

Childcare and Early Childhood Development Programmes and Policies:

Their relationship to eradicating child poverty

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Contents

Preface	ii
Acknowledgements	iii
Executive summary	iv
1. Introduction	1
2. What is ECD?	2
3. Rationales for provision of ECD in the North	7
4. Conceptualisations of poverty and ECD	11
4.1. Robust evidence on ECD	13
5. Knowledge transfer on ECD and child poverty from North to South	15
6. ECD in the South	22
6.1. Swaziland	22
6.2. Kazakhstan	29
7. The range of ECD initiatives in the South	34
8. ECD interventions aimed at mitigating child poverty	37
i) Time poor mothers	37
ii) Young children affected by HIV/AIDS	40
iii) Young children in situations of war and conflict	41
9. Conclusions	44
10. Proposals and recommendations	46
References	47

Preface

This paper is one of a series of working papers, reports and policy briefings on different aspects of childhood poverty published by the Childhood Poverty Research and Policy Centre (CHIP). CHIP is a collaborative research and policy initiative involving academic institutions and Save the Children in China, India, Kyrgyzstan, Mongolia and the UK. It aims to:

- Deepen understanding of the main causes of childhood poverty and poverty cycles, and increase knowledge of effective strategies to tackle it in different contexts.
- Inform effective policy to end childhood poverty, ensuring that research findings are widely communicated to policy-makers, practitioners and advocates.
- Raise the profile of childhood poverty issues and increase the urgency of tackling them through anti-poverty policy and action.
- Work globally to tackle chronic and childhood poverty in developing and transition countries.

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Executive Summary

Childcare and early childhood development (ECD)¹ programmes are generally assumed to be beneficial. ECD is an umbrella term for a variety of interventions with young children and their carers/families, including health and nutrition, childcare, education and parent support. As a result of strong lobbying by a consortium of international agencies, the first goal of the Education for All international agreement on education - reaffirmed in Dakar, Senegal in 2000 - is to promote early childhood development for vulnerable children. The World Bank, the World Health Organisation, UNICEF and UNESCO have all stressed the importance of ECD in improving physical and psychosocial wellbeing and in promoting cognitive gains in young children; and in directly or indirectly combating poverty.

This paper explores the paradigms, arguments and evidence on which international agencies draw in discussing ECD. These include assumptions about poverty and the role of ECD in reducing poverty; assumptions about the robustness of the evidence on ECD; and the contexts in which ECD interventions take place. It uses two country case studies, one in southern Africa and one in Central Asia, to explore the strengths and limitations of these international approaches to conceptualising and implementing ECD programmes.

It provides an overview of the range of initiatives under the umbrella of ECD in the South, including their funding arrangements. These initiatives are extremely varied and the evidence about their efficacy tends to be weak. Many leading donors have emphasised the importance of interventions when children are very young in the form of parenting support. These interventions are frequently justified by citing brain research. However, not only is the link between neurological development and parenting styles unproven, but the parenting styles advocated draw almost exclusively on ideas of child rearing from the North.

The paper concludes that almost all the evidence about the effectiveness of ECD in determining cognitive, social and economic outcomes for children is drawn either directly from the North, particularly from the USA, or relies on the assumptions of work carried out in the North as a basis for programming and recommendations in the South. A substantial body of anthropological and psychological research and theory, as well as development literature, suggests that such extrapolation from North to South is likely to be simplistic, inaccurate or ineffective. It is therefore important to be wary about the adoption of ECD as it is currently being promoted by agencies such as the World Bank, as a measure to achieve long term economic prosperity. It is also important to insist on more rigorous, systematic and context sensitive evaluation of current ECD initiatives. Moreover, it should be noted that the ECD programmes most widely cited in the North all stress the importance of adequate

1 These programmes are variously referred to as ECD (early childhood development); ECCD (early childhood care and development) and ECEC (early childhood education and care). Here I use ECD for the sake of continuity.

resourcing to achieve quality. However, this factor has been ignored by many donors in the South. The paper suggests that ECD may be a useful form of practical relief to mitigate childhood poverty directly in particular circumstances: providing childcare for time poor working mothers with subsistence earnings; providing childcare for orphans and other vulnerable children, especially those affected by HIV/AIDS; providing childcare and support for children experiencing war and conflict. In transitional countries, those services that remain should have a pro poor orientation to support poor families, rather than being converted, as is currently the case in many transitional countries, to fee paying institutions for the more affluent. It stresses that whatever initiatives are being promoted, they should be carefully evaluated.

I. Introduction

The first goal of the Education for All international agreement on education, reaffirmed in Dakar, Senegal in 2000, is to promote early childhood development (ECD) for vulnerable children. The World Bank (1996; 1998),² the World Health Organisation (1999; 2004), UNICEF (2002) and UNESCO (1999; 2000) have all stressed the importance of ECD in improving physical and psycho-social wellbeing and in promoting cognitive gains in young children, as well as directly or indirectly combating poverty. This paper questions the types of evidence that are used to support these claims, arguing that they are inextricably tied to North American understandings of early childhood. Extrapolating evidence from the North to the South may distort, rather than strengthen, efforts to provide ECD. The paper considers how and under what circumstances ECD might ameliorate poverty experienced in childhood.

The sources for the review are a wide ranging literature search; an extensive collection of locally published booklets and documents collected by or sent to the author in the course of visits and consultancies in the South; a detailed study of ECD in two case study countries; and interviews and e-mail discussions with a number of key stakeholders..

2 These references are listed in the reference section as Young (1998).

2. What is ECD?

The literature refers to 'early childhood development' or 'early childhood interventions' in a blanket way. These definitions overlap and it is not always clear what the intervention involves. Very broadly, ECD may mean one or any combination of:

- School based nursery education, usually for children aged three to six, delivered by trained teachers in school premises, with an agreed curriculum or programme, either on a part time or full time basis. Nursery education is most likely to be publicly funded, with parents only paying peripheral costs such as uniforms (if any) or stationery. This provision meets agreed national standards and is regulated through an inspectorial system.
- Community based preschool or playgroups, usually part time, often provided in a multi purpose church hall or other community facilities. Staff, who tend to be local women, often serve on a voluntary rota basis, and provide relatively low key play activities. It may or may not be regulated. Fees are likely to be minimal, but there is some cost recovery.
- Centre-based childcare, usually for children aged between nought and three or nought and six, delivered by a variety of personnel, many of whom are likely to be untrained, in a variety of regulated or unregulated premises, to cover the working hours of mothers. Centre based childcare is usually delivered on a cost recovery basis, usually by profit or non profit organisations, but may attract some state subsidies. It may or may not be regulated.
- Home based childcare, usually for children aged between nought and three or nought and six, delivered mostly by untrained or minimally trained women working from their own homes, to cover the working hours of mothers. Home based childcare is usually delivered on a cost recovery basis by the private operator offering the care, but may attract some state subsidies.
- Supplementary feeding programmes usually administered by paramedics, but often delivered in one of the above.
- Home visiting, parent education/support - usually delivered by para professionals whose expenses are met by the state or a non profit agency.
- Health programmes including health monitoring, vaccinations and treatment against illness and disease, also provided by paramedics, sometimes delivered as a stand alone health service, sometimes as part of other ECD services.

Advocates for ECD argue that ECD programmes will achieve one or more of several goals:

- They will prepare children for school, and enable them to get better results at school.

- They will provide childcare for working mothers.
- They will enhance children's nutritional status by improving mothers' feeding, health and childcare practices, and through the distribution of nutritional supplements.
- They will be a focus for community development and community cohesion.
- They will enable mothers and other caregivers to rear children better than they would without such assistance.
- They enable children to socialise with their peers (a more pressing goal in the North where children are more likely to be brought up in small isolated family units, than in the South where household arrangements are more flexible).

It is increasingly argued that these programmes and goals will, in the long run, lead to a reduction in poverty. This general claim, as well as the more specific goals, is considered in detail in this paper.

ECD programmes draw mainly on ideas and theories of child development. 'Child development' or 'child psychology' is said to offer a scientifically based underpinning of early childhood programmes. Prout and James (1990) argue that there are three common themes within this discipline: '*rationality*', and '*universality*'.

Rationality is the universal mark of adulthood, and childhood represents a period of apprenticeship for its development. Children's ages and stages, and the activities that are said to characterise each stage, are seen as markers of developmental progress towards rationality. Child development ceases at some point in late adolescence when the child has become a fully rational adult. Children are essentially irrational and have to learn to think logically and rationally, whereas adults have acquired logical thinking skills. This underlying theme of child development has been criticised strongly by children's rights advocates such as Alderson (2000). He argues that even very young children are capable of making rational and considered decisions, within the limits of their knowledge, whereas the notion of ages and stages of development implies that children are always inferior to adults in their understanding of issues. The relatively new discipline of the sociology of childhood also puts forward an alternative view - that children's behaviour and attitudes are better explained in a generational framework. Childhood is the other side of the coin to adulthood, and the nature of childhood in a given society can only be fully understood in relation to adult assumptions about, and behaviour towards, children (Mayall, 2002).

Naturalness refers to the biological underpinnings of behaviour inherited through the genes. The sociobiologist Hrdy (2000) has pointed out that biological behaviour is very diverse. For instance, parenting behaviours across species vary widely. Biological mothers do not always care for their

offspring; offspring do not always attach themselves to their mothers. The evidence from primate studies suggests that claims for a biological basis to human behaviour are very complex. For instance, attachment behaviour, the very close bond a very young child shows for its mother, is commonly interpreted as an example of the biological roots of infant behaviour.³ Yet Gottlieb (2004), in a landmark study of childrearing in Cote d'Ivoire, convincingly argues that the attachment of young children to their mothers (or other carer) and fear of strangers is neither biological nor universal.

Universality refers to behaviour that occurs independently of culture, behaviour that is common to all children wherever in the world they live. Many anthropologists and cultural psychologists would question whether universal traits and behaviours are possible independently of context, and instead argue that all behaviour is 'culturally embedded' and cannot be comprehended outside of the context in which it has emerged (Rabain, 1979; Shweder and LeVine, 1984; Ochs and Schieffelin, 1984; Jahoda and Lewis, 1987; Reynolds, 1989; Stigler *et al*, 1990; Cole, 1990; Serpell, 1993; LeVine *et al*, 1994; Harkness and Super, 1996; LeVine, 2003).

What is taken as 'scientific evidence' about child development is mostly drawn from the results of observations and experiments with white middle class children in North America and Europe, and assumed to be applicable to all children in all circumstances. If indeed there are universal underpinnings for child development, then at the very least the evidence base needs to be considerably widened. Where detailed evidence has been obtained from the South, some of the conventional understandings of child development have been profoundly challenged. Ochs and Schieffelin (1984: 283) for example explored verbal interactions between mothers, other care givers, and children in a number of communities and concluded:

'To most middle class Western readers the description of verbal and non-verbal behaviour of middle-class caregivers and their children seem familiar, desirable and even natural... the characteristics of caregiver speech (babytalk) and comportment that have been specified are highly valued by members of white middle-class society, including researchers, readers and subjects of study. (But) the general patterns of white middle-class caregiving that have been described in the literature are characteristic neither of all societies nor of all social groups.'

LeVine and the group of anthropologists with whom he worked have systematically compared early childhood experiences across the North and South (LeVine *et al*, 1994). They argue that focusing attention on individual children, encouraging them to be loquacious, enabling them to express their individuality through the articulation of their opinions and preferences, is an especially Euro American concept. He contrasts upbringing in many parts of the South where there is little or no explicit caregiver focus on the development of word games or language (although there may well be bilingualism or multi lingualism), with that of a typical North American child. He concludes that:

3 The most recent World Health Organisation report (2004) nevertheless insists that attachment behaviour is biologically based and universal.

'The constant presence of young children in family life whilst rarely being the focus of attention, and their participation in the productive and other activities of the household from an early age appear to offer emotional security without the verbal expressiveness by the mother and others... making sense of this will require changes in our notions of emotional and communicative development' (*ibid*: 272).

LeVine argues that a typical middle class child from the USA (implied to be the 'ideal child' of so many manuals and programming instructions issued by donors) is encouraged to initiate and expect a response to everything around him.

'From infancy onwards, the child is encouraged to characterize himself in terms of his favourite toys and foods and those he dislikes; his tastes, aversions and consumer preferences are viewed not only as legitimate but essential aspects of his growing individuality - and a prized quality of an independent person' (LeVine, 2003: 95).

However, mainstream child development continues to make claims of being an empirically based, scientifically sound discipline and forms the basis for most programming. In the USA, the standard guide based on these 'scientific principles' is *'Developmentally Appropriate Practice in Early Childhood Programmes'*, and is issued by the National Association for the Education of Young Children. This guide spells out what behaviour is appropriate for each age group, and what kinds of activities can best meet their needs. It claims to draw on research evidence (almost exclusively from the USA) and presents the guide as 'state of the art knowledge' about young children. This guide is widely referred to and used by multilateral and bilateral agencies as a basis for ECD programming in the South. (See the discussion below.) It has, however, been criticised on the grounds that it assumes that knowledge and practice are, or can be, more or less context free, and that it ignores controversies and debates in the field - for example, the emphasis on individualism in North American childcare, and the relative lack of emphasis on helpfulness and co operation as a mark of maturity and development (Kessen, 1979; Shweder and LeVine, 1984; Serpell, 1993).

The editors of *'Developmentally Appropriate Practice in Early Childhood Programmes'* acknowledge these criticisms to a limited extent. The 1997 revised edition of the guide points to the complexities of many of the issues involved, although it still leans heavily on USA research and is informed by implicit Euro American assumptions. For instance, 'developmentally appropriate practice' takes for granted the material basis and assumptions of choice and consumption that underlie so much of ECD programming. Viruru (2001: 19), writing from an Indian perspective, argues that 'so much of early childhood education and care is written in the language of affluence and privilege and is far removed from the realities of so many children.' Play based pedagogies, in her view, are predicated on a level of material resourcing which is simply not available for many children. She also argues that the very notion of play as a separate fantasy world for children, requiring its own special play equipment, is a denial of the experiences of children 'who grow up with the world rather than protected from it' (*ibid*: 19).

Child development therefore is a contested area of study, and its paradigms have been critiqued from within by psychologists, and from without, chiefly by anthropologists and sociologists. These controversies have not, on the whole, been reflected in ECD provision and programming.⁴

4 The main challenge to the status quo in the USA has come from the 'reconceptualizers' group of early childhood educators, mostly post modernists (eg Tobin, 1996). This group of early childhood academics and practitioners argue that it is no longer possible to have a unified view on any aspect of practice or on what constitutes quality in early childhood; that values and opinions are inescapably relative. Their critique, however, applies almost entirely to early childhood practices in the North.

3. Rationales for provision of ECD in the North

In some countries, there are standard and predictable publicly subsidised systems offering near universal centre based integrated education and care facilities, and some nutrition, at least for children aged three to six. This was true for most former communist countries in Central and Eastern Europe and the former Soviet Union and is still true for many Western European countries. These countries, because they provide(d) universal or near universal services, are/were less likely to offer home based care, home visiting or parent education, or to target provision in any way. They provide(d) coherent universal systems at all levels of administration as a public entitlement. Conversely, in English speaking countries, in particular the USA, UK, Canada and Australia, where provision is much less systematic, and where parents bear a large part of the cost of any services, targeted interventions, home based care, home visiting and parent support are common strategies for 'multi problem' families who cannot otherwise access services, and who might otherwise bring up their children 'badly'. These countries all experience an administrative split between (nursery) education and (welfare) care systems, and administration and regulation of the system tends to be *ad hoc* and often inefficient (OECD, 2001). It is this targeted, *ad hoc* model of English speaking countries that has by and large been exported to the South.

There is a considerable tranche of evidence, mainly from the USA, that demonstrates that early childhood education and care produces cognitive and social gains, at least in the short term. Most of this evidence comes from targeted programmes for low income families. 'Low income' in this literature is used synonymously with 'multi problem' and 'low IQ' and 'single parent'. 'Multi problem' in turn usually refers to families who have been referred to social welfare agencies because of concerns about children - for instance chaotic lifestyles, early pregnancy, drug or alcohol abuse and so on.

The two best known projects - the Perry High Scope and the Abecedarian - selected participants on the basis of low IQ ratings: children's IQs of between 75 and 85 for the Perry project, and mothers' IQs of 85 for the Abecedarian. The Abecedarian mothers were referred by welfare agencies. In addition, 98 per cent of participants of both studies came from African American families, also a problematic issue in the context of the USA. This conflation of low income with low IQ and welfare referrals, and the targeting of ethnic minority groups, raises questions about the generalisability and relevance of the results.

These two key studies also both assume high quality interventions, with good programmes and good adult child ratios of between 1:4 or 1:10 depending on the age of the child. The Perry High Scope had a particular and well developed (although part time) educational programme for four year olds plus home visiting. The Abecedarian offered full time care and a well structured educational programme for

children from infancy through to age eight. However, even with high quality provision there are caveats.

'Reviews of the evidence suggest that impact is linked with the type and quality of the provision. The low-income children who attended these programmes may do better than other children from their poor neighbourhoods, but most still lag behind middle class children. For example, even in the Perry High/Scope Preschool Project, which is known for its remarkably positive outcomes, nearly one third of the program children were later arrested, and one third dropped out of high school... realistic expectations are in order' (The Future of Children, 1995: 14).

These two studies were conducted as randomised, controlled trials, that is, using standards of evidence used in medical investigations, and generally regarded as robust. The Abecedarian study followed the progress of the children until age 21, the Perry High Scope for still longer. Attrition rates over time were low. However, the samples were small. The Perry High Scope had 68 participants, half of whom attended the trial programme; the Abecedarian had 112 participants, half of whom attended the trial programme.

Attempts have also been made to quantify their impact in terms of cost benefits. Trying to quantify these benefits over time, assess their duration, assign monetary values, and link them to specific programme interventions is problematic. The Perry Project suggests a cost benefit ratio of 1:7, that is, seven dollars saved in the long term for every dollar spent (Schweinhart, 2003). The report on the Abecedarian project is more cautious but nevertheless states that 'the Abecedarian program results in healthy returns for the investment of public resources targeted at a disadvantaged group' (Masse and Barnett, 2003: 34).⁵

The Abecedarian figures have stood up to scrutiny. However the Perry High Scope project has been severely criticised for its level of errors and inconsistencies in reporting the number of participants and attrition rates (Engelmann, 1999) and for its exaggerated policy claims (Gersten, 1986). Nevertheless the policy message from the Perry High Scope appears to be so apt that these criticisms have been overlooked, and the mistakes even compounded, in subsequent reviews and meta-analyses. For instance a substantial review by Karoly et al (2001) 'Assessing Costs and Benefits of Early Childhood Intervention Programs' quotes *different* participant and attrition rates from those cited in some of the Perry High Scope papers.

Despite these considerable limitations of context and scale, and in the case of Perry High Scope, of accuracy, these two programmes are very widely cited in the literature on early childhood as evidence of the importance of ECD interventions. Interventions that focus on home visiting and parent

5 A recent international systematic review by the author (Penn et al, 2004) of the impact of integrated out of home care and education on children aged nought to six, revealed the difficulty of categorising different kinds of provision across countries, and therefore in comparing and assessing their impact.

education, without offering childcare, have produced more contradictory results and are regarded as less effective for targeted populations (Barnett, 1995).

In contrast to these highly specific USA studies directed at targeted 'low income' populations, one of the most recent comprehensive and context sensitive comparative studies in the North is the ongoing thematic study of early education and care being carried out by the Organisation for Economic Co-operation and Development (OECD, 2001). Based on a peer review system, the ECD policies and practices of participating countries are investigated using the criteria of quality, access and equity. So far, 21 countries have participated in the review, including USA, UK, Australia, Korea, Mexico, the Czech Republic, Hungary and many other European countries.

The OECD review states, very broadly, that ECD is a necessary public good - like education or health services. It enables women's equitable participation in the workforce and it enables children to learn and socialise. The debate is not about these justifications for provision, which are taken as read for a developed society, but about implementation. The OECD review argues that children are likely to benefit most from high quality services with trained and remunerated staff, that emphasise play and learning, and that all children, especially vulnerable children, should be able to access such services: 'Limited public investment leads to a shortage of good quality programmes, unequal access and segregation of children according to income' (OECD, 2001: 130). Quality services that meet conditions of equitable access and ensure an entitlement for vulnerable children are invariably publicly funded (although parents may make some contribution). Overall, within OECD countries, 82 per cent of provision is publicly funded. In the absence of state policies or any kind of state intervention or funding, it is up to individual providers to provide education and care on an *ad hoc* basis, and under these conditions, the quality of provision is highly variable and access is inequitable. This is the case, for example, in the USA (OECD, 2000) which rates poorly by comparison with other OECD countries. In the USA, the state only provides targeted services for the poor, and then grudgingly; otherwise, ECD programmes are mostly private and available only to those who can pay.

At the most basic level, definitions of quality are tied up with notions of childhood and beliefs about how and under what circumstances children learn. There is no international consensus on what constitutes an appropriate curriculum or daily regime of activities for young children; there are considerable variations between countries within the North, let alone between the North and South. For example, one of the most highly praised ECD programmes internationally is in Reggio Emilia in Northern Italy.⁶ In this programme, which offers full time care and education for children aged between one and six, great emphasis is put on supporting children in developing and carrying through their own interests and ideas with minimum adult interference. This programme is run collectively, with minimum hierarchy, and weekly in service training of all staff. The standard of work produced by the children is so outstanding that some of their drawings and writing have been compiled into a

6 It is a small town in the wealthy province of Emilia Romagna in Northern Italy. Reggio Emilia has a group of 22 nurseries which have been collectively experimenting with and documenting their programmes over a 30 year period, and is led by the charismatic psychologist Loris Malaguzzi.

travelling exhibition, which is much in demand (Edwards *et al*, 1993).

By contrast, in the UK formal education cannot begin too soon. Most children aged four years are already in primary school and under pressure to begin formally reading and writing, for fear they may 'fall behind'. The school starting age is an indication of the value - or lack of it - put on ECD. In Scandinavia, children remain in ECD provision and do not start school - or learning to read and write - until six to seven years of age. Before that, the aim is to provide a creative, playful indoor and outdoor environment, free from the pressure to learn to read and write.⁷ Local authorities in Scandinavian countries have an obligation to provide ECD for *all* children whose parents require it; it is an entitlement for all families.

There is also considerable variation in the role of 'teacher' in ECD programmes. In Eastern Europe and other countries within the Soviet ambit, the teacher has been an important person, and teaching has traditionally been more didactic. Teachers exercise tight control over the activities undertaken by children. Children's learning is assumed to be incremental and cumulative, and is carefully planned by the teacher, an approach which reflects the influence of Russian psychologists, especially Lev Vygotsky.⁸ Literacy rates in these countries have been very high and education performance has been comparable to, or exceeded that of, other developed countries, although teasing out the reasons for good educational performance is extremely difficult and inevitably reflects wider economic and cultural factors (Alexander, 2001).

In the North, then, there is a wide variety of approaches, from the much praised critical self reflective practices of Reggio Emilia in Northern Italy to an emphasis on accelerated individual development or what is sometimes called 'hot housing' that characterises much private provision in countries like the USA (Sutton Smith, 1999).

7 Scandinavian children, nevertheless, outperform children in the UK by age 16 on international comparative tests, although this may be due to many intervening variables such as the quality of schooling and low levels of poverty.

8 Bronfenbrenner (1974) provides a detailed discussion of Russian upbringing.

4. Conceptualisations of poverty and ECD

The evidence on poverty⁹ from the North shows that it is possible to achieve very low child poverty rates - below five per cent - through redistributive taxation (Diderichsen, 1995; Bradbury and Jantii, 1999). In general, the richer the country, the lower the rates of child poverty. However, this is not the case for English speaking countries, especially the USA and the UK. The USA has child poverty rates of around 25 per cent. The UK has the next highest at 21 per cent (Bradbury and Jantii, 1999). Although these poverty measures can be presented according to different criteria,¹⁰ and vary slightly over time, put another way, tolerance of childhood poverty in the UK and USA is greater than in other countries in the North.

Phipps, a Canadian economist, has tried to link values, policies and child outcomes in measuring poverty. Using data from a comparative study of the USA, Canada and Norway, Phipps (2001) suggests that in the USA, and to a lesser extent in Canada, there is a public view that poverty is associated with laziness, and that income inequality is therefore not a major concern. This view maintains that poor people do not try hard enough, while high earners deserve their income. In Norway, only a minority hold such views. As a result of these views and values, she argues, the USA and Canada are reluctant to introduce redistributive income transfers (tax and benefits that recompense the poor).

'Policy discussion (in the USA and Canada) is extremely concerned that "too generous" transfers will lead people, naturally lazy, to take advantage of programmes by working less for pay and "enjoying" more time jobless. Such thinking goes back many years (eg to the British Poor Laws of the 17th century) but still characterizes policy discussion today' (*ibid*: 82).

Overall, she concludes that the evidence is 'consistent with the idea that both higher levels of spending and programmes with a more universal flavour are associated with better outcomes for children' (*ibid*: 87).

The consequence of this anti redistributive stance in the USA and UK is that there is emphasis instead on targeted early intervention measures to combat child poverty. A very strong assumption running through most ECD programmes in the USA is that, while state intervention for ECD is unnecessary and too costly for the public purse, interventions targeted at poor young children may be cost effective enough to justify expenditure. There are many claims in the USA literature that children who have participated in some kind of ECD programme perform better in the long term, keep out of jail, are

9 Using either relative or absolute measures of poverty, although the kind of measurement makes a difference to ranking in some countries.

10 As a relative or absolute measure.

less likely to have teenage pregnancy, or even, improbably, are more likely to own their own home. It is argued that such programmes are thus likely to save the state money at a later date by keeping children out of trouble and avoiding the need for - and costs of - subsequent corrective measures. Most of these claims can be traced back to the two key studies, the Perry High Scope and the Abecedarian.

Despite the lack of generalisability of the evidence, improving children's cognitive capacities through educational and childcare programmes, and also (or instead) addressing mothers' parenting styles, is therefore seen as a way of combating child poverty. Poor educational performance, low aspirations and inequality can thus be addressed in a society where, theoretically, success is open to all, but where there is deep rooted poverty.

By contrast, the experience of Northern European countries in particular, is that child poverty can be powerfully reduced by a judicious combination of tax, benefits and childcare. As pointed out above, in such countries, ECD is seen as a necessary and affordable public service, and one of a number of redistributive measures that contribute to child poverty reduction. Targeted ECD in these countries is regarded as an ineffective strategy for poverty reduction (OECD, 2001). Whereas in the OECD as a whole, 82 per cent of ECD provision is publicly funded, in North America, the UK and Australia a majority of provision is private. In the UK for example, 85 per cent of childcare provision is private for profit care (National Audit Office, 2004).

Assumptions about the unaffordability of ECD as a public service, and the role of targeted ECD interventions in the USA in combating child poverty, are implicit and widespread. However, there is also some criticism of this approach within the USA and UK. Critics suggest that the aims of targeted early childhood interventions - to break the cycle of poverty - are, in general, hugely optimistic. The gains, if any, are marginal, refer only to high quality programmes, and overlook, or divert attention from, the wider socio economic contexts of inequality and lack of social mobility (Kagan, 1998; Bickel and Spatig, 1999; Toroyan *et al*, 2003). The Sure Start programme in the UK is another much trumpeted targeted approach to addressing child poverty.¹¹ Sure Start is currently being evaluated for its implementation (the kind of programmes it has been developing); its outcomes (the effect on young children of having attended the programmes); and its cost effectiveness (its costings compared with alternative forms of funding). On each of these evaluations, the results so far are not encouraging. The programmes are low key and have been slow to get off the ground; there are no significant outcomes for children; and the programme has been very expensive to set up compared with other forms of provision (National Evaluation of Sure Start, 2003/4). These results also suggest that redistribution may be a more effective strategy in addressing poverty.

11 Sure Start is a UK government funded programme. Funding is offered for a five year period for each project to provide community based care, education and health for children aged 0-3 on an area basis for 20 per cent of the poorest neighbourhoods in England. It has been left to local professionals in the education, care or health fields, or more exceptionally, voluntary groups, to determine the precise nature of the services offered in their area. Originally, the emphasis was on parenting skills and home visiting, but the government subsequently insisted on the importance of childcare provision to enable mothers to work. A £20 million ongoing evaluation programme, National Evaluation of Sure Start, has been written into the funding. Regular updates of findings can be found on its website (www.ness.bbk.ac.uk).

Most former socialist countries still maintain a commitment to fund ECD services through public expenditure. Services in many transitional countries have been reduced, although, as in the example of Kazakhstan, this was because services were provided through the workplace. Once the workplaces were closed or privatised, so were the collective facilities the workplace once provided, including health clinics and ECD provision. However, expectations from the general public that ECD services should be publicly available remain high, and most transitional countries at least pay lip service to providing it (Narayan *et al*, 2000).

4.1. Robust evidence on ECD

In the ECD literature drawn on by the World Bank and other bilateral and multilateral agencies, there is little acknowledgement of any research conclusions from outside the USA. Indeed, some authors claim that the only *valid* evidence and experience is from the USA because no other studies have tested the effects of early childhood programmes with the same degree of rigour (Young, 1998).

The 'gold standard' for medical evidence is a randomised controlled trial. Subjects are randomly allocated to an intervention group or a control group, and the progress of the two groups is systematically compared. One reason for the frequent citing of studies from the USA (including the Perry High Scope and Abecedarian) to inform ECD projects in the South is that they were conducted as randomised controlled trials, and the evidence they provide is therefore seen as especially robust, despite their limited contexts. To the extent that ECD is seen as a technological intervention analogous to drug interventions, the key to successful intervention is seen to lie in the scientific application of scientifically proven facts. Failure is judged as a failure of application rather than as a failure of conception or a narrowness of understanding.

However, for social interventions, the process is inevitably more complicated, especially when, as indicated above, the early childhood intervention programmes may in themselves be problematic, and open to debates about their underlying values. Randomised controlled trials are undoubtedly a rigorous methodology, but their validity also depends on the scope of what they investigate and the context in which they do so. They are expensive to set up, especially if they are longitudinal. They may also raise considerable ethical issues about who receives the intervention and who is excluded in a resource poor environment. They also tend to privilege quantitative over qualitative data so that the views and feelings of the participants mostly do not figure in the evaluation.

There is also a lively debate about the measurements used to evaluate children's cognitive, psycho social and motor progress and whether these can be used outside their country of origin. Pollit and Triana (1999) claim that any measures used for children under 18 months are unreliable, but that measures used for older children, with slight adaptations, can be used in the South and have predictive value. They used a standard measure, the Peabody Picture Vocabulary test, and adapted it for use in Java and Guatemala. However, these and other tests, although moderately predictive, were not as reliable as when they were used in the USA.

Anthropological evidence is much more rarely cited by multilateral organisations, but it offers useful alternative insights. As well as the more specific childrearing studies of LeVine and his colleagues described above, there are some well known ethnographic studies of what it means to live in a poor community. For example, Scheper Hughes (1993) carried out a long term ethnographic study of families in the *favelas* of a town in north east Brazil. She describes the neglect shown by mothers to their infants, and the very high child mortality rates. She concludes, not that these are poor parenting practices (as many aid agencies have described the childrearing practices of the poor), but that being regarded as worthless themselves, the mothers could not believe that their ailing babies were worth saving. Only if their babies showed a strong will to live and seemed to have a good chance of survival, did they begin to invest in their care. Even if they had tried to do more, they lacked the essential resources - access to clean water, sanitation, food and medicine. Resignation was, for them, a more realistic coping strategy than struggling endlessly against their fate. Bourgois (1998) working in the *barrios* in New York with Puerto Rican families makes similar observations. The chaotic violence of daily life on the margins in a rich country like the USA led women to devalue themselves and lower their expectations to the point that their own survival, and that of their children, was a matter of relative indifference. Brice Heath (1990), an anthropologist, who has made a long term study of poor black children in the USA, described how a poor, but vibrant and self contained community, was damaged first by schooling that failed to acknowledge their cultural traditions, and then by re housing projects that ignored community links. This disempowerment and progressive isolation of mothers resulted in impoverished parenting.

'...fewer and fewer individuals in some minority groups define themselves in terms of the webs of significance they themselves spin, and many may be caught out without understanding, interpreting, or transmitting anything like the cultural patterns into which they themselves were socialized' (Brice Heath, 1990: 517).

Ideas about how children develop and learn, who should look after them and in what circumstances, goals of conduct, and what constitutes a family or a community, vary greatly. These ideas are not fixed but adapted, sometimes reluctantly, to changing circumstances. As Rosaldo (1993) and Stephens (1995) point out, the overwhelming and pressing reality faced by almost every group of people, whether in their traditional homeland, as migrants within their own country, or immigrants in the North from the South, is how to maintain their identity and integrity - and indeed their livelihoods - in the face of the globalising norms of the economic marketplace. With some exceptions (eg Arnold *et al*, 2000) these debates about cultural identity and economic pressure are largely absent from the ECD literature.

5. Knowledge transfer on ECD and child poverty from North to South

Poverty in the South is more endemic, widespread and severe than in the North. Nonetheless, the assumptions and expectations of policy makers in the North - that targeted early childhood interventions are an appropriate and effective way to address poverty - inevitably spill over into the South. It is often implicitly or explicitly suggested that 'developing countries' are merely at an earlier stage of development than the USA, and that the difference is only one of degree.

'...factors commonplace in industrialized countries are inherited by developing countries as they advance. Thus the developmental outcomes of poor children in the United States may be predictive of outcomes of children in developing nations' (Scott *et al*, 1999).

The World Bank Institute, which was established in 1955 'to train officials concerned with development planning, policy making, investment analysis and project implementation in member developing countries' has published a 'definitive' handbook for early childhood programming (Evans *et al*, 2000).¹² It contains many practical suggestions, but the overriding assumption is that of 'developmentally appropriate practice', that is of an individual child passing through ages and stages of development, assisted at each stage by a knowledgeable adult using the appropriate resources. It is generally assumed that precepts of understanding and practice - such as the National Association for the Education of Young Children manual on Developmentally Appropriate Practice - developed for children in the USA, are perfectly legitimate for the South. UNICEF has similarly absorbed the tenets of 'developmentally appropriate practice'. In a specially commissioned review of the scientific evidence on ECD programming, the authors conclude that:

'Interventions with parental and non parental caregivers are needed to help them use developmental materials appropriately, to provide challenging activities at the appropriate level of difficulty in which the child can be successful, to become increasingly involved with their children, to respond verbally to the child's vocalizations, to be responsive to the child's emotional needs, and to avoid physical punishment as a standard child rearing practice. Parents or caregivers should be taught how to integrate child development activities into

¹² This guide has also been officially approved by 12 major international donor agencies concerned with early childhood, including UNESCO, UNICEF, USAID, the Christian Children's Association, Plan International and the Inter American Development Bank, and is issued by a multi donor organisation called the 'Consultative Group on Early Childhood'. The handbook took several years to produce, and drew on earlier, similar guides produced by UNICEF and other agencies.

activities of daily living as much as possible. Involving other family members in these activities has the potential to increase their impact' (Grantham McGregor *et al*, 1999: 4).

The World Bank has been persuaded to support the financing of ECD because of the claims that it reduces poverty, and thereby contributes to economic wellbeing and progress. It commissioned a wide ranging review of the (mainly North American) evidence that early childhood programmes carry economic benefits. It concludes that:

'ECD programs are most likely to be beneficial for children who grow up in the poorest households... well targeted public programs can maximize society's benefits of ECD interventions while remaining affordable... ECD programs are a sound investment in the well being of children and in the future of societies' (van der Gaag and Tan, 1998: 33).

This review also cites the Perry High Scope project as a main source of evidence. It draws on the economic modelling in the Perry High Scope project to analyse a home based childcare project in Bolivia (PIDI), and arrives at a benefit cost ratio between 2.38 and 3.10 for every dollar invested. The annual cost of the Bolivian programme was between \$300 and \$400 per child per year. About 38 per cent of the budget per child was spent on food supplements, and 15.7 per cent on remunerating the caretakers of the children.¹³ Rosenberg (2003) argues that similar home based programmes in Brazil are exploitative of the poor women who act as caregivers, and serve to reinforce gender stereotypes, while the costing models that are used assume a cheap service whose main effect is to lower the expectations of the poor.

'These proposals (for low cost targeted early childhood interventions) put forward by multilateral organizations encourage programs for the children of developing countries with low state investment, low quality services and the inadequate remuneration of women's labour' (*ibid*: 252).

The Inter American Development Bank conference *'Breaking the Poverty Cycle: Investing in Early Childhood'* (1999) also reiterated the claims that targeted early childhood interventions

'can foster a lifetime of improved health, mental and physical performance, and productivity. Moreover ECCD can help minimize or prevent many other problems including illiteracy, juvenile delinquency, teenage pregnancy, crime, drug use and domestic and social violence. And it can help break the tragic cycle of poverty... which is often passed on from one generation to the next... much can be increased with only modest increases in the share of national income devoted to certain early childhood development interventions. Moreover relatively small interventions can go a long way' (*ibid*: 3).

13

In a typical project in the North, OECD estimates that approximately 80 per cent of running costs go to staffing.

Seen in perspective, these interventions are in fact miniscule. In 1999 alone, the World Bank spent approximately \$3 billion on its education and social programmes. In contrast, at a generous estimate, the Bank has loaned \$1,000 million over a ten year period for ECD programmes (Myers, 2000), that is 0.0000333 per cent of its annual education and social budget. If such ECD programmes did indeed succeed in combating poverty to the extent envisaged, they would be a terrific investment!¹⁴

In addition to the relatively small investments envisaged to bring about profound change, notions of quality have also been abandoned in the translation of ECD programmes from the North to the South. The early intervention programmes in the USA on which much of the evidence is based, unequivocally stressed the importance of high quality centre based education and care programming to effect any long term change in children's outcomes. In the scaled down versions of early childhood programming in the South, it is commonly assumed that interventions can be low cost and home based rather than centre based, and that they are still likely to have the same or similar outcomes.

Additional evidence commonly cited by multilateral organisations to justify interventions in the South are neurological studies of brain functioning; World Bank literature, for example, frequently refers to such studies (Young, 1998). The brain is at its most malleable in the first years of life, and the synaptic connections formed at this stage in response to stimulation are critical in determining later cognitive abilities. This argument has a basis in nutritional studies. Certain nutrients are essential for foetal and neonatal growth, and malnutrition carries the risk of deformity and retarded growth. However, extrapolation from nutrition studies to neurological growth is very dubious. Bruer (1999) has shown how the results of a few obscure, and not very relevant, studies¹⁵ have been exaggerated. He asserts that the popular claims for early intervention, based on brain studies, have very little, if any, foundation. Rose (1998) has comprehensively reviewed the evidence on brain functioning, and concluded that neuro scientific knowledge is too fragmented and technology still too basic, to justify the claims about how the brain works - indeed, they question the possibility of the endeavour. There is *no* direct neurological evidence about the relationship between parenting styles and neurological development and indeed, given the current state of technology, it is hard to see how it could be obtained. However, arguments about brain development can be - and are - used to justify low key interventions. The following quote is from a UNICEF manual advocating parenting programmes in Central Asia.

'From birth the brain is rapidly creating (synaptic) connections. By the time a child is three he/she has formed about 1,000 trillion connections... when a connection is used repeatedly in the early years, it becomes permanent. When synapses are fired, such as when a child plays peek-a-boo over and over, they get stronger. When connections are repeatedly fired together,

14 By comparison, the OECD average for preschool provision, as a percentage of the education budget, was 9.5 per cent in 1999 (OECD, 2002).

15 The most frequently cited brain studies are those by Chugani et al (1987) carried out on a group of epileptic children aged 5-15, some of whom were under severe medication; and studies carried out in the 1960s and 1970s on the visual cortex of kittens - and later monkeys - who were blinded in one eye at birth! (Hubel and Wiesel, 1977).

they are wired together. In contrast a connection that is not used at all, or not often enough, is unlikely to survive. In this way, brain development is truly a 'use it or lose it' process. For example, a child who is rarely spoken to, read to, or encouraged in self expression in the early years, may have difficulty mastering language skills later on' (UNICEF, 2002: 29).

This extract implies that a child who is brought up without early verbal stimulation will have an atrophied brain. Leaving aside the extravagance of this claim - and questions of literacy rates, maternal/caregiver time, and general availability and affordability of books and printed materials in poor countries - the implicit model of childrearing contained is again drawn from 'developmentally appropriate practice'.

Thus, one set of arguments refers to parenting and caregiver styles of childrearing. The notion of 'developmentally appropriate practice' underwrites the work of many international organisations promoting early interventions. These interventions are primarily targeted at reducing poverty through improving parenting and caregiving. But there is a second related and powerful discourse concerning nursery education which asserts that, for young children, schooling is an abrupt and difficult break from everyday domestic life. Put crudely, if children are to master the difficult task of becoming literate and numerate - often in the South in a language that is not their mother tongue - they have to learn to adapt to school. They have to learn how to listen, interpret and obey instructions from their teachers. Children need a gradual induction to schooling; otherwise they might find it too difficult and off putting. Children who are not inducted into schooling are more likely to repeat years and drop out.

There is substantial evidence from the North that nursery education - that is a year or two of experience of some preschool intervention by a trained teacher before starting the formal curriculum - makes a difference to subsequent school performance (OECD, 2001). A recent study in the UK (Sylva *et al*, 2003) suggested that nursery education delivered by trained teachers in school settings is likely to have more of an impact on school performance than any other type of preschool arrangement. Most countries in the North offer some kind of state funded nursery education. However, as mentioned above, patterns of nursery schooling are very different, ranging from two or two-and-a-half hours a day for four year olds during the school term (as in the UK), to the comprehensive kindergarten systems offering all day all year care and education for two to six year olds, as in the Nordic and former Soviet countries. Comparing results across these very different systems is therefore problematic.

Apart from the former communist countries, most ECD provision in the South is private, geared explicitly to promoting school readiness, and available only to those who can pay. Viruru (2001) describes in detail the work of a private nursery in south India, and traces how the staff relies on rote learning exercises and copying to develop literacy. However, Viruru argues that such an approach fits better with the ideas about childrearing and expectations of schooling in that community than a more child centred approach which, apart from being more costly in resources, would be inappropriate.

She raises questions about the nature and purpose of schooling. Should preschool education prepare children for a rigid school system? Gupta (2004) argues that schooling in India is colonial in origin and outlook and, far from opening up new opportunities, serves to deter and undermine already marginalised communities. Serpell (1999), drawing on his experiences of schooling in Zambia, describes the 'extractive model' of education, which gradually weeds out the less able and the poor. Street (1999) investigated the relationship between literacy and schooling, and concluded that formal schooling is often a crude - and cruel - way of teaching literacy. He subsequently edited a series of ethnographic studies carried out in Eritrea, India, China, Namibia, Pakistan and Iran, each 'using fieldwork methods and sensitized to ways of discovering and observing the uses and meanings of literacy practices to local people themselves' (Street, 2001: 3). He argues that there is often a poor fit between what is taught in school and how people manage literacy in their everyday lives, particularly in those countries where the language used in school is different from the languages used at home (which is the case for many ex colonial countries). Schooling may be a painful process of failure in many poor communities. Education, in the most general sense, is an asset and a right for children; being able to read and write enables people to participate more effectively in society. However, many education systems leave a lot to be desired, which means that the educational advantages of preschool education may be very marginal.

The Soros Foundation/ Open Society programme operates in all former communist countries in Eastern Europe and Central Asia. One of its stated purposes is to provide more flexible education systems in which initiative and creativity are welcomed. Part of this education programme is to deliver nursery education. However, the nursery education programme is explicitly modelled on the USA Head Start programme, where classrooms are organised into corners, and children must individually 'choose' their activities from an array of resources. The Kazakhstan case study, outlined below, illustrates how this approach has been used - and viewed - within the country. The Soros Foundation funds training activities in the methods, and identifies 'best practice' kindergartens where their techniques can be developed with the necessary financial assistance.

Jaramillo and Mingat (2003), building on the work of van den Gaag and Tan (1998), claim to have reviewed the evidence of the impact of ECD on schooling for the World Bank. They do not distinguish between different kinds of ECD, except to differentiate between provision for children under three and those over three. They analyse data on repetition and completion rates in schools in sub Saharan Africa and compare these with other regions: the Middle East and North Africa; Eastern Europe and Central Asia; South and East Asia and the Pacific; and Latin America and the Caribbean. Linking this to data on preschool, they argue that 'the results provide support to the point that there exists indeed some structural relationship between preschool and primary education' (Jaramillo and Mingat, 2003: 18). They also acknowledge that their data are unreliable and extremely variable, but nevertheless consider them sufficient to produce economic models on which to base a case for the expansion of ECD.¹⁶ They calculate that in a 'hypothetical country' where preschooling was increased to a 40 per cent level, repetition rates would decline from 20 per cent to 15 per cent, and school

16 The case study for Swaziland (discussed below) points to the difficulties of obtaining accurate data. It also suggests that, within such a system, those most likely to attend preschool and benefit from it are the better off.

completion to grade five would be enhanced by 13 per cent (*ibid*: 21). However, they then go on to argue that there are other greater claims on educational resources than to increase preschool education - for example, putting more money into improving primary or vocational education, which might bring greater returns or, crucially, have greater political value. They argue, finally, that community based interventions, relying on parents and community leaders, are likely to be most cost effective, since they are cheaper than formal preschooling, but may provide similar or better educational returns.

This analysis has been presented in a variety of meetings, including the bi annual meeting of the prestigious Association for the Development of Education in Africa in Mauritius in 2003. It is being discussed as a basis for future loan funding for ECD in Africa. The authors claim that this kind of economic modelling for calculating the impact of ECD on schooling is, at the very least, better than guesswork. However, it relies on very questionable statistics, aggregates data over an unacceptably wide range of contexts, and is silent about the schooling that is provided. It also fails to mention the impact of HIV/AIDS on the children themselves and on the supply of teachers - an extraordinary omission for a study of education in sub Saharan Africa.

There are then problems about the way in which knowledge from the North is taken from and applied to the South. Myers (2000) has undertaken a review of the status and impact of ECD programmes worldwide for the Education for All assessment. He notes that:

'Frameworks and knowledge - the basis for lobbying and constructing ECCD programmes - continue to originate, for the most part, in the Minority World. Accordingly a tension often arises between "received truth" linked to the Minority World knowledge base and values guiding an agency, and local knowledge linked to another set of values rooted in some part of the Majority World. These may overlap, but are different. There are also tensions within the international community. For example, the universal rights framework espoused by some can conflict with a needs based approach and targeting. The way in which these tensions are handled determines to some degree how a project's "success" is defined and can eventually create a barrier to action because agreement is lacking' (*ibid*: 25).

The ECD literature from the South (much of it written by consultants from the North) generally tends to stress supporting, educating and involving parents and other family members. As Myers also comments: 'perhaps the greatest and most lasting effects on a child's learning and development can come from improvements in the capacity of parents to provide a supportive environment for learning and development' (*ibid*: 24). There is an implication that parents may be ignorant of essential tenets of child development, from feeding practices to talking and reading to their children, and that donors should attempt to provide such knowledge and education. UNICEF in particular has focused on parental education and has issued many local manuals and guides. What is rarely considered in these guides and manuals is the extent to which extreme poverty distorts parents' ability to support their children in all but the most basic ways, or leads to parents being absent, either because of migration or death.

One attempt to reconcile practices across the North and South has been addressed in a comparative study commissioned by the Bernard van Leer Foundation and undertaken by Woodhead (1997). He compared the 'quality' of ECD programmes across France, India, Colombia and Kenya. He produced a model for 'contextually appropriate practice' and argued that quality should be judged by the best of what is available locally, using criteria of staffing ratios, curriculum, premises, and so on. This relativist approach has been criticised on the grounds that it legitimises a poor service for poor communities. In many middle income or even poor countries, the elite have services that match the best in Europe; should much lower standards be acceptable for the children of the townships or *favelas*? (Rosemberg, 2003). In South Africa, for example, despite very great inequalities, the Government has accepted the responsibility for providing equitably for all children, although many activists claim that the reality currently falls far short of this.¹⁷

¹⁷ The Government has lowered the school starting age and introduced a preschool year for all children; and for children under six, has standardised qualifications systems for childcare workers. However, well known groups such as the Early Learning Resource Unit point to continuing inequalities in society, with the better off able to pay for higher quality provision (Biersteker, personal communication).

6. ECD in the South

It has so far been suggested that key multilateral and bilateral agencies which promote ECD in the South draw on paradigms and evidence almost exclusively from the USA, but that ECD in the USA is itself an anomaly and does not reflect the standards of the developed world. There are also unresolved methodological issues in investigating the impact of ECD on child poverty.

How might these factors play out in the South? In this section, two case studies of two very different countries are presented. The first is Swaziland in southern Africa, which has one of the highest HIV/AIDS rates in the world (38.9 sero positive pregnant women), an estimated 18 per cent of child headed households, and is one of the world's most unequal countries (rated 60.9 on the Gini index).¹⁸ The second is Kazakhstan, a Central Asian Republic, which previously had very good work based ECD, and was a relatively equal society (rated 31.2 on the Gini index).

6.1. Swaziland¹⁹

Swaziland is categorised as a middle income country with a wealthy elite, including white farmers. It has considerable agricultural resources and a trade agreement with the EU which attracts Asian entrepreneurs who can thereby access European markets. It is also a deeply hierarchical society in which the King and chieftains wield great power and own large tracts of the country's natural resources. Customary law has a parallel legal status with parliamentary law, a well documented legacy from colonial administration (Mamdani, 1996). The King and his advisers frequently refer to customary law rather than parliamentary law to justify their actions. All senior government posts are in the gift of the King. Opposition parties are discouraged and elections are regarded as a charade by many. The southern part of the country in particular is very poor, and has been dependent on food aid for several years. Aid in rural areas is usually distributed through the chieftaincy system. For example, the recently formed National Emergency Response Committee on HIV/AIDS disburses international aid using the chieftaincy system to identify vulnerable children who are eligible for school support. Food aid is similarly distributed. The lack of financial accountability and the absence of a parliamentary democracy have caused many aid agencies to withdraw from Swaziland, despite the severity of the current HIV/AIDS epidemic.

18 The Gini index is a measure of the share of income and consumption between the richest 20 per cent and the poorest 20 per cent of the population. For comparative purposes, it is worth noting that the UK scores 36 on the Gini index and the USA 40.8. The lowest scores are Japan, Hungary and Denmark at around 24.6. Most Western European countries and several Eastern European countries score between 25 and 32 (UNDP, Human Development Report, 2003).

19 The information in this section is drawn from an education review commissioned by the EU under its EDF9 programme. It is based on national documentation and statistics, meetings with key stakeholders, visits to ECD programmes in the regions, and analysis of recent survey material.

A comprehensive survey of preschool provision, funded by an external donor, was undertaken by Magalula in 1987. The survey identified 210 preschools: 83 urban and 127 rural, catering for 7,855 preschool pupils between two and ten years of age. Facilities in some preschools were limited. In at least 17 per cent of preschools, there was no direct water supply. Only 35 per cent of preschools had access to outside space or gardens, and of those, only 58 per cent were fenced. In 52 per cent of preschools, there were no books and equipment.

A second survey, funded by UNICEF and carried out by officials from the Ministry of Education in 2001, was intended to produce a comprehensive description of the status of ECD provision in Swaziland.²⁰ The survey collected returns for 813 centres,²¹ catering for 17,281 children, or an estimated 15 per cent of the three to six year old population. These centres have been opening at a steady rate since the previous survey by Magalula was undertaken.

Approximately 34 per cent of centres were private and 66 per cent were community based, although the categorisation of 'community' or 'private' is rather fuzzy. A typical community based centre catered for between 15 and 25 children and charged E150 300²² per term. In Shiselweni, the poorest of the four Swazi regions, some fees were as low as E20 30 per term. These fees were paid irregularly and were not sufficient to cover the 'teacher's' salary, let alone materials, equipment or maintenance. At the other extreme, in large private urban ECD centres, fees could be as high as E2,000 per term, and the most senior qualified teachers could earn as much as E3,000 per term. On average, teachers were paid between E100 and E500 per term. The data about staff qualifications is confused. There is no prerequisite qualification for working in a preschool. Many of the staff had not gone beyond grade five of primary school (ie they left school at the age of 12).

Approximately 60 per cent of centres had electricity, 75 per cent had access to water from a tank or pipe, and 35 per cent had a fenced and equipped outside play space. In Shiselweni, less than ten per cent of centres had electricity or an outside play space. Generally, the higher the income of the preschool, the better the services it offered. The poorest preschools offered the least to children. Very few community based preschools in rural areas had books, play or writing materials, furniture or outside play equipment. The premises were most frequently bare huts in bare grounds, with a pit latrine or no facilities. Thus, for poorer communities, ECD centres were makeshift arrangements, surviving on very few resources. However, for more affluent communities, ECD was good preparation for school, in that children were taught the alphabet, how to write it, and had access to visual aids, books and writing materials.

ECD centres, like schools and other institutions, were not designed to cater for orphans and vulnerable children. If they did, they were generally too poorly resourced to be able to offer support over and

20 The raw data had not been analysed and lay in dusty piles in a corner of the education offices. They were retrieved, coded and analysed by the author of this paper in order to inform the EU project.

21 This is likely to be an under estimation of the number of centres. In discussions with stakeholders and in the course of field trips, we came across a number of centres that had not been included in the survey.

22 Eight Emalgeni equals approximately one US dollar.

above what was already offered (to all other children). For example, most ECD centres, although they were open for at least four hours, did not provide food or drink. There were, however, a few centres, run mainly by small NGOs, that did specifically offer support to orphans and vulnerable children.

There is one preschool inspector based at the Ministry of Education, and one in each of the four regions, who are nominally responsible for regulation of preschools. The regulatory schemes are a legacy from colonial times, and require unobtainable and unenforceable conditions (eg kitchen, sickbay, sanitation, outdoor equipment). The inspectorial team tries to provide some in service training but is hampered by a lack of transport and funds. A rural preschool might exceptionally be visited once every three years.

The preschool sector grew in an *ad hoc* way in response to local demand for care, or in response to church based initiatives, but without governmental support. In the poorest communities, centres were barely self sustaining and, as mentioned above, contained few or no resources. The most active donor supporting the preschool system has been UNICEF. It has convened fresh discussions on policy and regulation of preschools. It hopes that they will be taken up by the Ministry of Education. Using a local consultant and working with local people, it has published a manual for care givers and trainers. This models conventional ideas about development and play, but attempts to put them into a local context. The modules in the manual are:

- Health, Nutrition and Safety
- Language and Books
- Pre reading and Pre writing
- Getting Ready for Maths
- Discovering Our World (pre science)
- Arts and Crafts
- Movement, Music and Culture
- Good Character.

Together with a local NGO, it has developed practice guidelines, but without additional resourcing for training, the Ministry of Education and the ECD centres which would benefit from training in these areas, are unable to use them.

UNICEF is not in a financial position to provide preschools or crèches, offer any kind of regulatory or

advisory support, or resourcing. However, without these, its intervention is likely to have limited impact. It has been able to support what it calls 'care points', ie centres for food distribution. In each care point, a woman in the community is designated as 'a shoulder to cry on': a woman to whom children can talk, who will comfort them, as well as ensuring that they have at least one meal a day. The care points and the other local women involved are chosen by the local chief. The care point which I visited consisted of a group of women in a stick and wattle enclosure, boiling soya porridge in a cauldron over an open fire. A group of ragged, listless small children sat motionless on the ground outside the enclosure. One of the women did take the youngest child by the hand and stood with her. Over 150 children came every day for the porridge, some walking a considerable distance. When I asked a UNICEF colleague whether these minimal care points, with their dependency on local chiefs and their very basic provision, could be effective in providing support and protection for young children, his reply was 'What else is there?' This minimal intervention enabled destitute children to survive, eat once a day and have some adult supervision. A more ambitious programme was not possible without more resources and a more equitable society. UNICEF also regarded its task as both advocacy, an attempt to draw attention to the shortcomings of what was provided for children, and mobilisation, using the churches to highlight the devastation being caused by HIV/AIDS.

There are several one off small scale local childcare initiatives to support young children, mainly sponsored by the white elite and/or small church based agencies. For example, one small project funded through the efforts of a concerned white farmer, catered daily for about 24 children under six in an ECD programme. It had fundraised for attractive premises and equipment, and organised routines along UK playgroup lines. It ran a local food programme - bread making and vegetable growing - in which orphan children were involved, and which also provided food and small income generating resources to carers. This project operated in a mixed township independently of the jurisdiction of chieftains. Another project had been launched by an Italian NGO, this time working with chieftains, but providing childcare facilities attached to schools in a rural area, with local staff nominated by chieftains. This project used traditional methods of teaching, using blackboards and copybooks. It was also linked to income generating projects for ecological preservation and local tourism. Both these projects were entirely dependent on the fundraising abilities and dedication of particular individuals. They had not been evaluated, but appeared to be helping very vulnerable children by supporting their carers (often older brothers and sisters) with relief childcare, feeding the children nutritious meals, and preparing them for school, albeit in very different ways.

These small voluntary efforts raise the question faced by many aid projects: should they continue to meet an immediate need with the hope that their project will serve as a useful model? The project leaders of the two projects described above said that they wished to see their efforts expanded, but they lacked the resources to do so, and were operating outside government frameworks. There was little independent evidence that their projects were known or understood by officials. Alternatively, as UNICEF had attempted to do, should efforts be spread wider but more thinly? A successful strategy for developing ECD might attempt to work at a number of levels, from the very local to the national, but few organisations have the resources or capacity to do both, and each level presents a different set

of constraints.

For example, another local NGO working in a very poor area suggested that identifying the poorest and most vulnerable children in an already very poor community may be problematic and open to abuse; all children in such areas are likely to suffer hardship, and to single out certain children for aid, is to exacerbate community tensions.²³ In a country like Swaziland, where there is endemic and widespread poverty among children, small scale voluntary efforts are not sufficient to address poverty; yet the state - in this case a relatively well resourced state - does not accept responsibility for dealing with the poverty experienced by so many children.

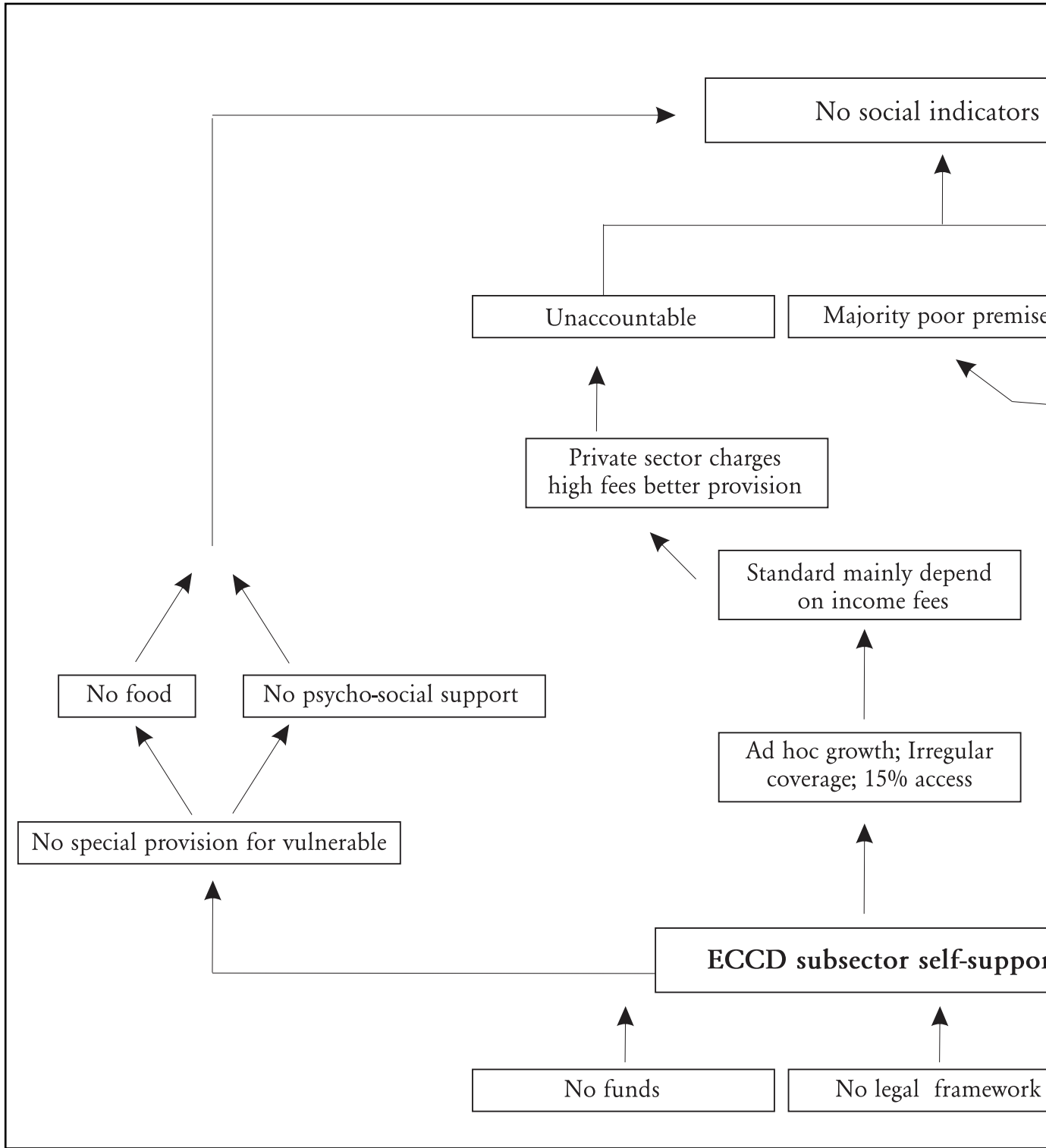
Swaziland epitomises some of the difficulties of ECD programmes operating in the South. Although ranked as a middle income country, Swaziland has a high proportion of children experiencing extreme poverty. It has been characterised as 'a dying society'.²⁴ There are many young children, mostly those affected by HIV/AIDS, including orphans, whose survival needs are overwhelming, but who are mostly excluded from ECD projects that are *ad hoc*, self funding, with little capacity in terms of materials, training, premises or emotional or nutritional support. Any system of external aid, at least to the poorest rural areas, must operate through a chieftaincy system which feeds into a corrupt monarchy. National educational reform initiatives are subject to the scrutiny of, and veto by, the monarchy, which is primarily concerned with showcase secondary school projects. Furthermore, national statistics or any kind of management information system is unlikely to be available, and the ECD services that exist are mostly classified as preparation for schooling.

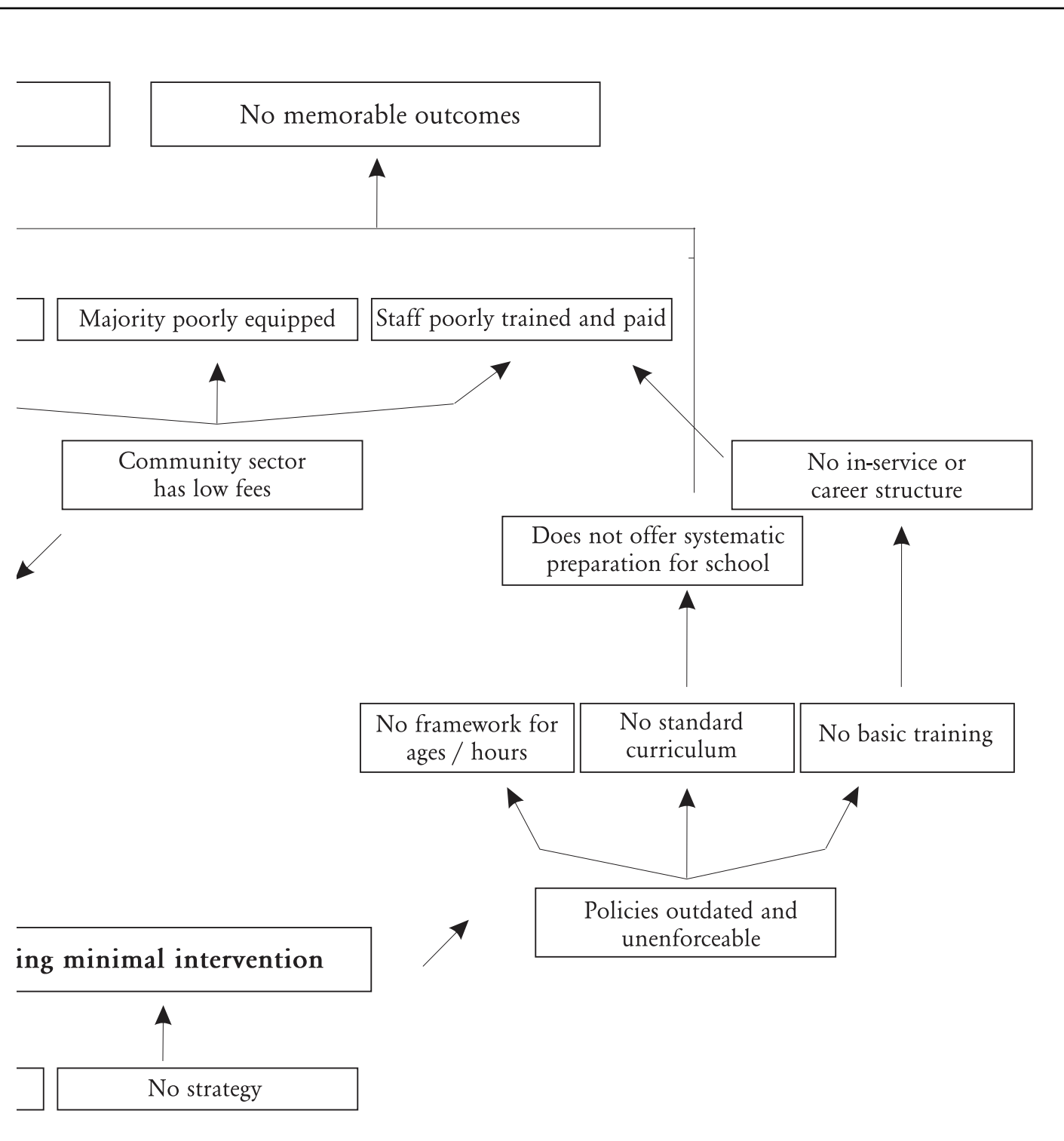
A standard method used by development agencies for schematising problems is 'a problem tree', showing how issues relate to and lead on from one another. The problem tree for early childhood in Swaziland is shown opposite.

23 One project leader of a voluntary funded NGO working in a poor area suggested that any attempt to distribute aid to orphans and vulnerable children, such as help with school fees or targeted feeding schemes, would need heavy policing if it were not to be corrupted by local vested interests. In her view, in poor areas either everyone or nobody should be assisted.

24 By a senior Swazi health economist, now resident in South Africa (personal communication). His comments are echoed in Whiteside *et al* (2003).

ECCD Problem Tree





The early childhood sector is self supporting; there is no legal framework in place and no government strategy for dealing with early childhood. The result is that ECD benefits only a few children whose parents can pay for adequate services. For everyone else, even orphans, it is too *ad hoc* and low key to offer much more than minimal care. There are no measurable outcomes, and it would be foolish to suppose that, except for the minority of centres that have enough money to operate, it prepares children for school or for any other social or educational development. The first goal of Education for All is 'expanding and improving comprehensive early childhood care and education, especially for the most vulnerable children'. In Swaziland, as in many other countries, ECD has not changed inequality and injustice, it merely reflects it. Arguably, any education or care system that relies on private entrepreneurs who raise income through fees, and relies on poorly resourced community projects to service the poor, is inequitable; neither can inequality be addressed through the well meaning efforts of small voluntary groups.²⁵

6.2. Kazakhstan²⁶

Kazakhstan is also classified as a middle income country. The break up of the Soviet Union and the extent to which the process of transition was accelerated and exacerbated by poor economic advice from international organisations such as the International Monetary Fund, has been well documented (Stiglitz, 2002); so has the rapid impoverishment of women and children (Falkingham, 2000). In the worst years of transition, average income fell by 50 per cent in Kazakhstan, with women more likely to be out of work than men. Many mothers, even with good qualifications, feared that they would never get another job. 'It's impossible for women over 40 to find a job... that's my fate, children.'²⁷ At the same time as incomes plummeted, education, health and welfare expenditure fell dramatically. In Kazakhstan, in the first five years after transition, the proportion of GDP spent on social security decreased by about 90 per cent, and education and health spending by more than 50 per cent. Falkingham (2000: 21) comments that:

'Given that in the Central Asian region children take pride of place within the family and, culturally, are prioritized within the family's hierarchy of needs, the observed levels of malnutrition amongst young children and growing absences from school are indicators of a society in severe distress. Families alone have been unable to protect children from the negative outcomes associated with transition. Governments in Central Asia need to intervene, both to protect the future human capital of their countries, and to minimize the multiple risks of material and capability poverty children face during transition'.

25 This is demonstrated in the North in *Starting Strong: Early Education and Care* (OECD, 2001).

26 This section draws on a recent education review KZ3939 carried out on behalf of the Asian Development Bank. It is based on analysis of local documentation, national statistics, interviews with key stakeholders, visits to kindergartens in two regions, and in the case of ECD, two case studies of kindergartens and the communities that they serve.

27 Respondent in the ADB case studies described in text.

The kindergartens in Kazakhstan, as elsewhere in the Soviet Union, were a demonstration of the importance the state ascribed to the upbringing of young children. Describing the Soviet kindergarten system, Bronfenbrenner (1974) praised their emphasis on mutuality and citizenship, and commented on the all encompassing services they provided for children. Although his depiction seems, in retrospect, to be a little rosy, it does justice to the extraordinary amount of care, intelligence and resources that went into developing the kindergarten system. The ossification and disintegration of this system, and current attempts to revive it, were the subjects of the ADB review (see footnote 26).

At independence in 1991, Kazakhstan had the best preschool provision of any Central Asian republic, covering approximately 50 per cent of children under the age of seven. There were 8,743 kindergartens, over half of which were in rural areas. Much of this provision was workplace based. As factories and collective farms closed, so did the services they provided. Seven out of eight kindergartens closed, the majority in rural areas. The proportion of children covered fell to 11 per cent in 1998. Education generally experienced problems; the percentage of the education budget spent on kindergartens fell, and continues to fall. There are now 937 kindergartens left, although since 1999, the Government has introduced part time (minimum four hours) preschool classes for five- to six-year olds in most schools.

The remaining kindergartens no longer receive a full subsidy. Only part of the salary costs are now being met,²⁸ and there has been little or no maintenance of most buildings. There is no support for food costs, an expensive item in most kindergartens. This means that in order to cover costs, kindergartens have to charge fees, and increase the number of children attending. The result has been that, although there is still considerable government subsidy, only those families that are dual earner households or who earn considerably more than the basic wage, can afford places. The average wage of a teacher or doctor, for example, is between T6,000 and T12,000²⁹ per month, while the average income of a parent using a kindergarten is T24,000 per month. The table below shows the pattern of preschool kindergarten expenditure since 1997, and compares it with the fluctuations in the general education budget. The percentage of expenditure spent on kindergartens continues to fall. However, the part time nursery classes for five- to six-year-olds introduced since 1999 now cover about 80 per cent of the age group, although separate statistics for costing and staffing of these classes are not yet collected as part of the statistical returns.

Table 1: Kindergarten expenditure as a proportion of the education budget

	1997	1998	1999	2000	2001	2002	2003
Preschool budget (000s)	5,253	3,999	2,481	2,976	3,322	3,880	4,307
General education budget	73,375	69,462	78,692	85,416	107,884	123,980	150,772
% share of budget	7	5.75	3.1	3.48	3	3.1	2.85

Source: Ministry of Education, Republic of Kazakhstan

28 Salaries account for about 75 per cent of the budget.

29 138 Tenge equals approximately one US dollar.

Despite the closures and cuts in subsidy, the high expectations forged in the Soviet era have proved remarkably resilient 12 years after independence. The following comments are drawn from the two case studies of kindergartens undertaken in 2003.

'I am a housewife and don't have to send my children to the kindergarten. But I don't have enough knowledge in development and upbringing. They know how to do it in the kindergarten'.

'I think that huge support to the family is rendered by the kindergarten director. She arranged a health complex in the kindergarten. There our children are either given aftercare, or health protection procedures (swimming pool, sauna, physiotherapy, herbal remedies). And all this is included in the kindergarten charge'.

'At this kindergarten our children get enough high vitamin food, as there are a lot of vegetables, berries and fruit in the nutritional ration.'

'This kindergarten is convenient for us because they have a round-the-clock group there. We work in the market and sometimes we have no opportunity to take the child home in the evening.'

These views of kindergartens as places that offer far more than a family can, or should, provide is uniquely Soviet. Kindergartens provide not only education, but also comprehensive childcare and healthcare, all nutritional requirements, specialist teaching services, and a 'methodologist' (or adviser) to oversee and help teachers. The teachers are regarded, both by themselves and parents, as highly professional, and a fount of knowledge about children's upbringing. Western services, especially those in the English speaking world, rarely aim to be so comprehensive. They do not usually offer such long hours, provide specialist teaching and supervision of teaching. It would be extremely unusual to have specialisations - which are commonplace in former Soviet countries - such as music rooms, gymnasiums or swimming pools. Nurseries do not see it as part of their remit to oversee children's nutrition, rest or exercise, nor do they undertake detailed health monitoring, or employ specialists or supernumerary staff for special lessons such as dancing. Furthermore, services in the West do not usually inspire such confidence from those who use them.

These high expectations mean that kindergartens experience sharp losses as resources dry up. Staff consider that they can no longer maintain the high professional standards of education and guidance they once offered to children and parents. Because many kindergarten staff are aware that the material resources - toys, equipment, books, building maintenance - in the West are more expensive than anything they can afford, they are unable to see the other side of the coin, ie that they are still remarkably well provided for in terms of the range of services they offer.

The high expectations also mean that parents who cannot afford to use the kindergartens feel excluded.

This new sense of exclusion is a widespread phenomenon in transitional countries (Narayan *et al*, 2000). Yet despite the catastrophic cutbacks - which also affected other areas of the education system, at Government, regional and local level - there is still an infrastructure for ECD, and a national conception of what ECD might offer in the way of 'upbringing'. There is support for training and curricula development, for inspection and advice through a system of 'methodologists' and regional training institutions, and for service development. At a political level, ECD features in discussions about the education system; there is political concern and statements about the importance of the role of the state in the 'upbringing' of children, and making sure that their education includes moral and spiritual values, as well as instruction in reading and writing.

The Kazakh kindergarten system prepares children for school by giving them a sound grounding in the skills regarded as necessary to cope with school. They enter school being able to form letters (Cyrillic) neatly; memorise, recite and count; and having a positive attitude towards the tasks they are expected to undertake. Their health is also good, since they are well fed and closely monitored for any illness or disability. In the words of the current Minister of Education, the main objectives of preschooling education and upbringing are:

improving quality of preschooling for children

- Life protection and strengthening children's health, promoting the values of a healthy lifestyle
- Harmonious personality development, satisfaction of the child's interests and development of abilities, formation of social and spiritual qualities.³⁰

This statement also hints at the substantial efforts that are being made to reintroduce Kazakh traditions and language after many years of Soviet suppression. Almost all schools and kindergartens now have Kazakh language groups. These have been difficult to establish because of the predominance of Russian speaking teacher trained staff; some Kazakh speakers have been recruited without teacher training qualifications, as in one of the case study schools.

The importance of kindergarten and/or nursery education is so embedded in discussions about education, that teachers and government officials regard it as a given that a child who has not received some form of preschool education will be disadvantaged in school. The debate, prompted largely by external donors, is whether nursery education classes in schools are a more cost effective service than kindergartens. There is no evidence to draw on from current statistical data. Any comparison between kindergarten and nursery education would have to allow for the differences in intake, since the more prosperous a family, the more likely it is to use the kindergarten service - from the President's grandchildren downwards.³¹ Kindergartens are the most popular form of provision among all social classes.

30 Republic of Kazakhstan Education System Development Concept, Astana, 9.9.2003.

31 The President's wife has taken a particular interest in the kindergarten system. She has fundraised for a model kindergarten in Astana, and introduced a series of curricular initiatives for kindergartens, drawing on her interpretations of Kazakh traditions.

The system of education in Kazakhstan is patriarchal and hierarchical by Western European standards, but also effective in that there are very high literacy rates. There is also fast tracking for the 20 per cent of children identified as gifted. The recent position statements by the Ministry of Education suggest that the education system inherited from the Soviet period is no longer relevant and has to be changed in order to encourage more creativity and innovation, and to eliminate corruption. Furthermore, the views of children themselves still count for relatively little.³²

Kazakhstan illustrates some of the strengths and weaknesses of ECD in a country once part of the Soviet regime. Despite widespread poverty, a relatively efficient government regional and local infrastructure is still in place, capable of strategising, putting new developments in place, evaluating and collecting statistics, and judging levels of need. The kindergarten system was based on the needs of working mothers, while the new policy of nursery education provision does not do this. The kindergarten system, although decimated, still commands widespread respect;³³ and nursery education within schools is near universal. The challenge for government and donors in Kazakhstan is to ensure that the system is pro poor, and that state expenditure benefits children experiencing chronic poverty.

These two case studies illustrate the importance of context; a context that includes parents' understandings and expectations of ECD, the infrastructure for support of ECD, governance, and economic resources. They suggest - as the OECD report of 2001 also points out - that for ECD to be *effective, accessible* and *equitable*, a society must invest in it. Such investment is made easier if the country has resources (as both Kazakhstan and Swaziland potentially have), but even very poor countries can develop such systems. Mongolia, one of the world's poorest countries has a valued kindergarten system. A World Bank study of another very low income country, Cuba, concluded that the Cuban education system - which has outstanding literacy and higher education rates - demonstrated that high quality education and a universal kindergarten are sustainable and affordable in a poor country. Gasperini (1999: unnumbered) noted that: 'Most inspiringly Cuba demonstrates that a poor country can build an education system of very high quality that truly reaches all'. Providing ECD is a matter of values, ie that young children and their families should be supported as a matter of both economic and educational efficiency.

The case studies also illustrate the difficulties of drawing on Euro American models of ECD programmes. ECD programmes that require resource rich environments, and which stress the individualism and self determination of young children, are not easily translatable into poor or traditional communities.

31 The President's wife has taken a particular interest in the kindergarten system. She has fundraised for a model kindergarten in Astana, and introduced a series of curricular initiatives for kindergartens, drawing on her interpretations of Kazakh traditions.

32 In the case studies, we talked to groups of children who seemed to like kindergarten except for bullying by other children. In the kindergarten in a poor district of Astana, we asked the kindergarten children to show us round the school. They proudly pointed to the toilets, which were clean, with individual cubicles and flushing water - something not available to them in the hostel accommodation where they lived.

33 The only suggestion that the kindergartens were not satisfactory came from two of our female translators. One described the kindergartens as 'boot camps' but nonetheless sent her own children there. Another said they were oppressive, but she was associated with a fundamentalist Christian group with a strongly individualist ideology.

7. The range of ECD initiatives in the South

There are many accounts of ECD projects in the South. Myers (2000), who undertook an ECD review for the Education for All Dakar Summit, points to the difficulties of obtaining a reliable database. Problems include defining age groups, establishing baselines for comparing enrolment, agreeing definitions of ECD programmes, the amount of time the programme is available, and regulation or the lack of it. These problems of comparability are more acute if, as is mostly the case, the ECD programmes are not part of the formal education sector. He emphasises the general unreliability of data and the weakness of evaluation, but suggests that it is possible to make some tentative conclusions.

- Enrolment appears to be increasing worldwide (borne out by the Swazi figures, but excluding transitional countries, where it has fallen).
- These enrolment increases are generally small and marginal.
- The variation is huge.
- ECD mostly refers to enrolment from four years upwards as preparation for schooling.
- Urban children are more likely to be enrolled than rural children.
- Enrolment mostly suggests parity between boys and girls except in Nepal, India, Pakistan and in some Middle Eastern and North African countries.
- The role of the state and private sector institutions vary widely from region to region and country to country.

A recent review of ECD in sub Saharan Africa, commissioned by the Association for the Development of Education in Africa, lists many programmes of differing kinds, including teaching mothers when to seek medical aid for their infants, nutritional interventions, parenting education, community based home care, training and resourcing, and formal preschool classes. The review also points to the difficulty of cataloguing interventions.

'The availability of data relating to ECD is poor in virtually all Sub-Saharan Africa; even poorer than data for the primary and secondary levels. The paucity of data makes monitoring and quality control extremely difficult' (Hyde and Kabiru, 2003: 50).

Many ECD programmes are supported by multilateral donors. The most well known of these are the Bernard van Leer Foundation, based in the Netherlands, and the Aga Khan Foundation based in Geneva. UNICEF has also made ECD a priority, especially ECD programmes for very young children and parent education. There are many other organisations which include ECD as part of their work, such as members of the International Save the Children Alliance. The Consultative Group on Early Childhood Care and Development is an inter agency group that aims to foster communication between international donor agencies and their national counterparts, and among decision makers, researchers, and programme providers. It publishes a journal, the Co ordinators Notebook, that provides a thematic overview of ECD initiatives, eg on international attempts to develop early childhood indicators (Co ordinators Notebook, 2001).

Much of the evaluation and monitoring of donor initiatives is based on external evaluations by consultants, rather than on programmes set up as measured experiments. While consultancy reports may highlight useful aspects of programme functioning, they do not provide the levels of evidence that can be used to support particular positions unequivocally (if indeed that were possible). Donors mainly rely on advocacy and lobbying to advance support for their programmes. Programme reports tend to have the dual function of reporting on the activities that took place, but also justifying them for future funding. As Myers (2000: 25) points out, international NGOs are sometimes dominated by a need to prove themselves 'where promotion and success is equated with the numbers of children and families serviced, with the ability to promote the particular doctrine of the agency, and/or with the ability to move money'.

Gupta (2001) highlights how evaluations of the well known Integrated Child Development Programme in India simply miss or ignore oppressive elements of the scheme. The Integrated Child Development Programme is a much cited showpiece scheme attracting significant international donor funding, and aims to provide childcare with nutritional support in poor communities (Muralidharan and Kaul, 1999). Gupta describes a myriad of procedures and rules about day to day functioning 'which made little sense when viewed from a "bottom line" perspective of gains in health and nutrition'. An inspection and monitoring scheme, based on surprise inspections, and sometimes harshly applied, attempted to enforce these procedures and rules.

'The most time-consuming activity of the Anganwadi workers consisted of documenting and generating statistics. A plethora of registers recorded such things as how many children attended the centre each day and who they were - their name, father's name and caste. A nutrition register recorded how much food and fuel was consumed each day. A third register was used to record the birth dates of each child born in the village, its parents' names, ages and castes. Similar records were kept of all deaths. The name, age and caste of each pregnant woman and a record of the outcome of the pregnancy were recorded in another register. A travel log maintained a record of when and why an Anganwadi worker was missing from a centre. An inspection register was maintained where Supervisors, the project officer and other visitors recorded their impressions about the functioning of the Anganwadi. Maintaining all

these records posed a daunting challenge to most Anganwadi workers, particularly those who lacked the requisite cultural capital in the form of mathematical skills (Gupta, 2001: 127).

The Anganwadi workers were essentially paid volunteers, mothers from the local village, rather than state employees, but were being required to collect statistics for the government. Not surprisingly, there was considerable covert resistance to doing this. But at the same time, the workers also began to see themselves as more than paid volunteer mothers, but as 'teachers', a status which enabled them to challenge some of the rulings they were required to enforce.

One recent attempt to develop tools for evaluating ECD programmes was the 'Effectiveness Initiative', originally funded and supported by Bernard van Leer Foundation. It emphasises *process* as a key aspect of evaluation.

'Within the Effectiveness Initiative we are asking questions like, what makes a programme effective? What makes it work? What aspect of a programme is working? What can we learn from programmes that "feel" right in one aspect but "wrong" in another? How does a programme change over time? Are effective programmes always effective, and for different sets of stakeholders? Are they effective in the same arenas? Can a programme that is failing to intervene in one dimension nevertheless be effective in another? These questions are being explored together with people engaged in a wide variety of ECD programmes' (Evans, 2003).³⁴

Similarly, an India wide workshop on ECD, convened by the M.S. Swaminathan Research Foundation in 1999, *'Taking Stock: Developing Indicators for Analysing Costs and Benefits of Early Childhood Care and Development Programmes'*, attempted to categorise ECD programmes and provide evaluation grids. The discussion explored methods for calculating the costs of individual programmes and relating these to outputs. The overall grid lists target groups, benefits, indicators, sources of information and methodologies. However, the sheer diversity of programmes means that such evaluative efforts are limited, especially if their intention is to show that one kind of intervention is more cost effective than another.

34

Evans, J., 2003, The Effectiveness Initiative, Draft paper, personal communication.

8. ECD interventions aimed at mitigating child poverty

There appears to be little 'hard' evidence on the extent to which ECD interventions in the South, despite the rhetoric about vulnerability, are actually aimed at children experiencing poverty in childhood. There is also not much evidence about their efficacy in mitigating poverty in the long term. The economic rhetoric of the World Bank and the Inter American Development Bank, that investing in early childhood is a good investment, is unproven not least because their investment, relative to other investment based on the principle of 'human capital', has been so miniscule that there is little to show for it. Such investment in ECD also has to be set against the devastating contexts of global inequality, war and epidemics; in these contexts, any small gains are likely to be eroded. The impact of HIV/AIDS in southern Africa, and the civil war in Colombia are two examples where much vaunted donor funded ECD programmes³⁵ - and other education and social programmes - have been overtaken by events.

It is common sense to assume that children in difficult circumstances, who are offered a safe place to play with caring adult support and good nutrition, will be better off in the here and now. However, the long term effects of such interventions are unclear. It is also uncertain how they can mitigate subsequent adverse conditions, or indeed whether they need to be justified in such terms. The circumstances of some young children's lives are exceptionally harsh, and they need protection simply in order to survive. Resource limited programmes have attempted to target the poorest of the poor and people within the community identify children most in need of support (Lusk and O'Gara, 2002). However, it is difficult to choose anyone for targeting when life is so precarious for the majority of children.

There are roughly three groups of young children who are particularly vulnerable: young children whose parents are time poor and absolutely poor, and do not have the resources to care for them; young children affected by HIV/AIDS; and young children in situations of war and conflict.

i) Time poor mothers

The UNICEF Innocenti series of studies on *'The Urban Child in Difficult Circumstances'* focuses on the lives of street children in countries as diverse as Brazil, India, the Philippines and Kenya. They illustrate (as Scheper Hughes has done) the difficulty of maintaining family life in the townships or *favelas*. Many women living in such circumstances are migrants with few resources, either material or social. The Kenyan study, *'Child Newcomers in the Urban Jungle'*, illustrates the vulnerability of such

³⁵ For example, PROMESA in Colombia and ECD programmes in Kenya and Uganda have attracted substantial World Bank funding but the situation for young children has arguably worsened considerably in all three countries.

families, particularly mothers, struggling to cope. Their position is compounded by a legal framework that favours men's rights over women's, the breakdown of traditional rural ways of life, and appalling physical conditions in the townships. The only work available is likely to be domestic work or hawking, both of which require women to work long hours, typically leaving home before dawn and returning after dark - often 14 hour days for an income which cannot sustain a family. Older children have to care for younger siblings, and live under such pressure that they may take to the streets rather than continue living at home (Munyakho, 1992).

Munyakho also lists some of the efforts that have been made by donors and NGOs to ameliorate the situation. These include the development of women's co operatives, campaigning for better services such as water and sanitation in the townships, and informal schooling. In such circumstances, providing some kind of crèche or other collective facility for the youngest children, is a useful contribution to a wider package of efforts to address poverty.

Similarly, there are ECD programmes for the children of women who work as labourers on commercial farms, for example in southern Africa and in South-East Asia. Farmworkers and estate workers are among the most marginalised and vulnerable of all workers. As in Zimbabwe, for example, farmworkers may also be migrants with few material or social resources (Loewenson, 1992; Wilks, 1996). Efforts to work with farm owners and managers to support childcare *in situ*, by offering safe play spaces and some basic care and nutrition, may mitigate the environmental conditions which are often made hazardous for children by the extensive use of fertilisers and chemical sprays, as well as relieve pressures on women (Booker, 1995; Penn, 2001).

Even where there is some degree of inward investment in the South³⁶ - eg by the out sourcing of work by international corporations - the work available tends to be inflexible, low paid, and for long hours. This also raises questions about the availability of childcare provision. One of the most well known organisations dedicated to providing childcare for working mothers in the South is SEWA (Self employed Women's Association), which was developed by women trades unionists in the textile industries in India. It has since become an independent organisation campaigning for women working in both the formal and informal sectors, and operates mainly as a federation of co operatives. In Gujarat, for example, SEWA supports 70 co operatives, totalling 22,313 members. Any self employed woman in India can join SEWA for an annual fee of five Rupees. SEWA argues that women must work and lobby together to improve their conditions in an integrated way:

'The poor need capital formation at the household level through access to financial services (savings, credit, insurance) to build up and create assets of their own (land, house, workshop, equipment, cattle, bank balance). Asset ownership is the surest weapon to fight the vulnerability of poverty. The poor need building of their capacity to stand firm in the

36 Inward investment is mostly directed to middle income countries; there is relatively little inward investment to the poorest countries (Khor, 2001). However, as with most categorisations, 'middle income' can be read in several ways. Although a country may be classified as middle income, it may also be highly unequal and contain great extremes of wealth and poverty, as for instance in Brazil or South Africa. The country may be poor on standard GDP ratings, but may also have an elite with considerable technological expertise, as in India or China.

competitive market, ie access to market infrastructure, access to technology, information, education, knowledge and relevant skills (accountancy, management, planning, designing, e.g.). The poor need social security - at least healthcare, childcare, shelter and relief - to combat the chronic risks faced by them and their families. The poor need collective, organised strength (through their associations) to be able to actively participate at various levels in the planning, implementation and monitoring processes of the programmes meant for them, and also in all other affairs of the nation' (Bhatt, 2004: www.sewa.org).

SEWA argues that centre based ECD provision is important as a small but essential part of a widespread campaign to improve the circumstances of working women, especially where, as in the salt mines or tobacco farms, the physical environment is dangerous to children. For example, *Sangini*, is a co operative of childcare workers which provides a service to SEWA members. *Sangini* has taken over the government's Integrated Child Development Scheme in areas of Ahmedabad so that the children coming to the crèches get both nutrition and childcare. (However, there are similar complaints to those voiced by Gupta above.) In Surendranagar, a SEWA co operative runs crèches in collaboration with the Gujarat Rural Labour Board. These initiatives, however, all face cost constraints. Self employed women are willing to pay for good childcare which involves child feeding and trained care, but their ability to pay falls short of the costs. There are rarely institutional sources of funds. SEWA is trying to find innovative ways of making crèches self sufficient, collecting from employers, farmers, village *panchayats*, other SEWA members, and accessing government schemes.

In Latin America and the Caribbean, there are a number of well known initiatives favouring home based provision, using low paid, unskilled women as childminders (Reimers, 1992; Williams, 1997; World Bank, 2001). These home based initiatives, mainly donor and government funded, have been praised as cost effective (Ruel *et al*, 2000). However, they have also been criticised for perpetuating the low status of women and confirming them in traditional mothering occupations, while failing to question the harsh and discriminatory working conditions of employed mothers (Rosemberg, 2003).³⁷ Reconciliation of work and family life is a central argument in OECD rationalisation for providing ECD, but is not on the agenda of most governments or donors in the South, perhaps because of the great difficulty in addressing it, given that in many countries, the informal sector is the biggest of the economy, and in poor areas the jobs open to women are mainly as domestic workers or hawkers.

In contrast, in the former Soviet Union, the arguments about the reconciliation of work and family life were widely accepted. Childcare was constructed around the needs of working mothers. The erosion of these standards has caused widespread distress (Sange Agency, 2001).

A key issue then is the extent to which any attempt to provide for the children of working mothers locates itself in a wider context of campaigning and lobbying for better conditions, including reconciliation of work and family life. With some notable exceptions, the ECD lobby in the South has not focused on the needs of working women and has not addressed time poverty. The ungended

37 There has been a serious attempt to regulate the employment conditions of domestic workers in South Africa. Recent legislation has sought to govern working hours, and to ensure pension and national insurance contributions. While providing a model, this is very new legislation and anecdotal evidence suggests that enforcement is weak.

word 'parent' also obscures the fact that it is almost always women who are responsible for children. Women face gender discrimination in many countries. In difficult circumstances, women are more likely to be bringing up children on their own without a regular partner - because of migration, conscription, or the disintegration of traditional societal structures - and the pressures on their time are likely to be acute. In such circumstances, the requirement for women to attend sessions on how to become better parents and to learn about child development, as so many ECD interventions aim to do, is bizarre.

ii) *Young children affected by HIV/AIDS*

Barnett and Whiteside (2002) argue that, like other epidemics, the incidence and spread of HIV/AIDS is not accidental. It is harder to diagnose, prevent, mitigate or treat under certain social conditions. The epidemic is invariably worse in unequal, unstable societies where migration is common, poverty rife, levels of education low, and health services too fragmentary to offer adequate diagnosis or treatment.

The effects of the HIV/AIDS epidemic are cumulative and skew populations. Children and the elderly, rather than adult income earners, predominate. As de Waal (2003: 13) comments:

'According to traditional patterns of life expectancy, a child who reaches adulthood might be expected to live for a further four or five decades. This forty or fifty years of adult life is the unexamined foundation of much of our economic and social life, and of our economics. On it is based the further expectation of handing on assets and skills to one's children and living to be a grandparent... it sustains the complex world of institutions which require people with prolonged personal experience to staff them. We are only just beginning to understand what happens to a society in which these assumptions no longer hold good'.

There have been increasingly frantic efforts to identify and address the needs of children who are affected by HIV/AIDS. In Swaziland, for example, the proportion of child headed households was estimated at 18 per cent by UNICEF in 2000. UNICEF, in its annual report of 2000, commented that such children are especially vulnerable to neglect and property grabbing, to 'human predators'.³⁸ The situation in Swaziland is extreme, where girls and women experience considerable risk of being drawn into sexual exploitation. In most places, children affected by HIV/AIDS are likely to encounter stigmatisation, experience difficulty in attending school because of caring for siblings, the cost of school fees, and the need to earn an income.

For young children below school age, the situation is sometimes very severe. A UNESCO workshop, held in April 2002 in Paris, brought together people working in the field of HIV/AIDS and attempted to identify the problems and needs of very young children affected by HIV/AIDS. These included:

- the amount of adult time that very young children need for survival and the consequent reluctance within affected communities for women to foster the youngest children

38 The phrase 'human predators' is used in the 2002 UNICEF annual report on Swaziland.

- the particular dependence of young children on adult and community support, and the psycho social and physical damage that may be experienced without it
- the stigma that often attaches to young children whose mothers have died of HIV/AIDS
- the need to preserve records and ensure the legal rights of young children.

Foster (1997) has documented attempts to mobilise community support for children affected by HIV/AIDS, including orphans, but notes the pressures on such communities to cope. His group in Manicaland in Zimbabwe has been offering support to destitute families through a home visiting scheme and income generating activities, but he suggests that the communities may be at the limits of their ability to cope.³⁹ He also points out that orphan or grandparent headed households are likely to be chronically poor, and some practical aid in the form of clothing, help with school fees, etc has to supplement self help community initiatives. Biersteker (2003) makes similar observations in South Africa, but in addition, notes the paucity of initiatives that focus explicitly on the particular needs of young children.

Finding the means of offering ECD support to children affected by HIV/AIDS, including orphans, is likely to assist communities in coping - eg part time crèche provision for relief care for those fostering young children, especially older women or grandparents, or crèche or other provision attached to schools, to enable child headed households to cope with the youngest children.

iii) Young children in situations of war and conflict

Refugee children may have witnessed terrible events and the deaths of close relations; they are likely to be impoverished and experiencing poor living conditions, including poor nutritional status. The majority of people in refugee camps are women and children and many, if not most of them, have lost any social support networks they may have had. Mothers who generally act as a buffer for their children, protecting them from the worst events, are themselves likely to be highly distressed and to feel helpless and powerless.

Machel (2001) undertook a review of the impact of war on children. Partly polemical, this review stressed the importance of respecting children's rights. It emphasised that 'the effectiveness of psycho social recovery programmes depends also to a large extent on an understanding and respect for local cultures, knowledge and traditions' (*ibid*: 81). The question about the value of psycho social counselling, based on Euro American definitions and understandings of post traumatic stress disorders, is frequently addressed in the literature on refugee children. Paardekoooper (2002) reviewed the evidence on post traumatic stress disorders and suggests that, given the uncertainties of refugee life and the poor conditions in many camps, improving the living circumstances and offering a supportive and stable

39 Foster and his associates have developed a scheme called 'FOCUS' (supported by Plan International) where, in six months in 1996, 88 volunteers made a total of 9,634 visits to 3,192 orphans in 798 families at a cost of \$1.55 per visit.

group environment would be more likely to enable children to build up social support networks and work through their traumas themselves. (Her own study of refugee children in Sudan, which put that hypothesis to the test, is discussed below.)

Another systematic review by Lloyd *et al* (2004) of outcomes of interventions with young children who have directly experienced war and conflict is due to be completed shortly. Most of the studies reviewed point out the difficulties of obtaining unambiguous evidence on 'what works' in the fluid and highly stressful conditions of refugee camps. In addition, many of the tests or evaluation measures of children's behaviour are translated and adapted from standard North American tests.⁴⁰ Most of the evidence is based on case studies or project self evaluations with no control groups. However, even when the evaluation of the intervention is carefully set up, allowances have to be made for extreme situations, and rapid and unexpected movements of refugees. The review by Lloyd *et al* identified 18 recent studies of interventions with young refugee children, of which three were outcome studies with control groups - Paardekooper's own study of refugee children in Sudan; a study by Dybdahl (2001) of young Muslim children and their mothers in Bosnia; and a series of studies by Wolff *et al* (1995; 1999) on an orphanage for refugee children in Eritrea.

Paardekooper distinguishes between emotional coping - coming to terms with what has happened - and practical coping, which refers to the physical conditions in which refugees find themselves. While psycho social counselling may help with dealing with past traumas, refugee children also need to learn practical coping skills which enable them to make the best of their present situation. Paardekooper aimed to develop and evaluate low cost, short term programmes that could be easily implemented for refugee children. Two programmes of eight weekly group sessions were arranged. One programme took a psycho dynamic approach, focusing on psycho social problems, while the other was a contextual programme which emphasised finding practical solutions. There was a third control group which had no intervention. One hundred and sixty seven children aged 6-13 were randomly allocated between the three groups. Overall, the children who attended the contextual programme had the best outcomes.

The Dybdahl study randomly allocated mother child dyads to either a psycho social intervention programme over a period of five months that included group work for mothers and basic healthcare, or to a control programme that only offered free healthcare. Eighty seven mothers with young children took part. The assumption was that it was important to work with the mothers, to enable them to deal with their traumas and to improve their capacity in dealing with their children. The results from this study showed relatively little difference between the intervention group and control group.

The study by Wolff *et al* investigated children whose families had been killed during the war of independence in Eritrea and who were living in an orphanage in harsh conditions in the mountains. The Eritrean government was concerned about the disturbed behaviour exhibited by the children. Wolff and his colleagues worked with local staff to reorganise the orphanage so children were living in small groups with considerable autonomy to organise their daily routines, including obtaining food and

40 Paardekooper points to the difficulty of getting her team of Sudanese interpreters/counsellors to provide an accurate translation of the word 'trauma' and their reluctance to deal with the past.

cooking. The orphanage also provided a kindergarten. After the reforms had been implemented, the children showed far less disturbed behaviour. When compared with a control group of refugee children living with their parents, the orphans showed slightly more behavioural symptoms, but did better at school than the control group.

These studies suggest that psycho social interventions that are modelled on counselling and emotional support are less successful - at least in the short term - than 'normalisation', that is providing positive experiences of everyday living and coping with others. Paardekooper (2002: 175) comments that:

'probably the most important part of the contextual programme was the fact that we tried to stay close to the wishes and experiences of the children involved... by starting from the problem definitions and the possible solutions of the children themselves, we supported them to use their own resources. And by dealing with the problems they experienced in their everyday life, we stimulated them to use problem focused coping'.

Providing opportunities for children to play together, establish friendships and social networks, and develop their autonomy in a safe setting therefore seems likely to enhance their chances of coping with the traumas they have experienced as refugees. Preschool provision in situations as diverse as Eritrean, Bosnian and Sudanese refugee communities can assist with this normalisation (Lloyd *et al*, 2004).

9. Conclusions

1. **Childcare and early childhood development initiatives in the South are varied, making them difficult to catalogue or compare.**
 - They vary considerably in their target groups, range of interventions, processes and outcomes, and costs. (The policies and practices of Swaziland and Kazakhstan illustrated these differences.)
 - They vary, above all, in their context; what is in one country a common and widespread understanding of ECD, and what it should provide or achieve, may be unrecognisable and inappropriate in another.
 - Local context profoundly determines expectations of childhood, upbringing and learning, and the values that underpin them - eg the emphasis on play versus repetition as a means of learning, the place of instruction, the levels of resourcing, the emphasis on the individual rather than the group, expectations of obedience of children towards adults.
 - Because of the crucial importance of local context, it is almost impossible to provide programming guides that address very different realities, although many donors do provide such guides.
2. **ECD programmes are frequently promoted as part of a wider spectrum of activity for women.**
 - For example they are promoted as part of women's informal education (Biersteker, 1996); income generation projects, as part of women's employment; as an aspect of community development.
 - UNDP has highlighted the importance of promoting gender equality in all aspects of governance and daily life, and to the extent that ECD programmes recognise the special problems women face in difficult circumstances, such as time poverty or fluctuating household composition, they are likely to be more effective.
 - The use of the word 'parent' also obscures the fact that it is mainly women who are responsible for children.
3. **There is a considerable current emphasis in major donor initiatives on working with the parents of young children, and encouraging them to 'stimulate' their children, which is partly inspired by (mis)readings of the research on brain development.**

- Exaggerated and simplistic claims for ECD, based on misreadings of the evidence and their inappropriate importation to the South, may lead to inappropriate interventions and may perpetuate inequalities. Over reliance on parental education projects and home based care as 'low cost' initiatives may be ineffective.
4. **Most of the evidence commonly cited about the efficacy of ECD is drawn from a very limited number of studies carried out in the USA, even though the USA is itself untypical of OECD countries and ranks poorly among them.**
- The basis of many ECD initiatives in the South is drawn from '*Developmentally Appropriate Practice*', the manual devised in the USA by the National Association of Education for Young Children (Bredekamp and Copple, 1997). While making some concessions to cultural diversity, this manual presupposes a universal scientific basis to child development activities, a position that has been trenchantly criticised from the South as a kind of colonialism (Viruru, 2001).
5. **In the North, most OECD countries (but not the USA) accept that equitable access to state supported, centre based early childhood education and care⁴¹ is integral to education and social welfare systems and to women's participation in the workforce.**
- Ultimately, the question of effectiveness relates to levels of resources and equitable access to those resources. While more resources *per se* do not necessarily result in better services, when access is inequitable, poor children get inferior services, whether it is the fee paying nurseries in Swaziland, the nursery classes instead of kindergartens in Kazakhstan, or the home visiting schemes in South America.⁴² Many countries in the South are simply too poor to contemplate the goal of equitable access in the short term. However, the failure to even consider the possibility in long term planning is to perpetuate inequalities.
 - Multilateral organisations have tended to encourage early childhood interventions in developing countries which are generally low cost, low quality and targeted, and arguably contribute to inequality (Rosemberg, 2003).

41 With *modest* parental contributions - there is not necessarily an assumption that it would be free at the point of use.

42 The UK academic, Professor Jack Tizard, from the Thomas Coram Research Unit, Institute of Education, London University, coined the phrase 'a service for the poor is a poor service' at a UK Department of Health Conference at Sunningdale in 1975, convened by the Minister of Health, David Owen, to discuss 'Low Cost Daycare'. It has since become widely used.

10. Proposals and recommendations

1. **This review advocates a policy of cautious pragmatism about ECD - ie on its own, it is unlikely to reduce poverty in the sense of leading to change in the long term circumstances of individual children, especially if little else changes.**
 - In certain circumstances, however, the provision of ECD, especially some kind of collective childcare provision, is likely to be a practical support, or even necessary for the survival of children experiencing extreme poverty. These include young children of time poor, low earning mothers; young children affected by HIV/AIDS and young children in situations of war and conflict.
2. **The kind of childcare that is provided has to relate to existing local systems, and develop its programmes and activities in the light of local and national expectations and norms.**
 - Local governance is important. ECD interventions cannot be promoted in a vacuum; they take their cues from, and ultimately have to relate to, existing systems of education, health or local government, locally, regionally or nationally.
 - It also means accepting that ECD provision is unlikely to stand alone, but may form part of a spectrum of local initiatives to increase capacity in those communities.
3. **Evaluation and monitoring is problematic, and while most donors describe their projects as effective, the evidence is often weak (Myers, 2000).**
 - In situations of scarcity, because programmes might lead to misleading claims, it is important to build in careful evaluation of initiatives from the beginning, including detailed descriptions of the nature of the intervention, a baseline, as well as impact measures for children as they progress. Where possible, comparison groups should be established as an additional measure of impact.

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The Childhood Poverty Research and Policy Centre (CHIP) is a collaborative venture between Save the Children and the Chronic Poverty Research Centre (CPRC). CHIP is working with both researchers and advocates, north and south, to produce research, and influence policy and practice on childhood poverty in the wider context of chronic poverty.

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Directors: Dr Caroline Harper and Professor David Hulme

Early childhood development (ECD) covers a variety of interventions with young children and their carers/families, including health and nutrition, childcare, education and parent support. While the World Bank, World Health Organisation, UNICEF and UNESCO have all emphasised the importance of ECD in improving physical and psycho-social wellbeing, promoting cognitive gains in young children, and directly or indirectly combating poverty, it is largely North American influences, assumptions and extrapolations which underlie these assertions. Using two country case studies, Swaziland and Kazakhstan, the paper reveals three significant issues arising from the direct transfer of these international approaches and conceptualisations of ECD from the North to developing countries.

Firstly, the inappropriateness of ECD recommendations and programmes in developing countries which have been based on evidence from the North, has underlined the importance of the context in which ECD interventions take place. The paper notes that extrapolation and transfer from North to South is likely to be simplistic and inaccurate. Secondly, the evidence about the efficacy of ECD programmes in developing countries lacks robustness. Thirdly, the loss of quality (of ECD) in the transfer from the North is an outcome of the 'under-resourcing' of such initiatives in developing countries.

The paper suggests that ECD needs to have a 'pro-poor' orientation to support poor families. It can also provide practical relief specifically to mitigate childhood poverty in particular circumstances, by providing childcare for time poor working mothers with subsistence earnings, childcare for orphans and other vulnerable children, especially those affected by HIV/AIDS, and childcare and support for children experiencing war and conflict.

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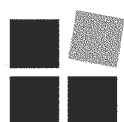
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