strong>ECD Policy and Programmes</strong></td>
<td>The comprehensive support given to the child from the prenatal period up to the age of 6 years – including health and nutrition care for mother and child; a clean and physical environment; and opportunities for play, education and support with a view to the successful transition to primary school.</td>
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<td><strong>Early Childhood Care and Education (ECCE)</strong></td>
<td>A component of ECD programmes providing care for the child from the prenatal period to the age of six years and a structured and meaningful range of learning activities for children from the age of three years, in a formal or non-formal setting (the definition used in this study).</td>
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<td><strong>ECD intervention</strong></td>
<td>A range of services, across various sectors and implemented in various ways, designed to support young children that have fallen or are at risk of falling behind in their development or have a developmental disability; and to support their families so that they can maximise the wellbeing, functioning, participation and development of their children.</td>
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<td><strong>Nurturing care</strong></td>
<td>This refers to health, nutrition, safety and protection, responsive caregiving, and opportunities for early learning through interactions with parents and family.</td>
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<td><strong>Responsive caregiving</strong></td>
<td>This is defined as responding to the child’s needs, emotions and desires by paying attention to the child, understanding how the child communicates and reading facial expressions and body language; and by responding to what the child expresses with appropriate actions to provide what they ask for. It is the key to developing a sense of security, trust and being loved, and to learning and developing.</td>
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<td><strong>Positive parenting</strong></td>
<td>An approach that enables parents and carers to create strong, healthy relationships with their children, prevents behavioural problems and manages worrying behaviour through ‘positive discipline’: a non-violent solution-oriented approach that enables children to develop judgement, learn to recognise boundaries, self-control, self-sufficiency and positive social behaviour.</td>
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<tr>
<td><strong>Social norms</strong></td>
<td>The shared informal convictions or rules of a certain group, community or culture about how people (or a gender) is supposed to behave in certain situations. They define what is accepted as ‘normal’ behaviour and normal practice that individuals should comply with. In doing so, they determine how people behave and what they do.</td>
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SUMMARY

Introduction

The first 2000 days in the life of a child are decisive for its further development, well-being, resilience and social skills. However, 43% of the under fives in the world’s low and middle income countries (LMICs) risk not achieving their full development potential.

Furthermore, there is an inextricable link between the wellbeing of mothers and their children and interventions oriented to the young child also offer huge potential to challenge and transform discriminating gender norms at the level of both children and parents.

In spite of the increasing interest in the issue, the subsector of early childhood care and education has to contend with a number of structural challenges. For example, there is a need for an integrated multisector policy. Furthermore, there is often a lack of sufficient and efficient funding, which means that early childhood care and education services are of inadequate quality.

We observe that early childhood care and education is not a priority for the Belgian development cooperation or in the foreign relations of its subnational entities (Communities). Nevertheless, in 2015, the Belgian authorities, along with the international community, promised to support efforts to achieve the 17 Sustainable Development Goals by 2030, including the explicit SD target 4.2: “By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.”
This study shows how Belgian authorities in charge of development cooperation can effectively contribute to early childhood care and education in partner countries. Based on three levers for change that Plan International has identified – policy, service provision and social norms – we present the greatest challenges, examples of best practices and recommendations for the Belgian authorities. This is done on the basis of a targeted study of the literature on policy, service provision and social norms in five focus countries: Mozambique, Niger, Rwanda, Senegal and Tanzania.

Observations

**Policy: on multisectoral cooperation, bridging gaps, gender norms and teenage mothers**

A relevant early childhood care and education (ECCE) policy has an essential characteristic: it is born of a vision of the multisectoral character of early childhood development (ECD) or ECCE (as is the case in Senegal and Rwanda). Various sectors and ministries are involved, so institutional anchoring and funding of the coordination and policy implementation is a key challenge. This necessary multisectoral approach creates a challenge not only in terms of ownership and accountability. Capacity building and motivation are other important pillars for its effective functioning. Ministries, in particular those responsible for social policy (gender, social affairs, child protection...), are often underfunded and understaffed. And, more generally, funding for policy measures and proposals is identified as one of the biggest challenges. Strikingly: investments in the social sector have fallen in recent years not only in the poorest countries like Niger, but also in countries with a growing economy, like Rwanda and Tanzania.

In all countries analysed in this study, we observe a big gap between poor and rich, urban and rural areas, and between different regions. An effective ECCE policy must play a regulating role here to meet the needs of the entire population. Senegal, for example, prioritises an inclusive approach, making a distinction between the different needs of different target groups.

As stated above, ECCE interventions have great potential for eliminating discriminating gender norms, but this dimension still receives very limited attention at the political level. However, there are good examples, such as Rwanda, where the policy gives attention to changing social and gender norms: gender-related violence is one of the critical issues there.

Another gender-related aspect is the situation of teenage mothers, to which the focus countries respond in very different ways, both in policy and in practice. For example, the PNDIPE of Senegal has set a strategic goal specifically oriented to the social reintegration of teenage mothers. In Niger, there is no clear framework for returning teenage mothers to school. In Mozambique, by decree pregnant schoolgirls are permitted to continue their education by taking evening classes, while pregnant girls in Tanzania are excluded from school.

The fact that countries do not have an official, integrated ECCE policy does not mean there are no initiatives in terms of early childhood care and education. There is often a policy or initiatives at health care or education ministry level, which are a part of a wider approach. In Mozambique, a country without a multisectoral ECCE policy, the government has provided the impetus for a national preschool education strategy by means of a presidential decree. Niger does not have a nationally integrated ECCE policy either, but the education ministry has developed a programme to support preschools at the community level.
WHICH SERVICES BOOST ECCE?

High-quality services that support parents in learning responsive and nurturing care skills are important for the development of children. They also contribute to reducing inequality among children. Research shows that high-quality preschool day care and education leaves children better equipped for primary education. Furthermore, these benefits are greatest for the poorest and most vulnerable children.

Various types of services are provided in the countries studied: ECD centres (Rwanda, Mozambique, Tanzania); Groupe de Jeu et Cases des tout-petits (Senegal); integration of ECCE in other (health) services, such as IYCF counselling (Niger); and, last but not least, preschool education. The ECD centres and other ECCE initiatives are primarily oriented towards the youngest children (0-3 years) and their parents, but are often open to children up to 6 years. Services for parents are primarily oriented towards childrearing support. The involvement of the civil society and the people close to the child is an important factor in the functioning, effectiveness and sustainability of initiatives in this field. Access to preschool education is very low in all countries studied, because supply is limited, access is difficult, it is not financially viable or because it is not considered important.

A number of factors play a role in the quality of the services: a general view of ECCE shared by the various stakeholders (parents, care providers, civil society and authorities), the participation of the parents, sufficient numbers of well-trained staff, an offer based on pedagogical goals, and gender-sensitive values and approaches. Measures such as training and monitoring to drive quality improvement are also necessary. Systematic supervision of the services – based on the child’s interest – offers the opportunity to generate information and feedback, so that both children and parents can be supported in a more targeted way.

Support for teenage mothers is a specific service. As well as physical risks, a teenage pregnancy can have major psychological and social repercussions for the mother. This is even more important if the pregnancy ends her education (under duress or otherwise), which can, in turn, have major socioeconomic consequences. Services to support teenage mothers should respond to each of these factors through a socioeconomic approach that aims to empower very young mothers.

EMPOWERING MOTHERS, CARE DUTIES FOR FATHERS: THE IMPACT OF ECCE ON SOCIAL AND GENDER NORMS.

The way parents and carers approach early childhood care and education is to a large degree informed by social norms, including gender norms. An effective ECCE policy has important additional potential: it can change gender relations in society. Among the youngest children, gender stereotypes, which are learned in this initial period of socialisation, can be challenged. Among parents, certainly when they themselves are teenagers, such interventions not only offer direct advantages, they also play a role in empowering the young mother. For example, by giving her the opportunity to go back to school or look for a job. ECCE initiatives can also challenge the traditional division of household duties and encourage fathers to engage in the care of their children.

We examine the striking relationship between infant mortality and gender inequality. A study on this issue conducted in a large number of countries shows that, among the under fives, mortality is higher among girls than boys (especially in LMICs) and that this phenomenon is worse in less equal societies.
Positive parenting, responsive caregiving and the importance of a holistic approach for the development of the potential of children are also emphasised. A study conducted in LMICs shows that mothers, for instance, generally invest more in socioeconomic care than in cognitive activities. It is also important that young children (girls and boys) explore the world beyond their family (ECD centres, preschools), that they are given the opportunity to improve their self-confidence (a major challenge for girls) and are able to interact with other children. In all countries studied, investments are made in communication oriented towards ECCE and promoting positive behavioural changes by working directly with families and faith communities, or through radio programmes, theatre shows or documentaries.

From the perspective of girls and women, we focus on breaking stereotypes in relation to care and, specifically, the division of duties between mothers and fathers. It is a general fact that women, much more than men, gear their productive duties to their family and look for a balance between care duties and occupational activities or school/education. Childcare through ECD centres, crèches and preschool education are important to promote access for mothers to paid work or school. Just as important is working for a balanced division of care duties between men and women.

A second gender stereotype that deserves attention is teenage pregnancy. The stigma connected with this is not only the source of a great deal of additional psychological stress, alongside physical, practical and financial challenges, but can also have great consequences in the long term. For instance, when this prevents girls from returning to school after pregnancy. Policy and practices devoted to getting girls to return to school, and particularly the support of parents and teachers for this, help lessen this stigma.

So supporting the empowerment of girls and women is critical. The fact that women have studied, have been given opportunities to develop their knowledge through education or work, develop social contacts and have an income of their own, increases the likelihood that they will have greater insight into ECCE and gender equality that they can apply to their own children and in the people in their immediate environment.

Actively involving fathers in care activities has a positive impact on the children’s development and the wellbeing of the father and the mother. Advantages for children include better physical and mental health, better cognitive development, fewer behavioural problems among boys and fewer psychological problems among girls. For women, the father’s involvement reduces parental stress, improves access to and use of healthcare, and creates more positive parenting. Men also feel less stress and co-caring for the young child is a source of emotional satisfaction. However, men in many countries are scarcely involved in the care and upbringing of young children, if at all. So this, too, is an important aspect to be considered in terms of policy and service provision. This issue is addressed to a lesser or greater degree in the countries studied, including by policy in Rwanda, but initiatives are rather fragmented.
Recommendations

Based on the observations and on the conviction that ECCE is still often the missing link in the health and education support, we conclude that Belgium should invest more resources to meet the specific challenges of this subsector. Here, making strategic choices and adopting a gender-sensitive approach are key. This can be done by integrating gender equality in the ECCE policy and the specific services and by working to influence social norms that contribute to the empowerment of girls and women.

A selection of the recommendations:

**At policy level**

- For countries without specific ECCE policy: supporting (technically, financially and through advocacy) the development of a specific policy based on contributions from the subsectors in question (health, education, gender/social affairs, justice and so on), with special attention for measures and resources that promote gender equality, such as supporting teenage mothers in completing their studies.

- For countries with a specific ECCE policy: evidence-based advocacy promoting the efficient implementation of the ECCE policy, with special attention for the weak or missing links, including measures and resources that promote gender equality.

**At family service level**

- Supporting and institutionalising initiatives oriented towards children aged 0-3 and integrating them in an existing form of service provision.

- Supporting specific ECD centres that support parents and young children, making them freely available to everyone and adopting a gender-transformative approach.

- Developing and supporting local models for parental involvement (mothers and fathers at ECD centres, preschools, etc.) in association with authorities and communities.

- Supporting the development of preschool education, with attention for teacher training and pay, as well as how the community perceives the profession; quality standards; and monitoring by inspection services.

**At social norm level**

- Supporting ECCE programmes that bring together fathers and mothers and explicitly work on gender-related topics as a way of changing stereotypes in families.

- Supporting integrated programmes that disseminate information widely by means of local radio and other communication channels and organisations, in an unambiguous and culturally sensitive way backed by dialogue sessions.

- Working on advocacy and raising awareness on teenage pregnancy, by promoting access to reproductive healthcare; dismantling stereotypes with regard to sexual relations among young people; and opposing policies that deny teenage mothers access to schools and opportunities to study.
INTRODUCTION

Study context and rationale

More and more studies provide evidence for the necessity of focusing on early childhood. The wellbeing and development of the child itself is the most important motive. The first 2000 days in the life of a child are decisive for its further development, wellbeing, resilience and social skills. During this period, biological and genetic factors interact with the experience of children. While just 15% of the brain structure is formed when the child is born, 85% of the fundamental structures have been developed by the time the child is 3 years of age. If a child is not able to develop adequately in this period, it will be hard to make up this development delay at a later stage (Black et al., 2017; Aboud and Yousafzai, 2016).

43% of the world’s under fives in low and middle income countries (LMICs) are at risk of not achieving their full development potential (Black et al. 2017). Children that are vulnerable in multiple ways (due to difficult access to nutrition, healthcare, education, safety etc.), such as girls living in poverty, are at greater risk. In this context, the impacts of ECCE interventions are undeniable: they enable children to develop into adults with better intellectual and social skills, better mental and physical health, and also lead to higher income, economic growth and less social inequality, including for the next generations. Carers, family and wider community are central actors here, along with the authorities.

Early childhood interventions also offer huge potential to challenge and transform discriminating gender norms, from two perspectives. First, gender stereotypes, to which children are exposed in their initial period of socialisation – in playing and reading material, for example – can be challenged. Second, parents, especially when they themselves are teenagers, can benefit from the direct advantages of the interventions, and these intervention can also contribute in empowering the young mother (who is given the opportunity to

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return to school, for example, or look for a job) and they can lead to the traditional division of household duties being questioned.

In Belgium, in the partner countries and, more generally, at the global level, there is an increased awareness of the importance of action and the need for integrated ECCE policy and quality services. In sub-Saharan Africa, the issue was first put on the agenda in a more structured way in the early 2000s, among others by the Early Childhood Development Working Group of the Association for the Development of Education in Africa, UNESCO and UNICEF. Currently, 29 of the 49 countries have ECCE policy instruments, while another 9 are currently developing them (Vargas-Barón, 2015).

However, this subsector has to contend with some structural challenges. For instance, it is inherently a multisectoral topic, so, in practice, there is often insufficient ownership and accountability with regard to interventions (Black et al. 2017), which can create challenges in terms of their sustainability and upscaling (CGECCD, 2016).

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2 If only from a financial perspective. Richter et al. (2017) state that the cost of not taking action in terms of BNP can be up to double what some countries spend on healthcare.
Furthermore, there is too little efficient funding to support the scientific and political consensus. Although financial support for interventions that benefit the young child has increased in recent years, with official development aid worldwide rising from 1.7% in 2002 to 3.8% in 2016, virtually all of that increase supports health and nutrition budgets. For example, in 2016 just 1% of all official development aid went to preschool education, compared to 3% in 2002 (Zubain and Rose, 2016).

Early childhood education is not a priority for the Belgian development cooperation: preschool education is no more than an annex (a “useful message”) to its strategy for the education sector (2013). According to the “Their World” campaign, Belgium is in eleventh place in the donor ranking with regard to the share of public development cooperation funds reserved for ECCE, and second with regard to the share of ECCE funds for education. Nevertheless, the data with regard to development cooperation funds, as found in the online database, shows that aid in absolute terms since 2014 has fluctuated between 2.6 and 3.7 million euros and is mainly made up of indirect aid (through NGOs).

Neither is ECCE a priority in the foreign relations of the Communities (Flanders and the Wallonia-Brussels Federation), although, as part of their internal powers, these entities are aware of the importance of this issue.

**International frameworks**

ECCE interventions are a fundamental lever for the promotion of children’s rights. The major basis for a children’s rights approach in development cooperation is the UN Convention on the Rights of the Child (1989), whose article 18 states the obligation for States to support parents in their parental duties.

In 2015, the Belgian authorities along with the international community committed to achieve the 17 **Sustainable Development Goals** by 2030. Various goals include targets with regard to the development and education of the young child, including SDG 4.2:

By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

The World Health Organization (WHO, 2018) recently approved the nurturing care framework, recommending multisectoral interventions in health, nutrition, safety, early learning and responsive caregiving.

In October 2018, the World Bank launched the Human Capital Index, which consolidates a number of education and health-related parameters to measure the contribution of these sectors to the productivity of the next generation in a country, as well as development losses due to shortcomings in these sectors. We observe that Belgium’s score of 0.76 is above the global average of 0.57 (1 being the maximum score), which is not the case for the HCI of the five countries we analysed in this study: Niger 0.32; Mozambique 0.36; Rwanda 0.37; Senegal 0.42; and Tanzania 0.4.

From a gender perspective, the UN Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) is also important. This convention not only imposes an obligation on member states to eliminate all forms of discrimination against women, but also stresses that this obligation applies across the board, particularly in the political, social, economic and cultural spheres, so that human rights and fundamental freedoms are safeguarded (CEDAW, 1979, p. 1).
The wellbeing of mothers is indeed inextricably linked with that of their children. Illness or malnutrition of mothers during pregnancy can lead to illness, disability or death of the newborn child. This can take a heavy toll, but it could be avoided with minimal effort. UNICEF (n.d.), for example, states that eliminating malnutrition among mothers could result in the prevention of physical or mental disability in no less than one third of young children. Furthermore, the more educated the mother is, the greater the positive impact on the health and development of the child. Early pregnancy, connected with child marriage, for example, entails serious risks for the child, both during the pregnancy and during the childbirth.

Goal: What can Belgium do?

Belgium has chosen to focus on the least developed countries. This category includes 11 of the 14 partner countries. They are often fragile countries where conflicts are raging or have recently ended. Children in these areas are more likely to be exposed to toxic stress, which can hamper their development. The consequences of this stagnation are borne by them and by the whole society (in terms of education, health, poverty and social cohesion). Making ECCE a priority of the Belgian development cooperation will work as a catalyst for more general social change and justice, which will lead to more inclusive growth, gender equality and the realisation of all potential in these countries.

The purpose of this study is to examine how the relevant Belgian authorities in charge of development cooperation can effectively contribute to ECCE in their partner countries. Building on the three pathways of change that Plan International has identified (policy, service provision and social norms), the study examines the main challenges, provides examples of best practice, and makes recommendations to the Belgian authorities on how they can work with local and Belgian actors in each of these areas.
II

METHODOLOGY

1. Study framework

As stated in Plan International’s Theory of Change for ECD and elsewhere, three conditions, which are also important pathways of change, must be fulfilled to support early childhood care and education:

- **Political will**, formalised in an official policy and put into practice in action plans with the necessary financial resources and expertise;
- **Action** by and for all stakeholders, so that children are able to benefit from: (i) a safe and caring environment to grow up in, (ii) **services** that support their development and education: registration at birth, healthcare, WASH, ECD centres, preschools, etc.;
- **General awareness** of the relevance of ECCE (in terms of values and social norms), translated as **motivation** for change, i.e. a question of **conviction and behaviour**.

The main thread throughout this study is the systematic analysis of these three levers in five countries (see point II.2) with the aim of defining global approaches and making recommendations.

The preconditions that are essential to effectively improving ECCE include:

- The **quality** of each of the identified pathways: this means investing in capacity building of stakeholders (training, research, inspection, follow-up/evaluation), advocacy at state and local level, infrastructure and equipment;
- A **gender-transformative and multisectoral policy for ECCE**, which presupposes the engagement of policymakers at the highest level, and integrated in overarching general strategic plans for social and economic development;
- **Support** from the international community (bilateral, multilateral cooperation, NGOs, city twinning...) particularly in Belgium’s partner countries where resources for social challenges are often under pressure.

2. Phases of the study

**PREPARATORY PHASE**

In the first phase, criteria were defined for the selection of the five partner countries on which the study would focus. These criteria are listed in Annex 1. Niger, Rwanda, Tanzania, Senegal and Mozambique were chosen with a view to geographical spread and diversity in the sociocultural and economic context, their importance for the Belgian development cooperation and specific factors that play a role in early childhood care and education.

The study questions and framework were discussed in the first meeting of the reference group, in which actors active in the field of the ECCE in developing countries and in Belgium participated.
STUDY

Document analysis

The next phase was an extensive document analysis to study the situation regarding ECCE in the selected partner countries, particularly in terms of policy, service provision and social norms. The documents are listed in Annex II.

Interviews

In addition to the document analysis, a number of semi-structured interviews were held. See Annex II for the list of interviewees.

Field study

There was a field mission in Senegal in June. Various stakeholders in Dakar, Saint Louis and Louga were interviewed to get a better understanding of the selected best practices and challenges involved in ECCE in Senegal. The list of interviewees is also included in Annex II.

REPORT

The intermediate report was presented and discussed in the second meeting of the reference group. Comments were incorporated in the final report.

3. Limits of the study

This study does not provide a detailed analysis of the situation of early childhood in the selected countries, but focuses on aspects relevant to the scope of the study as described above.

The limited availability of data that can be generalised at national level or compared with other countries is to be noticed, as is the lack of longitudinal analyses on the development of children.

Lastly, the scope of this study did not allow a detailed examination of specific topics, such as the situation of the young child in crisis situations or young children with a disability.
This chapter starts with a survey of the main trends and points of interest with regard to ECCE policy. The second part analyses the provision of ECCE services, as well as the extent to which families have access to and make use of them. The final part reviews social and gender norms that can affect ECCE. The main purpose of the study is to identify where development cooperation actors could focus their efforts. The findings are illustrated with examples from the five partner countries of Belgian development cooperation that are the focus of this study, as well as with relevant examples from other countries.

1. A policy to support ECCE

The importance of a multisector approach

An analysis of the ECCE policy in countries with a specific policy indicates an essential characteristic of the relevant policy: it comes into being out of a vision that takes the multisectoral aspect of ECD or ECCE as a starting point.

For example, the *Politique Nationale de Développement Intégré de la Petite Enfance (PNDIPE)* was developed in Senegal in 2006, as a policy that constitutes a realistic, participative multisector response to the many challenges it identifies in ECCE. The policy has been developed on the basis of a vision of continuous care for the young child from birth to adulthood. The policy stresses the importance of stimulation, health, nutrition, hygiene, protection and education in the first eight years and makes a distinction between various life stages of the young child (new-born – 0-2 years – 3-5 years – 6-8 years).
In **Rwanda** the Ministry of Education initially developed a specific ECCE policy in 2011. However, in 2014, the Ministry of Gender and Family Promotion (MIGEPROF) was tasked to investigate and improve this policy. The assessment revealed shortcomings in terms of attention for under threes and coordination between the various services. The MIGEPROF then reworked the ECCE policy, also with the goal of linking it to new ambitions of the authorities (as presented in EDPRS II, Vision 2020 and the Social protection strategy and Family policy) and to prevent the ECCE policy ending up as a standalone (MIGEPROF, 2016). This policy puts a lot of emphasis on civil society as duty bearer with regard to upbringing and education of the young child. For example, the strategic plan of the Ministry of Education for 2018/19-2024/25 states that the ‘unit’ and the village are responsible for assessing and prioritising educational needs, mobilising the community and strengthening society and solidarity between the members of the community. This includes building and maintaining schools through community work, collecting community contributions for school fees, as well as identifying children of school age; raising awareness among parents of the need to send children to school and monitoring attendance or any dropouts. The administrative ‘unit’ has the official responsibility for managing preschool education centres and ECD centres (MINEDUC, 2013).

**Tanzania** developed a Child Development Policy in 2008 and a multisectoral ECD strategy covering the education, health, nutrition and social and child protection sectors. But as two child policy documents had been drawn up, the latter was never adopted. The two documents were integrated in a child policy in 2014, but this, too, is still to be adopted.

An institutional anchor is supposed to lead and coordinate the ECD policy, but it does not have the necessary means to carry out this task properly. The Ministry of Community Development, Gender and Children is the coordinating ministry and there are focal points at other relevant ministries: Education and Vocational Training; Finance; Health and Social Welfare; and the Prime Minister’s Office – Regional and Local Government. There is also a national steering committee, a national technical committee and a national secretariat for ECD. Among other things, these three committees have to work on policy, standards, quality and access to services. The stakeholders view the communication among the various focal points as a positive factor in intersectoral coordination (World Bank, 2012). However, the integration and coordination of the policy are important aspects that require funds, attention and particularly a clear, well-supported policy. The adoption of the Child Policy could make a major contribution to addressing this challenge.

In **Niger**, which does not (yet) have a specific ECCE policy, three ministries are currently in charge of ECE: the Ministry of Healthcare, the Ministry of Education and the Ministry of Gender and Family Promotion. One of the challenges is the cooperation and articulation of policy and of interventions between the three ministries.

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3 Economic Development and Poverty Reduction Strategy

4 Child-sensitive policy measures were also integrated in the National Strategy for Transformation 2017-2024, the Government of Rwanda’s seven-year development agenda (UNICEF, 2017a).
Recent figures on the extent to which families have access to or use ECCE services (such as birth registration, healthcare and education) too often indicate that there is a big gap between poor and rich, between urban areas and rural areas, and between different regions.

In Mozambique, for example, only 4% of the 4.5 million under fives have access to ECD services and they are mostly from the upper classes living in urban areas (World Bank, 2017).

Various studies reveal big differences between urban and rural areas in Niger too. One fourth of the children that have access to preschool education go to private schools and 76% of the children come from an urban area, where just 20% of the total population lives. Children from poor families are almost completely excluded due to the costs connected with this care (Ministère de l’Éducation du Niger, 2013).

There are also great differences in the access to and use of social services in Rwanda. One of the indications is that mortality among under fives is twice as high in the poorest population group as in the richest population group, and that 44% of the children still live under the national poverty line (for consumption). Furthermore, just 2% of the poorest children have access to ECD services, compared with 40% of the richest (UNICEF, 2017).

In 2014, the government of Senegal launched Plan Sénégal Emergent (PSE), a plan to drive social and economic development and growth and drive down poverty, which was around 47% in 2011. There are undoubtedly challenges in other areas. The population is rising and getting younger and the quality of and access to basic services, such as education and health, are still inadequate, particularly in rural areas.

With regard to ECCE, Senegal is ahead of other countries in the region in a number of areas. Senegal also has lower levels of child malnutrition and developmental delay than other countries in the region. However, the average birth rate of five children per woman, although falling, puts pressure on services. For example, the participation rate of young children in preschool activities, at 16%, is low.

In Tanzania, only 26% of under fives were registered in 2012 – a basic precondition of access to other children’s rights; this was 65.1% for the richest 20% of the population and just 7.7% for the poorest 20%. The role of the father is an important factor in this. It will not be easy to increase this as long as fathers fail to understand the importance of women giving birth in a hospital. This risk is particularly prevalent among fathers with a vulnerable socioeconomic background. In 2016, 74% of children were affected by multidimensional poverty and 29% of Tanzanian children lived in households that were below the poverty line (UNICEF, 2017b). In spite of the high number of children in primary education, access to preschool education continues to require efforts. In Tanzania, too, there are big differences in access to services between rural and urban areas, between different regions and between different socioeconomic groups (World Bank, 2012).

An effective ECCE policy should play a regulating role here to meet the needs of the entire population and eliminate such differences. For example, Rwanda’s updated ECCE policy gives more attention to support for parents and caregivers and for the situation of children aged 0-3 years. This last point is important, because usually more resources are deployed for preschool children than for children in this younger age group. The population of Rwanda can now also use a new system that facilitates the registration of births. The policy in Senegal also prioritises an inclusive approach, making a distinction between the different needs of different target groups.

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5 World Bank. However, there are important differences between the various regions. The poverty rate in Louga and Saint Louis, the two regions visited during the field study, is 26.8% and 39.5% respectively. It increases in the south of the country, up to 76.6% in the Kolda region (République du Sénégal, 2014).

6 The Multidimensional Poverty Index looks at three domains - health, education and standard of living - and gauges various indicators in each of these domains.
The importance of gender

As we will explain in part III of this study, ECCE interventions can contribute to greater gender equality. This can be through the messages given to young children, the support given to young mothers to help them complete their studies or access to the job market, or through a better division of care duties between parents. But this dimension still gets very limited attention at the political level.

The situation of teenage mothers is one area that catches the eye here. The risk of complications and the mortality rate of children and mothers during pregnancy and childbirth among teenage mothers is significantly higher than among mothers over 20 years of age. The still very high number of births among teenage mothers indicates a problem of serious violations of the rights of the girl (such as child marriage and rape) or her needs (such as access to sexual and reproductive health services) (WHO).

The focus countries of the study deal with gender in different ways in their policy. In the updated version (2014) of Rwanda’s ECCE policy, gender-related violence is one of the critical issues. Violence between partners, for example, causes toxic stress in young children. Breaking social norms is also covered, among other things by asserting that early childhood care and education is a shared responsibility of men and women, and that fathers should play a clear and positive role (MIGEPROF, 2016).

Rwanda also has a policy oriented to continuing the education of girls who fall pregnant during their schooling (Republic of Rwanda, 2008). Tanzania, on the other hand, has a policy that prohibits pregnant girls from returning to school after pregnancy, with compulsory pregnancy tests. Based on the results of these tests, the Ministry of Education claims that some 55,000 girls were excluded from school between 2003 and 2011, undoubtedly a greatly underestimated number (The Center for Reproductive Rights, 2013). The aim of this policy is to set an example for other young people. However, this misses important causes and consequences, such as the fact that adolescents have restricted or no access to reproductive healthcare and contraceptives, and that this type of policy makes girls even more vulnerable to poverty. In the words of Tatu, who became pregnant when she was 13, “it damages … girls completely. It’s a girl’s right to get an education, but they don’t know how to do it if they get pregnant or how to prevent pregnancy” (The Center for Reproductive Rights, 2013, p. 89). A policy like this is therefore at odds with the logic and engagement of “leaving no one behind”.

The PNDIPE in Senegal also expressly focuses on the importance of education for girls and therefore also on keeping girls in education after preschool education (ANCTP, 2007). It makes the social reintegretion of teenage mothers a strategic goal, alongside the reintegretion of girls who have not had the opportunity to go to school or gain a qualification. A number of facilitating measures are oriented to certain obstacles and allow breastfeeding or leave to care for a sick child, for example (HRW, 2018). In Niger, there is no clear framework for returning teenage mothers to school (HRW, 2018). In Mozambique, by decree (2003), pregnant school girls are able to continue their education by taking evening classes. Although this is an improvement compared to the past, when schooling was ended, this measure also has many disadvantages. It requires girls to travel in the evening when public transport is less prevalent and childcare, mostly in the family or at neighbours, is harder to arrange. Furthermore, the quality of evening education is not always as high as day education (Salvi, 2016).
The fact that countries do not have an official integrated ECCE policy does not mean there are no early childhood care and education initiatives. Often there is a policy or initiatives at ministry level for health care or education that are part of a holistic approach, such as measures and resources that benefit preschool education. Other initiatives focus on creating the conditions for the good implementation of ECCE-related measures, such as facilitating the registration of births; as children have to legally exist in order to be able to exercise their rights. For example, subsidies for healthcare services, ECD centres and preschools are allocated on the basis of the available data related to the number of rights holders.

**Mozambique** does not have a multisectoral ECCE policy, but the government has provided the impetus for a national preschool education strategy by means of a presidential decree (N° 7/2010 19 March 2010), "Integrated Development of the Child in Pre-school Age" (DICIPE -2012-2021). The Ministry of Education and Human Development (MINEDH) is responsible for implementing this strategy, in association with various other ministries (healthcare, agriculture, public works, gender and social affairs, justice and internal affairs).

**Niger** does not have a nationally integrated ECCE policy either, but the *Programme Sectoriel de l’Education et de la Formation 2014-2024*, developed by the Ministry of Education, gives special attention to preschools and specifically to care provided by the community at local level. In its strategic plan, the government states that it aims to triple the number of preschool places by 2024, giving access to 245,000 young children. That is 15% of the total number of young children. This enlargement is mainly concentrated on rural areas, where community structures will provide these services, with the expectation that 60% of the target group will be reached. To achieve this financially, the authorities have decided to lower the duration of preschool education from three to two years from 2013. It may be asked whether this strategy is the most effective way of developing quality preschool education, but it does provide a response to the challenge of reaching more children in the age category 3-6 to 8 years.

Various policy measures are proposed in the programme to improve the quality of preschools. A monthly subsidy of FCPA 20,000 (30 euros) is granted to the community animators and they are provided with 45 days of training under the supervision of the preschool care inspectors. In addition, this 10-year programme aims to build 70 classrooms per year, mainly in rural areas. There is also a focus on reinforcing and improving trainings, and on upgrading the pedagogical supervision by creating a specific curriculum for supervisors of preschool care at the normal school of Dosso. A collective of principals in charge of preschools will continue the work of the inspection services to train and monitor teachers. The Ministry of Education will provide funds for the development and production of educational material and set up documentation centres where this material will be made available.

Along with measures to improve the quality of the services, the strategic document states that efforts will also be undertaken at institutional level. Specifically, the Ministry of Education will advocate for (i) increased attention and resources for ECCE and the development of an ECCE subsector through awareness campaigns at national level with a communication plan and (ii) the drawing up and adoption of an integrated national ECCE policy. Important issues with regard to children have also been included in the assessment and elaboration of the country’s main overarching policy instrument, the “Plans de Développement Economique et Social”.

Topics that were given attention during this process were education for girls, nutrition and health of children, and the empowerment of women in the countryside. Critical points with regard to child protection (violence, sexual and gender-related violence, child labour and exploitation) were given less attention, however. The development of young people, violence and child labour are not priorities in the general overarching policy either (UNICEF, 2017c).
Gap between policy and practice

Funding policy measures and proposals is one of the biggest challenges. In many countries, funding for social protection and service provision is falling in terms of both national budgets and official development aid. Investments in the social sector have declined in recent years not only in the poorest countries like Niger, but also in Rwanda and Tanzania, where the economy is growing. Furthermore, most of the resources freed up for the young child goes to healthcare, with less for preschool education and even less for family support services.

The assessment of the policy implemented by MIGEPROF in Rwanda as early as 2014 revealed shortcomings in funding and minimal functioning standards. The government budget for social sectors was cut from 30.3% in 2014/15 to an estimated 26.5% in 2017/18, with the biggest reductions in education and healthcare (UNICEF, 2017a). Furthermore, under international guidelines at least 45% of the education budget must be allocated to primary education. The Ministry of Education’s policy document, Education Sector Strategic Plan 2016-18, recognises that investments in preschool education are among the most efficient, but this is not reflected in the recent 2017/18 budget, which allocated only 1.76% to this subsector (MINEDUC, 2013). Public funding of the ECD programme also remained relatively low compared with the estimated costs of USD 1.4 million coordination by MIGEPROF to implement programme. As a result of advocacy by donor partners, the authorities allocated USD 47,000 per district for the financial year 2017/18, primarily for ECD infrastructure. This represents an advancement, bearing in mind no budgets were provided to support the ECD programme for MIGEPROF in the financial years 2016/17. The creation of a national ECD coordination structure at MIGEPROF is expected to lead to the allocation of extra funds for activities under this programme (UNICEF, 2017a).

So evidence-based advocacy can be an effective way to get more attention and funds for ECCE. For example, UNICEF has initiated a policy dialogue with the authorities in Mozambique based on children’s rights, among other things to prevent the reduction in the number of teachers, which was proposed in response to the economic crisis in the country. Various budget memos and analyses of social sector expenditure have been published over the past decade and presented to strategic stakeholders to influence policymakers. Additionally, the results of a survey on the situation of young children and the funds provided for this target group were used to bring the fragile situation to the attention of parliamentarians. The newly formed Parliamentary Budget Office at the National Assembly monitors the situation and the use of national budgets and can therefore play a key role in safeguarding ECCE funds and expenditure (UNICEF, 2017d).

Capacity building and motivating all relevant actors (policy co-workers, caregivers, educators, parents, traditional leaders, etc.) are important pillars for change. Ministries, in particular those responsible for social policy (gender, social affairs, child protection...) are often underfunded and understaffed. Extra efforts to support these ministries are therefore relevant. For example, the International Child Development Programme (ICDP) in Mozambique has contributed to capacity-building among the staff of the Ministry of Gender, Children, and Social Welfare, the staff of the provincial services of this ministry and the staff of residential centres with regard to organisational development and psychosocial programmes (UNICEF, 2017d).

The need for capacity-building has also been identified in Senegal. Four plans have been created to support the implementation of the policy by means of training, communication, monitoring and evaluation, and research (ANCTP, 2007). The policy also points to the institutional framework and the involvement and role of various actors, from local to national levels. The aim of this institutional framework is to eliminate some historical weaknesses: the dominance of sectoral approaches; and the fragmentation of resources, decision-making process, actions and management. According to this policy, the local authorities should take the leading role. As stated by one of the local actors during the field visit: “The communities have played their role, now it’s time for the local authorities to play theirs.” However, a lack of resources and capacity remains a problem here too.
In terms of preschool education, Senegal has launched its Programme d'Amélioration de la Qualité, de l'Équité et de la Transparence de l'Éducation et de la Formation (PAQUET) to run from 2013 to 2025. However, at the end of the first phase of the PAQUET, the situation is not clear-cut. For example, an assessment states that the quality of services oriented towards young children is lower than in the neighbouring countries. That being said, it recognises that an integrated policy for the development of the young child is in itself an important achievement.

The gross participation rate in preschool education is rising only gradually, from 15.0% in 2012 to 17.5% in 2017, which is the consequence of the building of new Cases des tout-petits (see below) and preschools, or to the conversion of centres de tout-petits into preschools. The evaluation shows that the local authorities and communities do not have the capacity to develop structures in the communities, which is seen as a major obstacle to giving the most vulnerable access to care and preschool activities. The field study also shows that they have to contend with a lack of funding. Furthermore, the training of staff employed in services for the youngest children is still inadequate. One year’s free, compulsory quality education would be a big step forward, also with an eye to preparing children for primary education.

So if the 50% mark is to be achieved by 2025, a lot of work still needs to be done and additional funding is needed (Republic of Senegal – Ministry of National Education, 2017). During the field study, one of the explanatory factors given was that resources continue to be split over various ministries.
In recent decades, the preschool education policy in Tanzania has also been characterised by a gap between policy and political will, on the one hand, and practice and resources, on the other. In 1995, preschool education was included in the Education and Training Policy (ETP). For example, it was decided that every primary school should have a classroom for preschool education. But while funding and support with a view to development was primarily provided for primary education, the decision on preschool education was not backed up with the necessary resources, so these classrooms were mainly funded by contributions from families, and there was little or no oversight or regulation. Furthermore, classes are often led by former primary school teachers or supporting staff with limited or inexistent training in preschool education. The ratio of children to teachers in preschool education rose from 45:1 to 100:1 between 2007 and 2011 (World Bank, 2012). The ETP of 2014 was expected to change this. This provides one budget for preschool and primary education, for the head of the school to decide how funds are allocated. In practice, however, this policy leads to a significantly lower allocation of funds to preschool education without decisions being justified. Ongoing negotiations with the Ministry of Finances are oriented to creating a mechanism that is expected to create greater clarity about the funding allocations. Under this policy, at least one year of preschool education is made compulsory and a formal mechanism was launched for funding and oversight. The big challenge of this policy is finding and training sufficient teachers. The demand for preschool education has risen sharply in recent years and around 53,000 new preschool teachers are needed if all children who could be enrolled in preschool education actually were. At this time, however, there are only 4,029 certified preschool education teachers (UNICEF, 2017b). In 2013, just 40% of teachers working in preschool education had completed training meeting the national standard (compared with almost 100% of primary school teachers). With this in mind, a new curriculum was developed. A problem here is the lack of training for preschool teachers at the teacher training colleges. But Wilinski et al. (2016) and Wilinski (2018) point out an additional problem, which is probably less easy to raise but is seen in other countries: the perception of preschool education, which leads students (and/or their relatives) to see it as an ‘inferior’ course of study and career. On the other hand, the guaranteed work was an important pull factor, although that only begs the question whether teachers are properly motivated.

7 HakiElimu (2015), a civil society network for education, wonders where the voice of parents was in the debates about this new policy. With regard to preschool education it also suggests that the government makes preschool education compulsory for at least one year between the age of 3 and 5 years, but without specifying the age at which children should start. This also goes for primary school education, which children are expected to start between 4 and 6 years of age, depending on their development. The organisation advocates a streamlined policy for these two basic stages of education.

8 UNICEF (2017, p.2) attributes this to the “fee-free education policy”. Primary education had already been free for a long time in Tanzania, but ETP 2014 made secondary education free too. Uniforms and books do still need to be paid for, however (Right to Education, 2016).
2. Services to support ECCE

TYPES OF AVAILABLE SERVICES

High-quality services support parents in learning the necessary responsive and nurturing care skills that contribute to the development of the young child. They are also important for the children themselves, as they contribute to reducing inequality between children. For example, research shows that quality preschool education leave children better prepared for primary education. Cognitive, communication and fine motor skills are better and they have stronger social and emotional skills. Studies show that the benefits were greatest for the poorest, most vulnerable children and that they were also tangible for children with developmental delay. In Mozambique, for example, children who had attended preschool education were 21% more likely to start primary school and 14.9% more likely to be enrolled at the right age.

“A child who has been to the Case des Tout-Petits is already impregnated. He knows how to speak, listen, respect discipline. A healthy child plays. Others, not all of them, have problems of hygiene, attentiveness, participation, motivation, socialisation.”

School principal, Senegal

ECD centres

ECD centres are primarily oriented to the youngest children (0-3 years) and their parents, but are often open to children up to 6 years. The most important task of these centres is creating an environment in which every child feels good and is stimulated; in which it can play, explore and experiment safely; and in which there is attention and concern for the physical and emotional wellbeing of each child. The service to parents on the other hand is oriented to child-rearing support. The further development of a supply of ECD centres is therefore an important pillar of
ECCE, which is also being put into practice in various focus countries. The involvement of civil society is an important factor in the functioning, effectiveness and sustainability of initiatives in this field.

**Rwanda** has made major efforts to develop ECD centres. These are linked to local health centres with the aim of reducing child mortality through vaccination and tackling malnutrition. ECD centres also provide a safe environment for children to play and learn while their parents are at work. When children stay at home or accompany a parent to work, they do not always get the opportunities and attention they need to fully develop. An ECD mapping at national level in 2017 showed that 3,971 of these centres reach 246,590 children aged 0-6 (126,175 girls and 120,415 boys) (UNICEF, 2017a). This updated approach with a focus on equal opportunities generated positive results with a larger share of the poorest children in UNICEF intervention locations having access to ECD in 2017, compared with areas that have not yet been reached by the programme (37% compared with 14%).

Plan International Rwanda supports the building of 32 ECD centres in 20 communities, reaching more than 1500 children. All centres are owned and managed by members of the community. Financial impediments are a decisive factor in the access to the ECD centres. A focus on accessibility therefore enables many more vulnerable children to be reached. In Rwanda, international players like UNICEF and Plan International have targeted the elimination of financial impediments to access to ECD services by providing free access for all.

Between 2015 and 2017 **Plan International Mozambique** worked with Light for the World and Uhambo Foundation, as well as local communities, to develop a project to support ECD centres in rural areas. Based on an inclusive approach, the aim was to increase the number of children with a disability at the ECD centres to ensure they too could benefit from a stimulating environment for early learning and development. Training and visits for caregivers, supervisors and parents were expected to increase capacity at the ECD centres with regard to inclusive education (Light for the World, Plan International and Uhambo Foundation, 2018).

In **Tanzania** Plan International is training ECD staff (carers and leaders) based on a community-based approach in Mwanza and Kibaha. In a country with a considerable shortage of teachers, high-quality training is essential. An integrated curriculum that gives attention to the various stages in the development of a child as well as children’s rights and the early identification of children with a disability is expected to contribute to a quality supply of ECD centres.

### ‘Cases des tout-petits’

In **Senegal** the ECD centres are known as ‘cases des tout-petits’ (CTP). They are managed by the community with the cooperation of the state at local level and provide integrated care for children aged 0-6. The state is responsible for building the premises, paying wages, and providing funds and material. To reach the more vulnerable children, the CTPs are prominent in rural and semi-urban areas. For a long time, a large share of preschools were private, oriented to children in urban areas, which created inequalities at an early age. The most typical CTPs consist of two adjacent spaces: one for children (aged 3 and over) and one for educational services for parents. As well as the highly specific model, which reflects the case architecturally and symbolically in the local context, there are many other, sometimes-temporary physical structures to meets the needs and demands. Leaders, who follow special training, volunteers and mothers, who assist them, are together responsible for the activities, and a grandparent takes care of sociocultural, moral and religious education. The holistic approach that characterises the CTPs includes education, health (for mothers before and after pregnancy) and nutrition, but efforts also target capacity building with regard to parents, families and communities (including computer skills

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9 This project generated a number of pointers for making inclusive education a reality: developing indicators for the inclusion of children with a disability; assessing knowledge, attitude and practice, regularly collecting and analysing data; ensuring specific budget lines for the inclusion of children with a disability.
The integrated holistic approach followed at the CTPs is an important factor in their success.

However, there are some major challenges connected with the CTPs, not least the strict requirements in terms of finances, staff and equipment, as also raised by civil society. The fact that the CTPs are opened at the request of the community may be an obstacle to reaching the most vulnerable groups (Bassama, 2010). Parents are also expected to contribute an amount that depends, among other things, on the local economic context, which is another obstacle for some. On the other hand, this contribution does generate a greater sense of ownership in the community. However, local management and participation is also something that needs to be worked on for many CTPs.

**‘Groupe de jeu’**

The ‘Groupes de Jeu’ (GJ), developed with the support of Plan International Senegal, are oriented to children aged 0 to 3 years and their parents. The GJs are open two hours per day at least three days per week. They are supervised by an Animateur Communautaire pour de Développement Intégré de la Petite Enfance (ACDIPE) and Mères volontaires. Activities include singing and dancing, counting out games, citizenship and environment education and psychomotor activities. The aim here is to stimulate the intellectual, psychomotor and socio-affective development of the youngest children. Again, the holistic approach is central and the support to parents includes development, health and nutrition, protection and parental education. In terms of health and nutrition, parents are given information about hygiene, vaccination, prenatal and postnatal care, and the importance of breastfeeding through home visits as well as a mobile cinema, the cinébus. The weight of the children is monitored and a nutritional snack programme is linked to the GJs. With regard to protection, among other things, GJ ensures that children's births are registered and there are meetings to present good practices to protect children. Management structures at various levels, such as the Comité de gestion de la petite enfance (COGEPE) and the Association des Femmes Actives pour le Développement Intégré de la Petite Enfance (AFADIPE) ensure the effective long-term management of the GJ.

“...It gives me a break, I have time for other things, to go to the weekly market...”

Mother, Saint-Louis

“When I take them to the Groupe de jeu, I have at least three hours to myself, to devote myself to my work (AGR) without having to worry...”

Mother, Louga

For the mothers interviewed, the GJs were very welcome and they did not hesitate to take their children to the GJ when it opened. They also think the results of the GJ speak for themselves. They noted that their children were more developed, something they observed in the way they talked to their parents or other adults. The GJ children go on to the CTP and the educators there also note that the children from the GJ do much better than others. Mothers also saw improvements in the social skills of their children and their children's hygiene. The mothers themselves have a few hours to do other things without having to worry.

The GJs rely to a large degree on the strong engagement of the community, which is expected to contribute in the form of food and a financial contribution for the volunteer mothers and by...
taking part in the management committees. A capitalisation study (Gueye, 2013) and interviews
with local actors show that these contributions do not always go smoothly in some places, which
points to challenges with regard to the sustainability of the project. In Louga, one of two places
visited, a strategy has been developed in a participative way to support the long-term integration
of the GJ in the community: a communal field and granary is expected to ensure sufficient stocks
for snacks; and provide support/compensation to the management committees, the ACDIPE
and the volunteer mothers, which can take the form of a loan, part of the harvest or health insur-
ance at the AFADIPE. Interviews with volunteer mothers revealed their enthusiasm, but also the
importance of additional training and support in terms of educational material. The involvement
of the AFADIPE, in the form of their financial support (through their income-generating activities
and solidarity fund) and their engagement (as manifested in the organisation’s agreement with
the local authorities) is another important actor and factor in sustainability.

**Integration of ECCE in other services**

“Strengthening the health activities in the projects and among parents
and families helps strengthen the educational impact.”

*Local supervisor, Senegal*

An interesting strategy for reaching children and their parents and promoting the importance
of ECCE is its integration in existing services. Initiatives oriented to health and nutrition of the
young child are obvious candidates, but other projects or actions can also be taken advantage
of, such as ‘cash for work’.

In **Niger** an “early childhood development stimulation” component has been incorporated into
the training of community volunteers and mothers groups in IYCF counselling *(Infant and Young
Child Feeding)* (UNICEF, 2017c). IYCF counselling is a service at community level that, as
the name suggests, is primarily oriented to providing guidance about feeding the young child:
exclusive breastfeeding for children under 6 months and an adapted diet in accordance with
minimum standards after that. The service was launched in 2015 and by 2017 it was available
in 35% of all villages in Niger, with special attention for children in refugee camps in the Diffa
region. Counselling is provided by community volunteers and mothers groups that have been
trained to that end. More than 600 employees of health centres and health posts have also been
trained to provide counselling to patients (children from birth and their mothers). The “stimulation
of the young child” component was incorporated in IYCF material for training health employees
and approximately 40 them took part in a training of trainers session to enable them to transfer
their knowhow.

In recent years, UNICEF has been working in **Tanzania** with the Tanzania Social Action Fund,
a government-led social safety net that supports poor families with the aim of lifting them out of
poverty. One of the goals of this partnership was to ensure that poor families who received cash
transfers could benefit from parental training and best practices with regard to caring for children
(UNICEF, 2017b). Conditional cash transfers are increasingly used in development cooperation
based on the view that they could break the cycle of poverty between generations. If they are
linked to social services, however, it is vital that these services are also efficiently run and that
turns out to be a big challenge in a number of ways in Tanzania. Myamba and Ulriksen (2014)
studied this link between cash transfers and service provision in Tanzania in two domains:
access to primary education and access to healthcare. This showed that cash transfers do help
families with education-related costs (books, uniforms), but that parents also do their utmost
to enable their children to go to school, regardless of the condition. Parents also spoke about
the quality of education (such as four teachers for 410 pupils) and the great distance that chil-
dren sometimes have to cover. An inadequate healthcare service (not enough medical staff,
not enough medication) was another major aspect requiring attention. The authors point to the
co-responsibility of various actors and warn about the inherent risks of the system (such as a
new meal programme at school, which parents have to contribute to, leading to the cash transfer mostly being used to pay for this new service). They correctly state that cash transfers must not become the solution to structural problems in education and healthcare.

Preschool education

In spite of all the efforts, access to preschool education remains generally low. In **Rwanda** coverage is 14.2%, in **Senegal** 16% and in **Niger** 7% (3.7% in rural areas versus 28.2% in urban areas). In **Tanzania** 32% of children were enrolled in preschool education in 2015, which actually saw a (very) slight fall (UNESCO)\(^{10}\).

Raising awareness among families and communities of the importance of preschool education through ECD centres and playgroups for young children (see above) is an important step, but the figures show that quality and accessibility also need to be worked on. Authorities play a central role in this, but other local, national and international actors also contribute to improving the high-quality supply in all five countries studied. Two general pathways can be put forward here – building capacity and improving the supply – as illustrated in the following examples.

In **Niger**, the ONPPE (Organisation Nigérienne pour la Promotion et la Prime Enfance) works on capacity building in the form of work placements for “formateurs démultiplicateurs en matière de Petite Enfance”, in which inspectors and pedagogical advisors for preschool education from the eight regions of Niger also take part. The organisation was involved in “Plaidoyer pour une éducation dès le plus jeune âge en Afrique de l’Ouest”, a movie that is used in the normal schools by and for pedagogics teachers.

In **Tanzania** UNICEF held a pilot project in 2017 to bring preschool education to more remote areas through satellite centres. Building upon the lessons learned from this experience, upscaling is now being focused on.

Services to support teenage mothers

Along with the physical risks, a teenage pregnancy can have major psychological and social repercussions for the mother, especially if the pregnancy ends her education (under duress or otherwise), which can in turn have major socioeconomic consequences. The psychological, social and economic wellbeing of the mother plays an important role in the wellbeing of the child. Services to support teenage mothers should therefore respond to each of these factors through a socioeconomic approach and an approach that targets the empowerment of very young mothers.

A similar holistic approach was applied in the Teenage Mothers Project in **Uganda**, which developed five components: awareness raising in communities; support groups for teenage mothers; livelihood (continuing education, income-generating activities); counselling; and advocacy. A quality assessment of this project (Leerlooijer et al, 2013) showed that 60-80% of the girls who took part made big advancements in all domains and felt more empowered. Being able to continue their studies turned out to be the most important factor here.

A number of countries took facilitating steps to enable young mothers to go back to school. In **Gabon**, crèches and ECD centres were opened close to secondary schools and pregnant girls in **Namibia** have access to counselling at school (HRW, 2018).

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\(^{10}\) The five focus countries in this study are partner countries in the Global Partnership for Education (GPE), which offers technical and financial support to help more children to benefit from education. The GPE is oriented to preschool education. In 2018 the results of the GPE in that domain (37.2% enrolments in preschool education) exceeded the milestone target of 29.8% (GPE, 2018). So the countries in this study are performing below average.
QUALITY OF SERVICES

An important starting point for high-quality services is a general, shared vision (authorities, parents, service providers, civil society) on the young child, particularly the importance of investing in care and learning from the earliest age.

The participation of parents is also important. After all, they are primarily responsible for the wellbeing and development of the young child. Services need to be designed in association with parents, based on trust and mutual respect. That will enable the socioeconomic, cultural and religious diversity within the community to be given due consideration. Quality is a relative concept that has to come about on the basis of values and convictions.

And the importance of well-trained staff cannot be emphasised enough. Professional development has a big impact on the quality of the teaching by the staff and the effects on the children. This also requires adapted working conditions and professional leadership with due attention for teamwork and cooperation with the parents. Good working conditions, including the size of the group (number of children per supervisor or teacher), working hours and salary levels contribute to the wellbeing and stability of staff.

In terms of content, the supply must be developed on the basis of pedagogical goals, values and approaches that fully support the children's development. Employees should be encouraged to think about their own practice, identify best practices and develop new approaches with colleagues based on their experiences. Services and employees must also be adequately equipped and grounded with regard to measuring and monitoring the development of the young child. For example, it is important that various aspects of "development" are examined. In Belgium (and the Netherlands) the Van Wiechen test is used to monitor the development of babies and toddlers (Kind en Gezin, 2014). The test components examine general and fine motor skills, adaptation, language development, social behaviour and personality. The purpose of the EDI (Early Development Instrument) is to assess development in terms of skills and behaviour at a key time, that is the transition from early development to school age, in a holistic and reliable way (EDI). Five domains are examined: (i) wellbeing and health, (ii) social skills, (iii) emotional maturity, (iv) language and cognitive development, (v) communication and general knowledge. It is worth mentioning that the toolkit is specially designed to measure ECD in low-income countries (A Toolkit for Measuring Early Childhood Development in Low- and Middle-Income Countries) and comprises more than a 100 tools selected or adapted to use in these countries (Fernald et al., 2017).

Lastly, regular monitoring and evaluation is important to ensure relevant information is available so that the quality can be improved. Systematic supervision of the services - with the focus on the importance of the child - offers the opportunity to generate information and feedback, to support children and parents better.

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IMPACT OF THE ECCE SERVICES

Studies show that the participation of children and their parents in ECCE initiatives has positive impacts on the emotional, social, mental and physical development of children. For example, an assessment of the impact of preschool education in rural areas in Mozambique (Martinez et al. 2012) shows that children that have followed preschool education are more likely to begin primary education, experience better cognitive and emotional development and have better fine motor skills, but also that their older siblings follow education more often and that carers (mostly parents) work more often.

ECCE services that invest more efforts into improving quality generate better results. This specifically means approaches that invest in the professional development of teachers and carers, with on-the-job observation and feedback. The same observation can also be made with regard to parental support, which is more effective when it offers opportunities for direct observation, feedback and support. More long-term service provision also has a positive impact on the development of young children (Yoshikawa and Kabay, 2014). For example, a second year of preschool education has a big impact on a child’s cognitive development, an important observation with a view to developments in the supply of preschool education as seen in Niger, Tanzania and elsewhere. The cultural sensitivity of the services also has a big positive impact on children (see Mwaura et al, 2008).
3. Social (and gender) norms and ECCE

Policy and service provision are important pillars with regard to ECCE, but their effectiveness greatly depends on the receptivity of the target group. The way parents and carers approach early childhood care and education is informed to a great extent by social norms, and the traditional division of child care duties between mothers and fathers. ECCE programmes have a lot of unrealised potential for changing discriminating norms and socialisation processes.

It is therefore necessary to invest efforts here, working with local communities, women’s organisations, religious and traditional leaders and trendsetters. Incidentally, in those countries that have a specific ECCE policy, we have observed that the link with social norms is not made automatically.

In this chapter, we focus on “the young child” and discuss the relationship between child mortality and gender equality, the importance of childcare, positive parenting and responsive caregiving. In the second part, we look at (i) the situation of girls (stereotypes about teenage mothers) and women (stereotypes about care) and the importance of supporting empowerment processes and (ii) the engagement of men/fathers in the upbringing and development of the young child.

THE IMPORTANCE OF THE YOUNG CHILD AND EQUAL OPPORTUNITIES FOR GIRLS AND BOYS

A good beginning

From birth, getting the attention and care needed to “survive” is the primary precondition to be able to grow up and develop fully as a person, but not everyone can count on a “good start”. A study of gender inequality and child mortality conducted in 195 countries shows that girls are overrepresented in the mortality figures for under fives, particularly in LMICs, and the more unequal the society, the worse the situation for girls (Iqbal et al., 2018). ECD interventions should ensure that, from birth, girls get the same opportunities as boys to develop skills and prepare for new stages of life.

Positive parenting – responsive caregiving

Parents are the first and most important people to be responsible for raising children. First and foremost, they provide food and protection, but cognitive and socioemotional care are also important. Sharing information through language, stories, looking at books and developing interpersonal skills through socialisation are important here. It is also important that young children (girls and boys) explore the world beyond their immediate environment, that they are given opportunities to improve their self-confidence (a major challenge for girls) and are able to interact with other children.

It is not self-evident that young parents master all aspects of positive parenting and responsive caregiving. They learn from everyone - parents, family members, services and counsellors - but not everyone has the same knowledge of and access to such provisions. A study in 28 LMICs among more than 127,000 families with under fives shows that mothers generally invest more in socio-emotional care than in cognitive activities. More than half of the mothers played with their children and took them outside, but only a third or less read books and told their children stories. The majority of mothers said that they did not leave their under fives alone (Bornstein and Putnick, 2012).
To reach vulnerable families that are more concerned with survival than ECCE, social safety nets are also used to raise awareness of the importance of responsive caregiving. In Niger these are oriented to the most vulnerable families that have to deal with chronic food insecurity and, specifically, to women in these families in the five poorest regions of the country. The eligible families receive financial support, but efforts are also invested in changing behaviour at individual and community level. That is because financial support is linked to attendance at training on the importance of nutrition and development of the young child for 18 months. In the sessions, topics include the importance of (breast) feeding and the use of mosquito nets, as well as breaking social norms and the importance of stimulating young children through language and play. A village gathering is held once a month to pass on the same message. There are also group discussions and house visits.

An assessment of the six positive parenting indicators in six countries in the east and south of Africa, including Tanzania, provides a rather negative picture. In Tanzania, for example, there is no clear-cut parental policy, no positive parenting policy and insufficient attention for gender transformation. Neither is corporal punishment prohibited at school or at the home (Van den Berg et al., 2016).

### Raising awareness about the importance of care outside the family

The field study in Senegal showed that there is a rather negative perception among a section of the population with regard to early childhood activities and/or education for the youngest children, which is felt to be too playful, ‘French’ and informal, and that some parents prefer to send their children to the daara, the Quranic schools. More information about the importance of specific early stimulation could help here. UNICEF is now developing its own preschool daaras in association with the local authorities, and is also working on pedagogical documents and guidelines as a framework for preschools at community level (UNICEF, 2017). We also observe that, when the community is involved, engagement continues even when the intervention ends, as was the case with the Groupes de jeu in Senegal. This drives demand for support from the local authorities.
People thought it was a model that turned out little toubabs. The proposal was redesigned to put the population at ease, to adapt it to the local songs and riddles.

*Head of women’s organisation, Senegal.*

In **Rwanda** heavy investments are made to communicate on **ECCE** and promote positive behavioural changes by working directly with families and faith communities; through special radio programmes, “Itetero”; and local theatre shows, “Urunana”. Documentaries, TV and radio commercials were also created and communication through the media is the reason why MIGEPROF received a lot of requests for information from local communities about setting up ECD services.

In the experience of researchers and workers on the ground, spreading information through the mass media is not enough to change behaviour and does not necessarily work. Supervised parent sessions and discussions in focus groups (young mothers, young fathers, grandparents and so on) in which topics are examined in more detail are needed to create a deeper understanding. An interesting example comes from **Niger**, where UNFPA, in association with the NGO Songes, developed a discussion model in 2011, “Ecole des maris”, which has proven to be a very effective way of changing social norms and influencing common harmful practices. Initially, men’s discussion groups (of no more than 12 people) examined the importance of childbirth in health centres. The method was so effective and cheap that it was subsequently promoted to discuss other topics, such as child marriage and the importance of education for girls.

**EMPOWERMENT OF GIRLS AND WOMEN**

**Breaking stereotypes about care**

In most societies, women (mothers, grandmothers, daughters) mainly take on the role of raising the child in its first few years of life. They are therefore also the first people to pass on norms and values to the child, initially through behaviour (observation of the child) and later through language and pictures. The fact that they have studied or not, that they have been given opportunities to develop their knowledge through education or occupational activities and develop social contacts increases the likelihood that they will have greater insight into ECCE and gender equality.

The division of duties between mothers and fathers with regard to raising children is one of the obvious stereotypes. It is a general fact that women, much more than men, gear their productive duties to their family and look for a balance between household and care duties and occupational activities or any school/education. For example, on average, women in sub-Saharan Africa spend more than 4 hours per day on productive duties, while men spend 1.5 hours per day on care duties (Ferrant et al., 2014). In practice, this means that women are generally able to spend less time on paid work/schooling. In that sense, access to childcare through ECD centres, crèches and preschool education is an important factor in access to paid work/school, but a more balanced division of care duties between men and women must also be promoted. Along with access to services, women’s self-confidence, knowledge and communication skills are important in the negotiations within the family and the community.

It is also important to state that stereotypes in relation to care are not only passed on in the family but also at school and within the framework of services oriented to ECD. With that in mind, services and schools should base themselves on gender-responsive pedagogies.
Breaking stereotypes about teenage pregnancy

The stigma connected with teenage pregnancy is not only the source of a major additional psychological stress, alongside physical, practical and financial challenges, but can also have great consequences in the long term, for instance when this prevents girls from returning to school after pregnancy (HRW, 2018). On the other hand, research shows that a policy and practices devoted to getting girls to return to school, and particularly the support of parents and teachers for this, help lessen this stigma (Singh and Hamid, 2015).

In Tanzania, where girls are by law not permitted to return to school after pregnancy, local and national actors as well as international NGOs have for many years conducted advocacy with the aim of changing the law, without success up until now. As stated earlier, the legislative framework, which wants to set an example and equates the return of girls to school to encouraging sexual relations between adolescents, misses important causes and factors, such as a lack of knowledge about sexual and reproductive rights and health. In addition, these actors lament stigmatising practices, such as compulsory pregnancy tests at school.

Engagement of fathers

Studies show that when fathers are actively involved in raising their children, this has a positive impact on the children’s development and the wellbeing of the father and the mother (Plan International, 2018). Advantages for children include better physical and mental health, better cognitive development and better academic results, richer relationships with peers, greater empathy, more openness to questioning gender roles and gender stereotypes, fewer behavioural problems in boys and fewer psychological problems in girls and more self-confidence and satisfaction, less likelihood of depressions, anxiety and uncertainty and lower criminality and drug use among young adults.

For women, the father’s involvement reduces parental stress, improves access to and use of healthcare and creates more positive parenting. Men feel less stress, live healthier lives, are happier and are more engaged in their community. Playing an active role in the care of the young child is a source of emotional satisfaction.

In spite of these positive impacts, men in many countries are scarcely involved in the care and upbringing of young children, if at all. Giving attention to the involvement of fathers in policy, programmes and projects is a big challenge precisely because it is important. This study indicates that such initiatives are rather fragmented in the countries studied.

Some initiatives have already been launched in Tanzania to spread awareness about this in a more prominent way, such as ‘Baba Bora’ (Swahili for ‘a better father’), a Save the Children movie (2015), and the MenEngage Tanzania network, but they appear to be exceptions at the moment. Laws related to children (such as custody arrangements in the event of divorce) are founded on a traditional division of roles, with the mother seen as the parent best placed to take care of the child and the father as the breadwinner (Van den Berg et al, 2016).

A gender and ECD study showed that the parent sessions organised within the framework of ECD programmes in Mozambique were mainly attended by mothers and that no gender-related topics or issues were raised (Di Kisby, 2014). This is a missed opportunity, because small-group sessions offer more opportunities to understand and/or challenge opinions than communication through the media, such as TV and radio.

As in Rwanda, communication through the media is very common in Mozambique. That includes “Ouro Negro”, a long-running live weekly radio show in local languages offering educational entertainment, including stories that can be used by local theatre groups and social media. Various videos have also been made with the support of UNICEF with tips for parents and educators to support ECCE and to promote the involvement of fathers in the development of young children.
The field study in Senegal showed that the upbringing of the young child continues to be a topic that is strongly linked to women, particularly in rural areas. Although some men are involved in initiatives, as supervisors for example, they usually limit their involvement to stereotypical tasks such as construction work (buildings, fencing). While some institutional actors recognised this but appeared to accept it as a fact, others said that it would be interesting to have male educators in the Cases des tout-petits, for example. The importance of education for girls was not doubted, however. As one interviewed mother said: “Girls also have to succeed, they are the doctors of the future”.

“I never went to school. Like my grandmother, I did paid work from a young age. It was a time when it wasn’t a priority. But girls have been going to school for some time now. Whatever a man does, a woman can do too.”

Mother, Louga

In Rwanda there are targeted efforts to change roles and the importance of fathers engaging in the development and education of the young child. For example, the ‘Essential Package of Early Child Development and Family Services’ was developed by UNICEF in 2015. The aim is to reach 10,000 families with this offer for the promotion of positive parental practices and improved interaction between child and caregiver by the end of 2018. In this approach, the main focus is on the importance of fathers engaging in the care and upbringing of young children, but other indicators of change are also monitored.
1. Conclusions

Necessity of an early, integrated approach

The earlier children benefit from nurturing care (healthcare, nutrition, safety, learning, responsive caregiving), the better their development potential (in social, intellectual, health and economic terms) can be realised. This vision is supported by professor Heckman, Nobel Prize winner in economics in 2000, whose work shows the importance of investing in the cognitive development of the child as early as possible. He advances the argument that every euro or dollar invested in the young child generates more than what the authorities spend on education at a later stage. A recent study by Their World states that “Each $1 dollar invested in Early Childhood Care and Education can lead to a return as high as $17 for the most disadvantaged children.” (Zubairi and Rose, 2013, p.5)

This demands a multisector, integrated policy. However, the study shows that not all countries have such a policy yet. Where there is an integrated ECCE policy, the necessary multisector approach is also a big challenge, particularly in terms of ownership and accountability. There is also a gap in all countries between ECCE policy and measures on the one hand and concrete implementation on the other, due to a lack of funds and capacity.

The fight against inequality

Like an integrated policy, effective service provision also contributes greatly to the development of the young child. This service provision is all the more important and more effective for children who are vulnerable in various ways. That demands a diversified approach that takes into account the differences between urban and rural areas, the socioeconomic context, gender and other aspects of diversity, such as children with a disability. The results of an integrated approach used in the services discussed in this study are striking. Children are better prepared for primary school and they perform better when they get there.

However, it is very important to ensure the quality of these services, as studies show that children who benefit from high-quality support for a long time have a better development, but that a lack of quality can also have a negative impact. The professional development of service providers, high-quality infrastructure and quality services are important aspects that should be given special attention, as are participation of parents, and monitoring and evaluation.
The importance of working in a gender-transformative way in and through ECCE interventions

In countries that have developed a specific ECCE policy the link is not necessarily made with factors and actors that can advance gender equality, although there are some major opportunities there. Otherwise, it is important to examine service quality from a gender-sensitive perspective, or rather from a gender-transformative perspective as part of a more broadly supported movement within society. Socialisation begins at a very young age and passing on social norms like equality between girls and boys, women and men should be given special attention from an early age. This means that fathers have to be actively involved in raising young children, which is not always self-evident. Lastly, it is very important that policy, practices and social norms with regard to teenage pregnancy target support and empowerment, such as facilitating the continuation of education and information for both boys and girls. In this area, various partner countries still have big challenges to overcome.

2. Recommendations

This study shows that interesting ECCE initiatives have been launched in the five analysed countries. The study has also enabled us to define the main points described in the conclusions. Based on the observations and the conviction that ECCE is still often the missing link in the support of health and education, it can be stated that Belgium should invest more resources to meet the specific challenges of this subsector. Belgian development cooperation has limited funds, so well founded decisions are needed and a gender-sensitive approach should be adopted with regard to the integration of gender equality in the ECCE policy and in the specific services. Influencing social norms also needs to be targeted to help empower girls and women.

At policy level

- For countries without a specific ECCE policy: supporting (technical, financial, advocacy) the development of a specific policy based on contributions from the subsectors in question (health, education, gender/social affairs, justice and so on), with special attention for measures and resources that promote gender equality, such as supporting teenage mothers in completing their studies.

- For countries with a specific ECCE policy: evidence-based advocacy promoting the efficient implementation of the ECCE policy, with special attention for the weak and missing links, including measures and resources that promote gender equality.

- Funding action plans with regard to ECCE that enable a gender-sensitive ECCE policy to be designed, and care to be developed, elaborated and implemented from a gender perspective for children, parents and caregivers.

- Support for strengthening cross-departmental and cross-sectoral collaborations with a clear division of duties between the ministries and ministerial sections involved and – where necessary – mediation to create a leadership that everyone can get behind.

- Support for gender-sensitive monitoring by the section/ministry responsible for coordinating and implementing the policy, including gender-specific indicators (such as the use of gender-responsive pedagogies, initiatives that make it easier for teenage mothers to continue their education, and the degree of engagement of fathers in ECD initiatives).

- Advocate per capita grants to schools for preschool education; and specific budget lines for ECCE at various ministries, which can help improve efficiency and monitoring.
At family service level

- Support for initiatives to register children at birth, in terms of service provision (accessibility, affordability, reception) or awareness raising (authorities, social workers, parents), so that progress can be accelerated in this domain.
- Supporting and institutionalising initiatives oriented to children aged 0-3 that are integrated in an existing form of service provision, after the example of the IYCF counselling groups of health centres in Niger.
- Supporting specific ECD centres working to support parents and young children:
  - Free access for all; following the example of Rwanda
  - Application of a gender-transformative approach in ECCE with a view to developing gender-sensitive norms among young children and in their immediate environment.
  - Adoption of a holistic approach to ECCE; this means, as well as a focus on cognitive functions, attention must be given to the social, emotional, creative, moral and physical development of young children, by using play-based learning models among other things;
  - Investing in parenting training (such as positive parenting, the importance of early stimulation, gender and so on);
  - Strengthening ECCE professionals (including caregivers and teachers), also in the field of holistic child development monitoring;
- Developing and supporting local models for parental involvement (mothers and fathers, at ECD centres, preschools and so on) and supporting partnerships between authorities and communities.
- Supporting the development of preschool education:
  - Strengthening preschool teacher training (Pre-Service Teacher Training - PRESET) with inductions for new preschool teachers;
  - Information campaigns targeting the sometimes rather negative perception of a career in preschool education and better pay for preschool teachers;
  - Professional development and continuing training (with integration of gender modules) of preschool teachers (In-Service Teacher Training - INSET);
  - Working on quality standards and monitoring by inspection services;
  - Strengthening school leadership for preschool education through INSET and PRESET professional development, among other things.

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At social norm level

- Supporting ECCE programmes that bring together fathers and mothers and explicitly work on gender-related topics as a way of changing roles in families.

- Investing in tried-and-tested common methods – such as “écoles de maris” – to disseminate information about ECCE and gender aspects in a culturally sensitive way. A culturally sensitive bottom-up approach is required here, but external actors can also provide assistance in terms of capacity building or with financial support.

- Supporting integrated programmes oriented to disseminate information widely by means of local radio and other communication channels (women’s groups, farmers groups, faith groups, churches, mosques etc.) to ensure unambiguous information is given, backed by supervised dialogue sessions in which concrete challenges and obstacles or resistance can be discussed in more detail.

- Investing in advocacy and awareness-raising with regard to teenage pregnancy:
  - Access to reproductive healthcare
  - Dismantling stereotypes in relation to sexual relationships between young people.
  - Opposing policy that denies teenage mothers access to schools and opportunities to study.
1. Annex: Country selection

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<th>Human Development Index</th>
<th>Gender Inequality Index</th>
<th>Social Institutions and Gender Index</th>
<th>Population growth</th>
<th>Adolescent fertility rate</th>
<th>Gross Enrollment ECE</th>
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## 2. Annex: Interviews and contacts

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<td>Ganda Saley</td>
<td>President of the Coalition des ONGs Africaines en faveur de l’Enfant (CONAFE-NIGER)</td>
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<tr>
<td>Fabrice Lepla</td>
<td>Education Advisor – European Commission</td>
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<tr>
<td>Melanie Swan</td>
<td>Global Advisor Early Childhood Development Plan International</td>
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<td>Hans De Greve</td>
<td>Education Advisor ECE – VVOB (input by email)</td>
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<td>Tumsifu Mmari</td>
<td>Head of Education – Plan International Tanzania</td>
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<td><strong>Senegal field study</strong></td>
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<td>Coordinator of the ‘Agence Régionale de la Case des Tout-Petits’</td>
<td>First deputy mayor of Mpal</td>
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<td>Groupe de Jeu in Pay: Focus discussions with children and mothers; interviews with supervisors, members of the management committee and head of the village</td>
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<td>Groupe de Jeu in Kelle Guèye: Interviews with Mère Volontaire, Bajanu Gox, COGEPE, AFADIPE and AC: Visit to a case de tout-petits and interview with the group leader; interview with the principal of the primary school; interview with the mayor and the point focal of the young child</td>
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<td>Mme Khadija Diop Mbodji</td>
<td>General secretary of the Ministry of National Education</td>
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<td>Manager of the Institut national d’Etude et d’Action pour le Développement de l’Education (INEADE)</td>
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<td>General secretary of the Agence Nationale de la Petite Enfance et de la Case des Tout-Petits (ANPECTP)</td>
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<td>President of the Réseau National des Acteurs de la Petite Enfance (RENADPE)</td>
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<td>Mme Safietou Deng</td>
<td>Vice-president</td>
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<td>M. Cheikh Mbow</td>
<td>Coordinator of Cosydep</td>
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3. Annex: References


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Plan International Belgium is an NGO that strives for children’s rights and equality for girls all over the world. Plan International is active in the most vulnerable regions, including places that have been affected by natural disasters or where conflicts are ongoing. Also in Belgium we are working with and for young people.

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