

GLOBAL REPORT  
**LEAVE NO CHILD BEHIND**  
Invest in the early years



**OPEN SOCIETY  
FOUNDATIONS**



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For a detailed list of interviews, please see the individual country case studies. Below, we have listed all key leads and providers of in-country coordination support, for which Light for the World is grateful:

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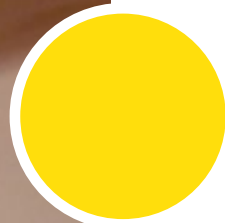
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# Contents



**Professor Benyam Dawit Mezmur**  
Dullah Omar Institute, University of the  
Western Cape and former Chair, UN  
Committee on the Rights of the Child



## Foreword

This report makes a case for increasing investments made in inclusive early childhood development (ECD) services for the world's most vulnerable children, particularly those whose challenges and multiple disadvantages have become more pronounced as a result of the COVID-19 pandemic. Even though the research in this report was completed before the pandemic broke out, its fundamental message – urgent investment in inclusive ECD is the most effective way to reach children who are furthest behind – is more appropriate than ever before.

For children, their early years are crucial for their healthy mental and physical development and lifelong success. We need to create the opportunity for children to have the best chance in life, as enshrined in Article 6 of the Convention on the Rights of the Child on the right to life, survival, and development. Inclusive ECD is even more critical for children in marginalised situations, including those from the most impoverished families and those with impairments or delayed development. Early identification and intervention can significantly improve their longer-term educational and other vital outcomes.

Because these children are already behind, they are the hardest ones to reach. This means that they may also be excluded from receiving support as a result of parental stresses, as well as the fact that many support solutions, especially during lockdowns, rely on technologies to which children and families in marginalised situations generally do not have access to due to limited or no access to devices, internet and electricity. Nurturing care – strengthening child protection, responsive parental caregiving capacities, healthcare, education, and community systems to deliver quality inclusive ECD services – secures a better future for all.

The current crisis resulting from the COVID-19 pandemic is redirecting attention to ensuring people's survival and is putting us at risk of sliding back on child development-related gains. Various lockdown measures have disrupted the supply of mandatory vaccinations for children under the age of five (e.g. polio and measles), putting their lives at risk. Community health services in remote areas have come to a halt and ECD centres, like many schools, have closed in Africa and elsewhere.

As we continue to work together to rebuild healthy societies, we must ensure we do not withhold funding from necessary programmes that allow young children to grow, learn and develop safely and healthily. Making a serious effort towards achieving the ECD-relevant sustainable development goals, requires nothing less. This pandemic necessitates the immediate provision of counselling as well as the emotional support to children and parents, whose lives have been made more difficult as a result, and the resources and strategies to improve hygiene, which will



**Danlami Basharu**  
Executive Director, ANWAB and Chair,  
UN Committee on the Rights of Persons  
with Disabilities



**Joan Lombardi, PhD**  
Director, Early Opportunities and  
international advisor on early childhood  
development

help minimise the spread of the coronavirus and other diseases. At the same time, it is critical that educational activities are accessible to all children, regardless of their location and/or disabilities. This will prevent any potential setbacks to progress already made in childhood development. If we do not do this, the consequences will be insurmountable for children in their critical early years. We must also dedicate every effort to end domestic violence, neglect, sexual exploitation and abuse. These issues have increased during the various lockdowns, which have prevented children from escaping abusive adults in their homes.

Recognising the challenges of the current crisis is vital, but so is planning for a brighter post-COVID-19 future. More resource-intensive strategies and better coordination, informed by evidence and disaggregated data, are required to mitigate the risks of widening inequalities that have been exacerbated by the pandemic. This includes providing direct financial support to households with pregnant women and children under the age of five and bundling this support with other essential goods and services such as food, parental skills training and psychosocial support to build resilience. Additionally, we need to ensure front-line workers have all the necessary

protective gear, livelihood and psychosocial support, and technologies to continue their work in the remotest and most impoverished communities.

Now is our opportunity to plan and ensure that, as our children return to school, it will be to systems with expanded access to early learning. Funding for essential ECD services, including early childhood care and education, cannot be diverted or denied. If we consider lifelong learning essential, we must ensure that the capacity and resources are available to safeguard children's learning during their critical early years. In addition, we must prevent children from being excluded because of differences in their development, socioeconomic status, or geographical location.

We therefore call on all governments and donors to prioritise the protection and support of young children and their caregivers in the light of the COVID-19 pandemic. This requires more investments supportive of young children's health and physical, cognitive, social and emotional development – particularly for the most vulnerable. We need to do so by putting equity and inclusion at the forefront of our efforts to leave no child behind.







## Key messages

**There is a simple message at the heart of this report: investing in equitable and inclusive ECD programmes is a sound investment in meeting the SDGs. The most significant gains in ECD programmes can be made by targeting the most disadvantaged children, including children with disabilities and developmental delays, and those facing situations of adversity (Shaeffer, 2019; Yoshikawa et al., 2020).**

Before the COVID-19 pandemic, around 250 million children under the age of five were at risk of not reaching their full developmental potential due to extreme poverty and stunting (Lu, 2016; UNICEF, 2019), and some 175 million were not enrolled in pre-primary education. The priority to leave no one behind is both an urgent and immense undertaking – one that is made even more complicated due to the impact of COVID-19.



Mitigation measures put in place to slow down the transmission of the virus – including lockdowns of non-essential businesses/services, physical distancing, closure of schools (and integrated feeding schemes), closure of clinics, and the interruption of support programmes and access to care – have exacerbated this situation. Without support for coordinated multi-sectoral approaches to scale up essential interventions in low- and middle-income countries, more children are at risk of devastating developmental consequences over their lives than before the pandemic (Yoshikawa et al., 2020).

**What works?** Simple interventions with multi-sectoral coordination in the early years (from birth to five years of age) linked to the Nurturing Care Framework ([see Box 2 on page 24](#)) can transform lives (WHO, UNICEF and World Bank, 2018b; Shaeffer, 2019; Yoshikawa et al., 2020). These include early identification of needs, better support for parents to become responsive caregivers, and more access to appropriate healthcare and nutrition, early learning, and safety and security. These interventions make economic sense: in sub-Saharan Africa (the region our report focuses on), every dollar spent on tripling pre-primary education enrolment is estimated to generate a 33% return on investment.



**Why the early years?** For young children, falling behind often means remaining left behind. There is a limited period in which critical early development occurs, and this cannot simply be put on hold, nor can someone catch up at a later stage (UNICEF, 2020b). During the first few years after birth, a young child's rapidly developing brain is highly sensitive to environmental adversity (Yoshikawa et al., 2020). Quality antenatal healthcare and a nurturing, clean and safe environment in the postnatal period, with adequate nutrition and protection, promotes proper brain development.

Increasing levels of poverty and food insecurity, the loss of caregivers, heightened stress and reduced access to healthcare are some of the side-effects of the COVID-19 pandemic. These can profoundly affect the development of young children worldwide. In the earliest years, we acquire interpersonal skills and capacities, and we learn to build relationships with others through everyday interactions that support learning and development. To develop to their full capacity, children need loving and secure caregiving from adults in a family environment, with guidance on daily activities and interactions with others. The effects of these changes are felt in the short term, but also have a long-term impact. Physiological, psychological and epigenetic changes that occur in utero and during their early development will leave their mark long after the pandemic has passed.

**What are donors spending on ECD and on inclusive ECD?** Investing in policy and programming for inclusive ECD is key to realising the SDGs and ensuring no child is left behind. Yet funding for ECD from national governments and international donors remains low. Investment is even declining, meaning that ensuring rapid and inclusive growth, particularly in all social sectors, is not enough (United Nations Inter-agency Task Force on Financing for Development 2019; Financing for Development Update 2018). Despite evidence of high returns on ECD investments and their affordability (expanding ECD services costs just USD 0.50 per person per year in most countries) (Richter et al., 2017), many governments are falling short. In particular, children with the greatest needs are left holding the short end of the stick. Without urgent prioritisation of ECD by governments, donors and communities, the effects of the COVID-19 pandemic will linger for decades, potentially undoing some of the hard-won gains of this century (Yoshikawa et al., 2020).

Even programmes that set out to be inclusive can overlook the needs and rights of vulnerable children, particularly those with disabilities. A global survey of inclusive ECD and early childhood intervention (ECI)

programmes, for instance, has indicated that only 62% of programmes target all children. This includes those with disabilities (Vargas-Baron et al., 2019). It is a situation which has to change if we want the rhetoric about leaving no one behind and reaching all vulnerable children to become a reality.

**Funding is the most significant barrier, but there are others.** A recent UNICEF survey on inclusive ECD and early interventions has identified four key barriers to developing appropriate programmes: inadequate funding (50%), lack of national data on childhood disability and streamlined administration systems (32%), absent policies and regulations (28%), and stigma and lack of inclusion (23%) (Vargas-Baron et al., 2019).

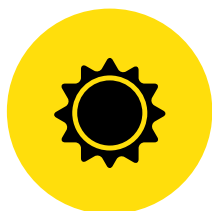
**Data gaps.** There is currently no official way of measuring how much donors are allocating to inclusive ECD services, let alone how much of their spending is targeted at vulnerable children. Addressing these data gaps must be prioritised. Given the importance of inclusive ECD investments in realising the SDGs and inclusive education for children with disabilities, donors must be able to measure how much of their official development assistance (ODA) goes to ECD and, in particular, to services targeting children with disabilities and other vulnerable groups. Naturally, the COVID-19 pandemic will redirect funds to address the immediate medical, social and economic issues brought on by the virus. Donors, therefore, need to build inclusion into their investment decisions, particularly the sub-sector of early education and health (Olusanya and de Vries, 2018). This is necessary for them to meet the SDGs and fulfil their 2030 Agenda promise to leave no one behind.

**Strengthening accountability through empowered parents and civil society.** Donors need to measure the proportion of their ODA spent on ECD, especially funds mainly targeting vulnerable children. Such steps enable civil society actors to monitor and track commitments and delivery, and ultimately hold governments and international actors accountable.









# Policy recommendations

Ensuring access to early childhood development for all

## Top five donor recommendations

1. **Hardwire aid projects for inclusion**

2. **Allocate more and support domestic financing to scale up ECD services**

3. **Utilise ODA to help build ECD systems that deliver equity and inclusion**



4. **Work in close partnership with policymakers (or support them to plan and implement inclusive ECD)**

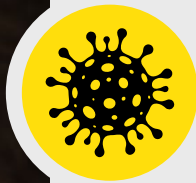
5. **Support the development of the ECD workforce**

### DONORS

1. **Calculate the real funding gaps** at country level and **invest more in ECD**.
2. **Develop an agreed method of tracking ODA spending**, and be able to isolate assistance for ECD. More donors need to report against the newly introduced DAC marker on disability.
3. **Increase investment in ECI and parenting programmes for children from birth to the age of three** during this critical period for their early development.
4. **Leave no one behind from the outset with donor spending** by hardwiring the inclusion of the most marginalised in the poorest, remotest and most vulnerable situations, particularly those with disabilities, in development assistance.
5. **Show leadership and champion inclusive/ equitable ECD** as a development priority within their own agency and within countries.

### RECIPIENT COUNTRIES

1. **Develop a framework for donor investment** by elaborating on a coherent, inclusive, multi-sectoral ECD strategy for the country, and by embedding and aligning this policy and strategy within relevant sectors.
2. **Overcome the complexities of multi-sectoral collaboration**, including increasing the influence of the education and social welfare sectors in the coordination of ECD from birth to the age of three. Currently, ECD coordination for very young children is driven by the health sector, with education and social development only taking a more prominent role after the age of three.
3. **Be more ambitious to develop equitable ECI and ECD systems** in response to increased demand from parents, communities and other stakeholders.



## Early childhood development: a casualty of the COVID-19 pandemic

While the COVID-19 pandemic has affected most of the world's population, its long-term damage will not be distributed equally (UNICEF, 2020a). Those living in under-resourced and marginalised communities, including refugees and internally displaced people, are particularly vulnerable to the pandemic's socioeconomic consequences. Birth registration is on the decline due to the lockdowns, making children more vulnerable to rights abuses and exclusion, while severely hampering a country's ability to plan services (UNICEF, 2020c). The harmful health effects of the virus and the measures to prevent its spread will push millions of people into poverty. This situation is likely to have a catastrophic impact on early childhood development: 585.9 million children living in households globally currently find themselves below the poverty line. The COVID-19 crisis could increase this number by approximately 117 million by the end of 2020 (UNICEF, 2020a).

To reach their full potential, a child needs nurturing care in a safe and secure environment. This includes access to healthcare, immunisation, nutrition, opportunities for early learning and interactions that are developmentally stimulating and emotionally supportive (Nurturing Care, 2020). Before the COVID-19 pandemic, a large proportion of the world's young children (43%) were already at risk of falling behind (Yoshikawa et al., 2020). Mitigation measures put in place to slow down the transmission of the virus – including lockdowns, physical distancing, closure of schools (and integrated feeding schemes), closure of clinics, and interruptions of support programmes and access to care – have exacerbated this situation. Furthermore, the increased financial hardship many families are experiencing as a result of reduced economic activity, combined with increased stress and mental health problems, make it unlikely we will meet the needs of a significant proportion of young children.

Falling behind in children's early years often means they are left behind forever. There is a limited period in which complex early development occurs – processes which cannot be put on hold or caught up at a later stage (UNICEF, 2020b). During the first few years after birth, children's rapidly developing brains are susceptible to environmental adversity (Yoshikawa et al., 2020). Side-effects of COVID-19, including increasing poverty, more food insecurity, loss of caregivers, heightened stress and reduced access to education and healthcare services can affect the development of young children profoundly. The effects of these



changes are felt in the short term, but they will have a long-term reach. Physiological, psychological and epigenetic changes that occur **in utero** and the first years after birth will leave their marks long after the pandemic has passed. Without urgent prioritisation of early childhood development services by governments, donors and communities, the effects of the COVID-19 pandemic will linger for decades to come, potentially undoing some of the hard-won gains of this century (Yoshikawa et al., 2020).

As a result of the pandemic, many childcare and early education facilities have had to close in 2020. UNICEF estimates that this year alone, at least 40 million children worldwide will have missed out on early childhood education (ECE), in their critical pre-school year (Gromada A., 2020). Children in marginalised situations, who were already at a disadvantage before COVID-19, are likely to experience the destabilising effects of the pandemic more profoundly than those from stable, well-resourced communities (OECD, 2020). This situation is potentially delaying the start of primary education and leading to problems with retention and learning outcomes. Before the pandemic, for example, refugee children were already twice as likely not to attend school than other children (You et al., 2020).

Furthermore, the virus has put considerable strain on parents and caregivers, which may jeopardise supportive parenting. Stressors include loss of income, an inability to provide for their families, loss of support systems, juggling work and childcare, and the illness or death of loved ones (ECDAN, 2020). Parents in quarantine are reportedly five times more likely to show symptoms of mental health problems than those not confined (Gromada A., 2020). These challenges are amplified in households with disabilities. According to data from the USA, rates of stress, depression and anxiety in adults are significantly higher in families where a young child has a disability than in other households (RAPID-EC Project Team, 2020). Toxic stress impedes the ability of parents to provide responsive caregiving, which can affect a child's neurological development and result in lifelong challenges (UNICEF, 2020b). Households with limited resources or children with disabilities are

facing exceptionally difficult circumstances and require additional resources and support (RAPID-EC Project Team, 2020).

There are cases where the pandemic has endangered supportive parenting, exposing children to increased risk of experiencing or observing physical, psychological and sexual abuse at home. This situation is compounded by the fact that – due to lockdown measures – these children no longer have access to friends, teachers, social workers and the safe spaces that schools can provide. According to the World Health Organization (WHO), the threat of child labour, child marriage and child trafficking has increased alongside economic pressure and vulnerability. This particularly applies to children from vulnerable groups such as refugees, migrants, children in institutions, children living on the street and in urban slums, children with disabilities and children living in areas affected by conflict.

More than ever, parenting programmes need support. This includes providing them with access to age-appropriate and ability-sensitive materials, such as distance learning. In the meantime, communication strategies need to reach those with limited or no access to technology (ECDAN, 2020). Special attention also needs to be focused on the early childhood workforce, whether these individuals are paid or volunteers, given that they are critical in providing services to young children and their caregivers across the health, nutrition, education, social and child protection sectors (Early Childhood Workforce Initiative, 2020). Investing in them is key to giving young children and their families the essential nurturing care they need, particularly as face-to-face contact is restricted. This should continue once the more immediate crisis is over. For children with disabilities, restricted access to caregivers specialised in rehabilitation can result in health complications and developmental deterioration. The COVID-19 crisis has highlighted the critical importance of caregivers and the home environment in the healthy development of children. Now, more than ever, there is a need to campaign for more significant investment in early childhood development, particularly in parenting programmes for families with young children with or at risk of developmental delays and disabilities.

Investing in children's early years is not merely about transforming their lives. It can alter the trajectory of an entire nation's growth and competitiveness (Kim, 2017). Despite this, services to promote better early childhood development outcomes have historically been critically underfunded. Therefore, there is a strong possibility that already scarce resources will be diverted to respond to the COVID-19 pandemic (Devercelli and Humphry, 2020). According to a new policy paper by the latest GEM report, COVID-19 is a severe threat for aid for education recovery. While total aid for education reached its highest-ever levels in 2018 (the latest available year), it may drop by

12% between now and 2022 because of the economic problems caused by COVID-19 (Global Education Monitoring Report, 2020).

We need to prevent a further decline in investments in education, particularly related to the second target of SDG 4. Early childhood care and education (ECCE) are already under-financed as it is. We need to encourage a multi-sectoral approach to enable optimal early development and learning: the pandemic has highlighted the vital importance of nutrition, health, socioemotional development, early education and parental support for optimal caregiving.

## CASE STUDY 1. MOZAMBIQUE

### Disability inclusion programme

Zindoga João is four years old and lives with his mother Maria and big sister Natasha in Gorongosa, a village in central Mozambique devastated by military conflicts. The young boy was born with a physical disability: he cannot walk or stand by himself and has difficulty gripping things with his hands.

According to his mother, many doctors were afraid of Zindoga when he was born because they had not seen a newborn like him. They suggested taking Zindoga to the capital city of Maputo for more tests. Maria and her family could not afford that, meaning they never received a diagnosis for his condition.

Maria explains that when field workers from Light for the World came across her son in 2018, he was facing many challenges, leaving his family desperate for any support. "He couldn't sit or stand by himself, and couldn't use his legs or hands. Zindoga used to spend his days just lying down and crying. It was very difficult for me because I didn't know how to help my child."

Through the Disability Inclusion in Community Development programme led by Light for the World, Zindoga got access to physical rehabilitation and stimulating activities to support his development. Today, he can move around and do basic things like other children. "I'm truly happy to see his development. In just two years, I can see a difference. Now he can move around and play with other children and play football, his favourite game."

With the COVID-19 crisis, which has resulted in restrictions on movement and physical distancing, Maria fears for her son's progress. "I'm not able to provide due to the coronavirus. It's been really hard for us, and I'm afraid for our future and that his progress will be lost without proper rehabilitation. All his improvements could go backwards because of COVID-19."

Zindoga should have been attending an inclusive school by now, a place where he would be taught alongside children with or without disabilities. Due to the COVID-19 precautions, however, schools remain closed.









## About this report

The report is part of a compendium of advocacy tools comprising:

- A summary report
- 10 donor profiles (advocacy briefs)
- Four country case studies (sub-Saharan Africa)

These resources are all available to download from our website.

This report reinforces the case made in *#CostingEquity: The Case for Disability-Responsive Education Financing* (International Disability and Development Consortium, led by Light for the World and supported by the Early Childhood Program and Open Society Foundations, 2016) for investment in inclusive ECD programmes for the most marginalised children (between birth and the age of five). This group includes those with disabilities.<sup>1</sup> Furthermore, this report explains what constitutes inclusive ECD. Reflecting a rights-based approach, it and its related advocacy tools aim to influence governments and donors to prioritise inclusive ECD as the most cost-effective way to meet the SDGs. Inclusive ECD makes it easier to achieve inclusive education more generally. We also encourage better tracking of aid for disabled children and other vulnerable populations. To date, aid projects targeting people with disabilities comprise less than 2% of all international aid (2014-2018). This was a mere USD 1 billion in 2018 – less than USD 1 per person with disabilities in developing economies (Development Initiatives, 2020).

Through our research, we wanted to find out how much of their ODA 10 influential international donors spent on inclusive ECD services in 2017.<sup>2</sup> We focused on four recipient countries, namely Burkina Faso, Mozambique, Zambia and Zimbabwe. We based our policy lessons for donors, national governments, non-governmental organisations (NGOs), civil society actors, service providers and other stakeholders on our findings, with the aim of making clear how to maximise the impact of donor funding to ensure no child is left behind.

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<sup>1</sup> When we use the term “ECD programmes”, this includes ECE and early childhood interventions.

<sup>2</sup> For a definition of ODA, see the OECD website: [www.oecd.org/development/financing-sustainable-development/development-finance-standards/officialdevelopmentassistance-definition-and-coverage.htm](http://www.oecd.org/development/financing-sustainable-development/development-finance-standards/officialdevelopmentassistance-definition-and-coverage.htm)



## The 10 donors selected for analysis

The 10 donors include six bilateral donor countries (Belgium, Canada, France, Germany, the United Kingdom (UK) and the United States of America (USA) as well as the Global Partnership for Education<sup>3</sup>, European Union (EU) institutions, the United Nations Children's Fund (UNICEF) and the World Bank. These were chosen based on their relatively high level of expenditures on ECD and their capacity to influence other stakeholders in the international development community. Together, these donors accounted for more than 80% of ODA spending on pre-primary education in 2017, and 60% of ODA spending on basic nutrition (based on disbursements in 2017<sup>4</sup>). As such, they act as a good barometer for donors as a whole (the findings detailed in this report are drawn from the individual donor profiles, which provide more detailed analysis and tailored recommendations).

## Four country case studies

Sub-Saharan Africa is the region with the highest proportion of children at risk of not meeting their developmental milestones (Black et al., 2016). We selected our four case study countries – Burkina Faso, Mozambique, Zambia and Zimbabwe – because they face some of the most significant challenges in terms of child development, both regionally and globally. In addition, they heavily rely on donor aid to meet their development objectives.

Our research aimed to explore two questions:

- What are the 10 donors doing to support equitable and inclusive ECD?
- How can they do more to help countries scale up their efforts?

Because the need for investment in inclusive ECD programmes is greater in sub-Saharan Africa, the report outlines policy lessons from these four countries, and for the region more broadly.

## Methodology and data constraints

Light for the World, with the support of Open Society Foundations, conducted a detailed analysis of the ECD aid disbursements of 10 donors, highlighting their commitment to vulnerable children and those in marginalised situations. These include those with and at risk of developmental delays and disabilities.

We encountered two major obstacles. Firstly, it was challenging to isolate spending aimed at the early years (birth to the age of five – the ages targeted in ECD spending) and, secondly, it was challenging to identify expenditures on children with disabilities. There is very little disability-disaggregated data available on ODA spending. The reason for this is that donors tend to classify spending according to sectoral priorities or programme objectives rather than specific groups of beneficiaries (such as women, or children with disabilities). The OECD-DAC Creditor Reporting System (CRS), the only comparable cross-country ODA spending database, does not currently monitor disbursements for ECD, nor does it break down this spending across different sectors for the early years.

What we were able to do was to provide a picture of aid spending on ECD by estimating the sectoral commitments that benefit children under the age of five in four key ECD domains: education, health, nutrition and sanitation. To do this, we borrowed a methodology devised by Theirworld in its donor scorecard *Just Beginning: Addressing Inequality in Donor Funding for Early Childhood Development* (Zubairi and Rose, 2017). Theirworld's methodology was devised to track donor support for children from birth to the age of five across the health, nutrition, education and sanitation sectors. It used the Muskoka methodology devised by the G8 Health Working Group to capture G8 baseline spending on maternal newborn and child health (MNCH), and the London School of Hygiene & Tropical Medicine's Countdown ODA dataset to identify "purpose codes" for tracking spending aimed at supporting MNCH and nutrition. These data were then added to ODA directed at "early and pre-primary education" (one of the OECD-

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<sup>3</sup> The Global Partnership for Education (GPE) is not included in our rankings (see Table 1 on page 31) because it is an education-only donor, which makes it impossible to compare its data with those of others.

<sup>4</sup> Based on authors' calculations.

DAC CRS's codes<sup>5</sup>) to give a total for “MNCH plus education”. This enabled us to identify ODA directed to children under the age of five in the areas of health, nutrition, education and sanitation. However, this does not capture other vital areas that are impossible to track, such as social protection and parenting programmes.

We complemented the aid totals with a more detailed and qualitative analysis of ODA projects to identify any spending targeted at children with disabilities and those belonging to other disadvantaged groups. Firstly, we conducted a more detailed analysis of donors' project descriptions (where these existed), using keywords covering ECE, ECI and ECD. Based on this, we identified any explicit targets to include marginalised groups.<sup>6</sup> Secondly, we analysed donor policy documents and strategic frameworks to identify commitments to ECD and disability. For this, we applied a simple word search, with further searches to ascertain the inclusion of specific marginalised groups.

This was complemented by an analysis of publicly available grey literature (e.g. donor websites, sector plans/policies and monitoring reports). We also gathered information through interviews with key informants within donor agencies to cross-reference our findings and check the accuracy of the 10 donor profiles. This global-level donor analysis was supplemented by detailed analyses of donors' activities in the four case study countries.

In those countries (Burkina Faso, Mozambique, Zambia and Zimbabwe), we conducted both a desk-based analysis of national reports, policies, sector plans, peer-reviewed and government documents, and in-country semi-structured interviews. The research was carried out between March and June 2019, leading to four separate Country Case Study reports.

The four Country Case Study reports and more details on the methodology note are available at: [www.light-for-the-world.org/inclusive-ecd-investment](http://www.light-for-the-world.org/inclusive-ecd-investment)

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<sup>5</sup> Our research used the OECD-DAC CRS. This is the only reliable source of internationally comparable data on bilateral and multilateral aid over a specific period of time. Data sources vary slightly for the World Bank. This report used more recent data derived from the World Bank's own methodology for identifying ECD spending and for the Global Partnership for Education (GPE), which does not report to the OECD-DAC database.

<sup>6</sup> We applied word searches for “disability”, “disabled”, “inclusion” and “marginalised” to get a picture of whether projects were explicitly supporting ECD for some of the most excluded children. In the purpose codes for pre-primary/ECE/care spending, a word search was applied for “inclusive education”, “inclusive learning”, “inclusive teaching”, “disability” and “special needs”, to identify any targeting of inclusive education approaches and/or targeting of children with disabilities.









# i

## Introduction

### Ensuring no child is left behind

Three years ago, at the 2018 G20 Summit in Argentina, world leaders signed the G20 Initiative for ECD (G20 2018). Through this, they committed to enhancing the quality of such services through sustainably financed inclusive ECD programmes to help all children develop to their full potential, breaking the intergenerational and structural cycle of poverty.

***“The Sustainable Development Goals (SDGs) recognize that ECD can help drive the transformation we hope to achieve over the next 15 years.”***

*Ban Ki-moon*

*Former UN Secretary-General, 2015*

It is estimated that an additional 42 to 66 million children will experience extreme poverty as a result of the COVID-19 pandemic. Fear of contracting COVID has resulted in delayed healthcare visits for children under the age of six, which risks derailing the progress made to curb HIV transmission from mother to child and childhood vaccination coverage against life-threatening and arguably disabling diseases such as polio (UN, 2020).

ECD services are central to achieving the SDGs and imperative in ensuring no one is left behind. The 2030 Agenda for Sustainable Development (UN, 2015) positions ECD as a means of fostering human development, eradicating poverty and securing a better future for countries. SDG 4 calls for inclusive and equitable quality education and lifelong learning opportunities for all. More specifically, target 4.2 calls on the international community to “ensure all girls and boys have access to quality ECD, care and pre-primary education so that they are ready for primary education”. Furthermore, the second target of SDG 10.2, seeks to level the playing field for all by empowering and promoting universal social and economic inclusion, irrespective of age, sex, disability, ethnic origin, race, religion or financial status. Achieving these and other targets outlined in the SDGs requires more significant investments in ECI and ECD services, including ECE, to promote optimal development and school readiness.



Access to quality ECD services is not only a human right enshrined in various international treaties, but also the gateway to other rights as it enables individuals to fulfil their human, social and economic potential. Under the United Nations' Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities (UNCRPD), governments are duty-bound to provide universal access to essential services for early health and well-being, with a particular focus on protecting the rights of the most vulnerable and children in marginalised situations, including girls and boys with disabilities. The obligation to provide inclusive early childhood services was emphasised in the UN's General Comment 7 (2005) on Implementing Child Rights in Early Childhood. The UNCRPD's General Comment 4 (2016) also requires governments to provide disability-specific healthcare services, early identification and intervention services geared towards preventing and reducing further delays and disabilities (UNCRPD, 2006).

Children's development and well-being are complex matters and, as such, they require a multi-dimensional approach. Multi-sectoral investments are needed to ensure a framework for Nurturing Care ([see Box 2 on page 24](#)). Such an approach provides all children with access to quality healthcare, nutrition, early learning and stimulation, responsive caregiving, and security and safety (WHO et al., 2018). This means donors need to invest in service delivery across the health/nutrition, water and sanitation, ECI, ECE, pre-primary and child protection spectrum. At the same time, they must make targeted investments to reach the most marginalised groups, including children with disabilities and those at risk of developmental delays.

## The early years: a foundation for lifelong well-being

Investments in ECD are vital to helping children reach their full potential. **By the age of five, 90% of a child's brain development has taken place** (Rose and van Fleet, 2019). It is during this critical period of early childhood that the brain is most vulnerable and sensitive to stimulation and nurturing (Phillips and Shonkoff, 2000). Scientific evidence has shown that what happens in this period lays the foundation for

lifelong well-being and, therefore, holds the key to a happy, healthy and fulfilled life (Phillips and Shonkoff, 2000; Black et al., 2017).

In the first 1,000 days of a child's life, the brain grows faster than at any other time, forming billions of neural circuits through the interaction of genetics, environment, nutrition and experience. This creates a neural blueprint for life (Young, 2016). From the moment of conception, a child is vulnerable to all the risks to which their mother is exposed. These factors, furthermore, persist after birth and into childhood.

In the earliest years, mostly through play ([see Box 1](#)), children acquire the interpersonal skills and capacities they need to help them learn and develop social and emotional interactions. To develop their brain potential fully, they need loving caregivers who provide a safe and secure family environment, with stimulation through daily activities and relationships with others. Quality antenatal care and a nurturing, clean and safe environment in the postnatal period, with adequate nutrition and protection, further promotes healthy brain development.

Any form of malnutrition occurring early in a child's life can result in lifelong impaired cognitive functioning and stunted growth (Woldehanna et al., 2017). Globally, it is estimated that 25% of children under the age of five, 155 million boys and girls, have stunted growth due to chronic undernutrition and associated illnesses (WHO, 2020; UNICEF, WHO and World Bank Group, 2017). Early childhood nutritional deficiencies negatively affect individuals' physical capabilities, cognitive development and the ability to learn later in life (Naudeau and Hasan, 2016).

As a result of the COVID-19 pandemic and the closure of many childcare and early education facilities to slow the transmission of the infection, millions of children have missed out on ECE in their pre-school year (You et al., 2020). Children in marginalised situations who were struggling prior to the pandemic are predicted to suffer as a result of this delay in education – even more so than their peers from well-resourced communities. During this tumultuous period, parents and caregivers have also been under immense pressure. Multiple financial, emotional and psychological stressors have influenced their ability to cope and provide effective

supportive parenting. These challenges are reported to be exacerbated in a household where a child with a disability lives (RAPID-EC Project Team, 2020). Difficult circumstances such as these can be conducive to toxic stress, constraining the ability of parents to provide responsive caregiving. This may affect how a child's brain develops and hamper their progress over their lifetime.

In addition, movement restrictions, loss of income, isolation, overcrowding and high levels of stress and anxiety are increasing the likelihood of children experiencing and observing physical, psychological and sexual abuse at home – particularly those children already living in violent or dysfunctional family situations.

### Box 1. Why play is essential in children's development

*“Whilst playing, children experience real emotions, create their own uncertainty, experience the unexpected, respond to new situations, and adapt to a wide variety of situations.”*

*Gleave and Hamilton, 2012*

Play provides powerful learning opportunities and builds skills across all developmental domains, including physical, cognitive, language and socioemotional abilities (ibid.). When children have time and space to play, they are allowed to organise, share and enjoy their activities while developing skills that will benefit them throughout their lives. Play also gives children the ability to take the initiative and make decisions (agency) (Zosh et al., 2017).

While young children spend most of their days at home, which offers them significant opportunities to learn through play with their parents and family members (UNICEF, 2018), early childhood or pre-primary education centres are essential too. This is where they experience their first opportunity to interact with other children of a similar age and develop critical social skills. A quality centre includes children from a range of backgrounds, languages, ideas and abilities – exposing them to other children from both similar and different backgrounds.

UNICEF (2018) recommends that “policies, pre-primary implementation plans, teacher training plans, resource allocations and quality assurance strategies should reflect the growing evidence that active, play-based early learning environments provide the most developmentally appropriate critical foundation for success in school and beyond”.

## How intersecting inequalities affect children's life chances

Estimates indicate that in low- and middle-income countries, 43% of children under the age of five – roughly 250 million boys and girls – are at risk of not reaching their full developmental potential (Black et al., 2017; Lu et al., 2016). Multiple factors influence this risk, including poverty and malnutrition, poor access to healthcare services, safe drinking water and sanitation, inadequate responsive caregiving and appropriate stimulation, and a shortage of early education

opportunities (Denboba et al., 2014; Shaeffer, 2019). The COVID-19 pandemic has already increased various risk factors, including falling (further) into poverty and loss of school time and child health services due to lockdowns, as well as increased violence and abuse. These have undoubtedly disproportionately affected vulnerable young children.

Exclusion from ECCE has negative impacts on children's physical, social and cognitive development. Marginalised children, including those with developmental delays, disabilities and/or behavioural or mental health needs, as well as children from

impoverished families, are affected the most. This also applies to children from remote and rural communities, religious, linguistic and ethnic minorities (e.g. Roma and traveller children), and low castes. Girls and women as well as migrant, refugee, displaced children and children from asylum-seeking families (many of whom are stateless or undocumented) are also at high risk. This situation applies to street and working children, orphans, abandoned and unaccompanied children, and those affected by armed conflict, natural disasters, chronic diseases such as HIV and other complex health needs (Shaeffer, 2019).

It is important to note that gender deepens inequity. In many cultures, sons are preferred over daughters. This means girls receive less nutritious food (Plan International, 2017) and have fewer opportunities to play and learn. Moreover, attitudes and expectations about how girls and boys should behave and their role in society become entrenched through parents/carers (who make key decisions about their children's lives), family and the wider community.

Children in the most marginalised situations, including those with disabilities, face the most significant risks and the greatest obstacles in accessing quality services and support. It is important to remember that children with disabilities are not a homogenous group. In addition, disability intersects with gender, poverty, ethnicity and other markers of exclusion. Without early and adequate interventions, these can severely constrain a person's life chances.

In addition, millions of children and their families continue to face challenges such as insecurity, conflict, humanitarian crisis, violence, abusive home environments, poor housing, natural hazards and pollution. Investments in ECI and ECD are especially crucial for these children as well as those from low-income families (including refugee and internally displaced person (IDP) households) and those living with disabilities and severe health conditions.

In most developing countries, large gaps exist in terms of development outcomes when looking at the poorest and wealthiest groups. For instance, a

systematic assessment of child development in Latin America, Asia and sub-Saharan Africa (Ethiopia, Madagascar and Mozambique) has found the cognitive development gap between the poorest and wealthiest children to be evident by the age of three. These gaps are worse by the age of six and, for the most part, will not narrow after that (Naudeau and Hasan, 2016). This contributes to high rates of school dropout. The most marginalised children, including those with disabilities, face the most significant risks and the greatest obstacles in accessing quality services and support. Without early and adequate interventions, these can severely constrain a person's life chances.

## **Sub-Saharan Africa, where children are at the highest risk**

In sub-Saharan Africa, ECD services are often under-developed, underfunded and even absent, particularly in remote and rural areas. Globally, the severity of developmental delay(s) among children varies from region to region, but sub-Saharan Africa has among the highest levels of low childhood development. There, two-thirds of all children under the age of five are at risk of not reaching their full potential (Black et al., 2016). For example, around 91% of primary school-age children fail to achieve minimal levels of literacy and 87% fail to achieve minimal competence in mathematics (UNESCO, 2019).

Conflict, humanitarian crisis, HIV/AIDS, malaria, communicable and non-communicable diseases and pollution leave young children in the sub-Saharan African region particularly vulnerable to violence, malnutrition, neglect, developmental delays and disability.

It is estimated that the number of children under the age of five affected by developmental disabilities<sup>7</sup> has risen by 70% to 14.7 million since 2016, while other parts of the world have seen a decline due to reduced mortality among children under the age of five (Olusanya et al., 2018; GBD 2016 Causes of Death Collaborators 2016). The sub-Saharan estimate is a

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<sup>7</sup> Developmental disabilities include epilepsy, intellectual disabilities, sensory impairments, autism spectrum disorder and attention deficit hyperactivity disorder.



gross underestimation of the actual number of children with developmental disabilities. The data do not include boys and girls with mobility and idiopathic disabilities (disabilities where the cause is unknown).

Children living with disabilities in low- and middle-income countries (LMICs) are typically excluded from ECD services and are thus prevented from realising their rights. It is important to remember that children with disabilities are not a homogeneous group. In addition, disability intersects with gender, poverty, ethnicity and other markers of exclusion. For example, girls face specific risks arising from gender-based discrimination and violence, abuse and harmful practices, while children from refugee families, internally displaced households or nomadic communities face other particular challenges. This is made worse by their disabilities. A poor, disabled girl faces multiple vulnerabilities and layers of discrimination: because she is a girl, because she lives in poverty and because she has a disability. In most low-income countries, she

will likely be last in line and left the furthest behind. Evidence, however, suggests that supporting the most disadvantaged children with quality ECD and ECI services makes a significant difference (WHO and UNICEF, 2012).

Exclusion is often compounded by deep-seated negative beliefs and stigmas regarding disability. In many African countries, assumptions regarding disability can worsen a child's chances of receiving the stimulation and care they need to develop to their full potential (Olusanya et al., 2018; Lynch et al., 2014). In some cultural contexts, it is believed a child's disability is a deity's retribution for an offence committed. This situation can lead to discrimination and stigma towards the child and their family. Disabled girls and boys are, as such, more prone to neglect, maltreatment, abuse, family disintegration or even infanticide compared to non-disabled peers (Bayat, 2014). Early intervention, with a supportive family, can make a real difference ([see Case Study 2. Mozambique](#)).

## **CASE STUDY 2.**

### **MOZAMBIQUE**

#### **The difference early intervention can make**

Twins Jonson and Ronson were born in 2008 by caesarean section due to complications late in their mother's pregnancy. Jonson has cerebral palsy, though his parents did not know this at the time of his birth. After being discharged from the healthcare facility, the boys' father was concerned because Jonson did not cry or move his arms and legs like his baby brother. The paediatrician explained some weeks later that the baby's condition was a result of lack of oxygen to the brain during childbirth and recommended that the child receive physiotherapy. It took Jonson's father three years to get physiotherapy for his son because they could not afford to pay for transport for regular visits to Beira Central Hospital, 30 km from Dondo city, where the family lives. Jonson's father does odd jobs to support his family of 10.

In 2017, Jonson was identified as being in need of support through a Light for the World community-based rehabilitation programme in Dondo. He got a wheelchair, and he and his family received practical advice to develop his communication and coordination skills through play, participation in community activities such as church choir and other day-to-day activities. In 2018, at the age of 10, Jonson enrolled in the village school. His father hopes that Jonson can study and, in future, have a profession, because he has seen people with disabilities developing professional skills.

Jonson has a very loving and supportive family. Still, poverty and the lack of appropriate advice and support early on, due to inadequate surveillance and identification of at-risk children, have denied him the rights his twin brother has enjoyed. This has constrained his chances of achieving his full potential.

**SOURCE:** Ruben Sinalau, community-based rehabilitation (CBR) worker, Dondo CBR project by Light for the World



# 1.

## Understanding inclusive early childhood development

### 1.1 What do quality inclusive ECD services look like?

Even in policy and programming circles, people are not always clear about what constitutes ECD services, let alone inclusive ECD services. After all, they encompass physical, socio-emotional, linguistic and cognitive development factors from birth to the age of eight. During this time, the brain grows and develops remarkably fast. As a result, children are highly susceptible to their environment and the people who surround them, primarily their parents and families and, later, those who work with them in early childhood programmes. Early childhood development is the net result of ongoing interactions between the biology of children and their environments (WHO, 2016).

High-quality ECD programmes are inclusive, child-centred, family-focused, play-based, community-based and integrated with other services (Inclusive Early Childhood Care and Education 2019). An extensive review of family and parenting interventions in LMICs has shown that family-focused interventions typically result in positive outcomes for the child in terms of health and well-being (Pederson et al., 2019).

Inclusive ECD should also embody the values, policies and practices that support the rights of infants and young children regardless of their ability, and should help them to participate in a broad range of activities and contexts. The approach recognises that every child – irrespective of their needs – has the right to participate fully in their family and community, with the same choices, opportunities and experiences. Through inclusive ECD, children and their families have a sense of belonging. Inclusive ECD is grounded in positive social relationships and meaningful participation within society alongside their non-disabled peers (Division for Early Childhood and National Association for the Education of Young Children, 2009). Segregated, separated and/or parallel services for children with disabilities can compromise access and quality, and

increase stigma. The rights and needs of all children should be met through universal and accessible services such as healthcare, childcare and education, coupled with specialised services to address the specific rights and needs of children with, or at risk of, disabilities or developmental delays.

Figure 1, adapted from the WHO's Nurturing Care Framework, shows how such an approach intersects with disability-inclusive approaches to all services (the "twin-track approach") and highlights how governments need to plan for inclusive ECD service delivery.

## Box 2. What do we mean by nurturing care?

In 2018, UNICEF, the World Bank and the World Health Organization (WHO), in consultation with governments and other stakeholders, published the Nurturing Care Framework. This concept provides an evidence-based road map of how children develop, and outlines what types of policies and interventions can improve ECD (Cavallera et al., 2019).

Nurturing care means that a child's home environment responds adequately to their health, nutritional and emotional needs, protects them from harm and provides age-appropriate stimulation. This includes play and responsive caregiving at the same time as allowing the child to explore its environment (WHO et al., 2018).

The Nurturing Care Framework has five components: adequate nutrition, responsive caregiving, security and safety, opportunities for early learning and good health.

Nurturing care programmes typically promote better health, parenting skills and early learning stimulation (Scherzer et al., 2012; Maulik and Darmstadt, 2007) and are, therefore, most effective when a multi-

sectoral and multi-disciplinary approach is followed. Besides being effective, these programmes are cost-effective. For instance, a longitudinal study found that adults who had received early stimulation as young children (with or without nutritional support) earned 25% more than those who had only received nutritional support or no intervention at all (Gertler et al., 2014). A combination of nutritional support and early stimulation showed benefits even in children under the age of two (Naudeau and Hasan, 2016).

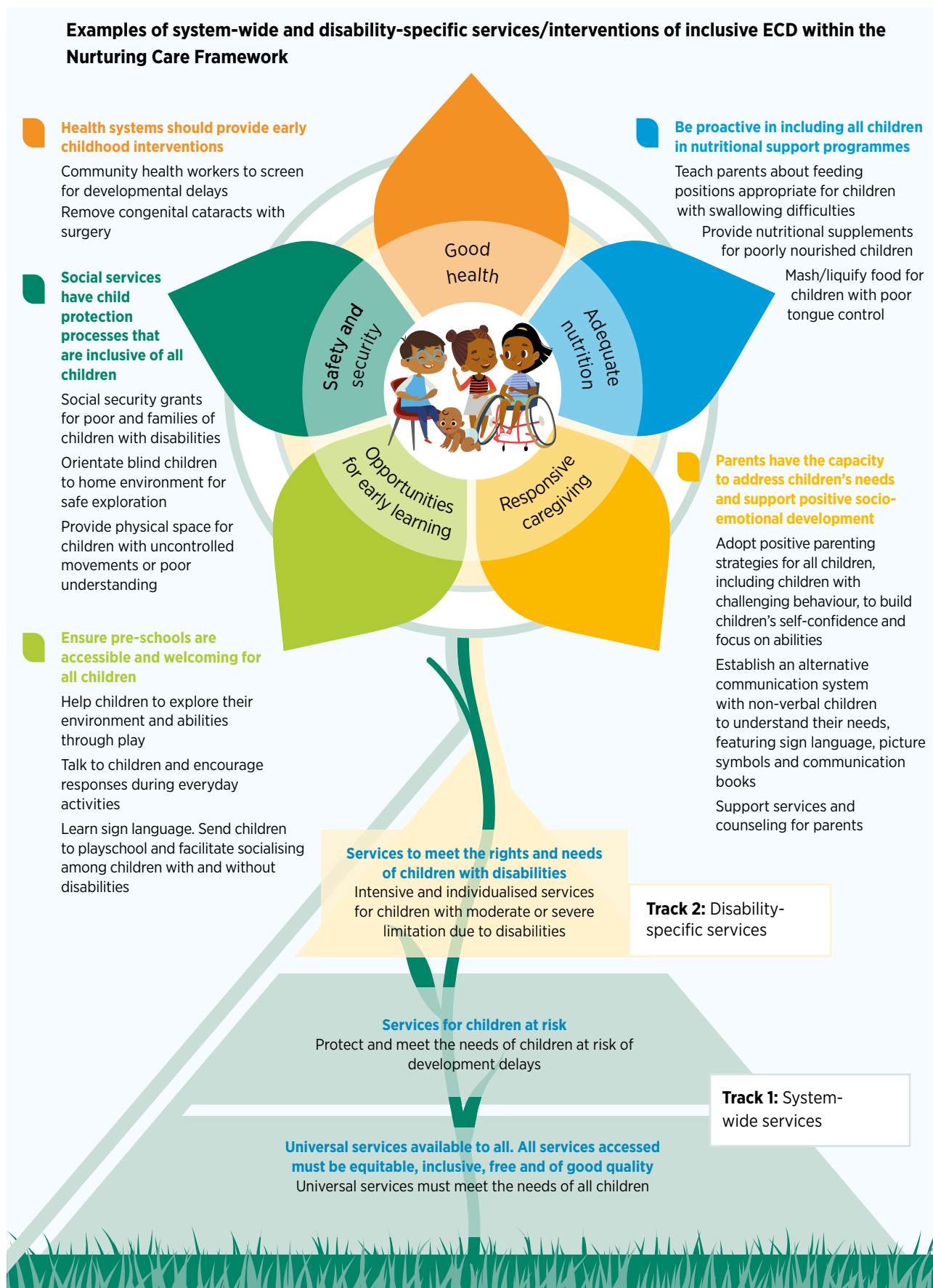
Nurturing care, including quality parenting programmes and pre-school enrolment, is particularly crucial for the development of children in the most marginalised situations, especially when coupled with cash transfer programmes and age-appropriate educational content that promotes children's learning and growth (Engle et al., 2011).

In inclusive ECD settings, children with disabilities achieve significant gains in peer acceptance, friendships and cognitive development (Odom et al., 2011). This helps them prepare to progress through the formal education system (CBM, 2018).





**Figure 1. Twin track approach to inclusive early childhood development services**



**SOURCE:** Adapted from UNICEF's ECD framework and inclusive ECD twin-track theory

## 1.2 How should ECD services change to become inclusive?

A nurturing approach to ECD must take the child's needs as the starting point. This involves doing things differently in terms of service planning and delivery. While governments and donors tend to work in sectors, the nurturing care approach breaks down these silos to identify the individual needs of each child within different sectors. Services must wrap around these individual needs, bringing in the family, the community, and ECD service providers. The challenge for governments is to ensure that sector-based planning converges around children's needs. Realising the rights of every child lies at the heart of inclusive ECD approaches, with the child's family and relevant professionals working together as an integrated team. This requires them to communicate and share information, knowledge and skills to build the capacity of the child and their family, caregivers, professionals and the community (*see Figure 1*).

Some non-governmental organisations (NGOs) are implementing promising programmes for inclusive ECD, targeting some of the most disadvantaged children (*see Case Study 3. Bangladesh, Pakistan and Thailand*).

### 1.2.1 Early childhood intervention (ECI) services can change lives

Intervening early to prevent and minimise developmental problems is vital, particularly for children at risk of developmental delays and those with congenital conditions. ECI plays a significant preventive role in reducing the risk of children being separated from their families and placed in an institution. It can also avoid more complex and costly interventions throughout a child's early development and education trajectory.

ECI systems and programmes aim to provide multi-sectoral and multi-disciplinary services to the families of children with disabilities and developmental delays from birth to the age of three (sometimes up to the age of five).

## CASE STUDY 3. BANGLADESH, PAKISTAN AND THAILAND

### The difference early intervention can make

Growing Together, a four-year initiative by Humanity & Inclusion (2016-2020) financed by the IKEA Foundation, was implemented in refugee camps across Bangladesh, Pakistan and Thailand. The project works with local service providers to help them offer more inclusive, accessible and responsive services for boys and girls with disabilities and children at risk of developmental delays.

The project offers children and their families a safe place to play and express themselves, thus promoting early child development. As one of the project's staff team said: "Our safe spaces are accessible and inclusive so that children of all kinds can come together and learn – children with and without disabilities, learning disorders, mental problems and chronically illnesses" (Humanity & Inclusion, 2016).

The youngest children at the greatest risk of developmental problems were identified first, and allowed to learn and develop safely in weekly informal "playgroups". This is where parents learn new ways to stimulate and interact with their babies and young children. Blue Box, a tool to support the holistic development of children in their first three years of life, was developed to assist. In the mid-term review, parents reported improved confidence, better parenting skills and more in-depth knowledge about promoting early child development through play.

**SOURCE:** Humanity & Inclusion, 2020

These approaches are based on the family strength model, which recognises that all families can support their children's development when they have access to adequate support and resources. It is also based on the notion that parents and caregivers play a crucial

role in their young children's development. The model implies that professionals need to replace their service-centred approach with a family-centred approach to serve children in their everyday environment (whether at home or an early years setting).

ECI also significantly reduces stress on families and improves their competences, confidence and quality of life (Eurlayid, 2016). Programmes with the most significant impact are those that enhance parents' capacities to support their child's development by improving child-parent interactions and emotional bonding. Timely and quality ECI interventions can increase positive outcomes in later life, including school enrolment and retention.

Effective ECI systems are individualised, intensive, family-centred, multi-disciplinary, team-based, evidence-informed, outcomes-driven and cross-sectoral. A comprehensive ECI approach is based on the children's rights framework and the bioecological and systemic perspective of development. Factors of importance include early screening and identification of children at risk, the assessment and planning of interventions with the family, and monitoring the impact of these interventions. All of this leads to transition planning for inclusive ECD and primary education.

### 1.2.2 Community-based approaches

A combination of home visits and community-based groups are likely the best strategy for the delivery of ECI. Still, more evidence is needed to guide detailed implementation modalities regarding the dosage of these interventions (Kohli-Lynch et al., 2019). Disability inclusion in community development (DICD), formerly referred to as community-based rehabilitation (CBR), has a strong ECI focus and is a powerful way to address discrimination and support the rights and needs of children with disabilities or developmental delays (and their families). Families may need additional support, as having a child or children with disabilities brings with it substantial emotional and economic burdens (Lemmi et al., 2016). Examples of the kinds of early interventions that have been used for reaching families with children with disabilities and children at risk of developmental delays are available ([see Box 3](#)).

Effective interventions include programmes that equip caregivers with the necessary skills to provide stimulating play and interactions, support the child in taking an active part in all family routines and communicate effectively with the child (Shaeffer, 2019). These abilities also give caregivers greater understanding of their child's condition, the confidence to deal with challenging behaviours, and help them solve problems and derive coping mechanisms and skills.

#### Box 3. Examples of early interventions for children with disabilities and those at risk of developmental delays

Early intervention for **children who are deaf or hard of hearing** allows for early access to sign language, which reduces the risk of linguistic deprivation (which can make children more vulnerable to abuse and cognitive delays).<sup>13</sup>

ECI for children **who are blind or have poor vision** can reduce associated challenges related to the development of motor, language, cognitive and social skills (Ferrell, 2011).

Providing access to augmentative and alternative communication (AAC) devices such as communication boards or tablets can support children with **complex communication needs or autism**. Children with **intellectual disabilities**, autism or attention deficit hyperactivity disorder (ADHD) can build critical early language skills that support long-term speech and language development (Light and Drager, 2007; Kasari et al., 2014).

An ECI programme that includes outreach training and a home programme focused on mothers and young children with **cerebral palsy** has helped improve the children's functioning. Their mothers found the programme supportive and useful for promoting their children's abilities (McConachie et al., 2000).



## 1.3 Supporting an inclusive ECD workforce

Strengthening equitable systems to support the development of all young children requires substantial investment in building an adequate ECD workforce. Such capacity development needs to address disparities in services available in rural and deprived areas versus those in urban and higher-income regions, catering to those who might need more support, including children belonging to vulnerable groups and those with identified delays and disabilities. A good starting point for developing scalable and sustainable programmes is to come up with solutions that suit the needs of the most vulnerable in a population, including often excluded groups such as children with disabilities and developmental delays (Britto et al., 2014).

An adequate ECD workforce comprises a range of paid and non-paid individuals who provide services to young children, focusing on healthcare, nutrition, education, and social and child protection services. Mitigating the risks of the COVID-19 pandemic and promoting essential nurturing care for vulnerable children during and after the crisis can only be achieved by paying attention to developing an early childhood workforce (Early Childhood Workforce Initiative, 2020).

A qualified workforce for inclusive ECD, which includes frontline workers in humanitarian settings, requires specific training in essential aspects of nurturing care, including adaptations that help identify and support the needs of children with disabilities. Effective coordination across all sectors involving all relevant professionals, such as nutrition counsellors, social workers, therapists and educational psychologists, is vital, particularly in rural and remote areas where these specialist services are not available. Coordination and training should also deal with how to protect children against violence, with a set of inter-referral systems in place that allow for speedy and sensitive responses. Besides having the theoretical knowledge of how to identify children at risk of developmental delays and disabilities, the training of an ECD workforce should cover knowledge and skills to promote early stimulation, child-centred learning and development, effective communication and collaboration, problem-solving and reflective practices (Pearson et al., 2017).

However, competent personnel that can deliver training are in short supply in many LMICs, which is slowing down progress (Yousafzai et al., 2014, cited in Pearson et al., 2017).

A country's healthcare sector is the starting point for many ECI services and has the most significant reach at community level for supporting young children from birth to the age of five and their parents. Considerable capacity building is needed for early screening of birth abnormalities, congenital hearing and vision losses, as well as for the planning and delivery of support programmes for children with specific disabilities and developmental delays. Such problems can be mitigated with the timely provision of quality interventions. Some governments are stepping up efforts in this regard. For example in Ethiopia's Amhara region, Light for the World – in partnership with the government – piloted a project in 2018 to train community health extension workers in early detection and referral of children with developmental delays. It is essential that all delivery platforms beyond healthcare adhere to standards and/or accreditation, are accessible to their target populations, and include metrics in relation to monitoring, evaluation and accountability frameworks for child development and nurturing care.

Since 2011, the Early Childhood Program of the Open Society Foundations, in partnership with various governments, has been supporting a staged process of developing ECI systems in five countries in Central Eastern Europe and Eurasia. These include the ongoing capacity development of multi-professional staff from different public sectors and civil society.

Unpaid and poorly paid women with limited training currently make up the bulk of early childhood workforces in LMICs (International STEP by STEP Association, 2018). A study of projects across 17 LMICs on four continents shows that one-third of early childhood workers had either completed only primary school or had no formal education at all (Kohli-Lynch et al., 2019). When adequately trained and supervised, these paraprofessionals can deliver much of the needed frontline services effectively. This indicates the urgent need to support and professionalise this workforce with universally recognised competences and job descriptions. Frontline workers also need access to trained professionals (such as speech and

language therapists using internationally recognised and evidence-based practices) to support them in their work. These highly trained professionals are in scarce supply across Africa, with most low-income countries not even offering training courses, certification or licencing procedures in these fields (Mitter and Putcha, 2018).

At a time of COVID-19, ECD practitioners and frontline workers need additional protective gear and training in technologies that can provide their customers with remote access to their services, allowing them to better respond to crises at the same time as meeting all social distancing requirements.

Furthermore, there is a shortage of appropriately qualified early childhood educators, an issue which is most severe in rural areas of most LMICs. Suitable training is also lacking in these areas (Sun et al., 2015). Limited financial support hampers professional

development, with early childhood workers working under worse conditions and with lower pay than educators at other levels (ILO, 2013). Revisiting worker costs is necessary for planning and implementing proper ECD programmes and for addressing shortages (Kohli-Lynch et al., 2019).

In addition, information gaps are hindering resource planning and allocation. The lack of data regarding vulnerable children, particularly those with disabilities, and regarding ECD staff and their skills levels makes planning to ensure equity difficult. Inadequate availability of information regarding the status and training needs of early childhood workers is preventing policymakers and managers from identifying and addressing workforce gaps. These data gaps in professional inclusion training, support and mentoring need to be addressed to inform policy and programming.







## 2.

## Our findings on donor spending and commitments to inclusive early childhood development

This section provides a summary of the ECD spending and commitments of the 10 donors covered in this study. It identifies total ODA for ECD for each donor across four sectors: education, healthcare, nutrition and sanitation. It highlights donors' commitments to ECD as a policy goal and focuses on funding and commitments to inclusive ECD for the most disadvantaged children, including those with disabilities. The analysis reflects on the cross-sectoral approach advocated by the Nurturing Care Framework, which spans the sectors of healthcare, education, nutrition and sanitation. This, again, reinforces the need for a standardised approach to tracking ECD donor expenditure.

Our analysis, based on data from 2017, reveals that some donors are committing large amounts of ODA for ECD. UNICEF, for example, spends well over a third of its ODA on ECD. Others spend much less. For instance, France and Germany allocate less than 1% of their total portfolio to ECD. Across the nine donors for whom we had comparable data<sup>8</sup>, the average spend on ECD services is 4% of their ODA. Table 1 includes our analysis of donor disbursements and a summary of each donor's strategic commitments towards inclusive ECD, evidenced in their policies and frameworks.

Overall, the results are disappointing. Only the World Bank and UNICEF had clear inclusive ECD objectives and outcomes in their strategic frameworks. More promisingly, the UK and the USA show increasing commitments to ECD in response to the evidence for a cross-sector approach (Black et al., 2016; WHO et al., 2018).

Perhaps the most worrying finding is that, of the nine donors for which we compared data, only UNICEF's ECD investments deliberately support the most marginalised children, especially those with disabilities. This significant gap reflects the other donors' sector-

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<sup>8</sup> The average median was used to smooth out UNICEF as an outlier.



specific ECD approaches (see Table 1). A recent ODA analysis regarding commitments to the Nurturing Care Framework shows that **allocations for children with disabilities amounted to just 2% of all ECD aid disbursed during the 2007-2016 period. In addition, all sectors show average annual**


**increases, except for disability, which showed a decrease.**


Overall, while some donors show increased commitment to ECD, all of them have a long way to go to deliver the strategic ambition and the financing needed for inclusive ECD services.


**Table 1. Donor spending on and commitments to inclusive ECD (2017)**

Donor*	ECD allocations – ranked according to ODA % disbursed for ECD (2017)	ECD % of aid	Total ECD (USD millions constant)	Commitment to investing in integrated cross-sectoral ECD policies and programmes	Does the donor prioritise inclusive ECD and/or make specific reference to disability?
UNICEF	1	41%	630.8	Yes	Yes
United States	2	5.8%	1,801.9	Emerging: new commitments in 2019	Emerging: new priority
Canada	3	5.3%	168.6	No	No
World Bank**	4	4.3%	609.3	Yes	Emerging: the World Bank has committed to making all of its education programmes and 75% of its social protection projects disability inclusive by 2025
United Kingdom	5	4.0%	460.2	Emerging: the over-all strategy does not, but new commitments are being developed	Emerging: at a strategic level. Isolated aid projects have commitments to inclusive ECD
Belgium	6	1.6%	21.3	No	No
EU institutions	7	1.1%	216.7	No	No
France	8	0.5%	43.9	No	No
Germany	9	0.5%	131.0	No	No

### Legend

 Strong commitments in strategic documents, reflected in aid spending

 Some commitments in strategic frameworks and emerging support, reflected in increased aid spending

 No commitment in strategic frameworks or aid spending

\* GPE not included as it does not report to the OECD-DAC's Creditor Reporting System.

\*\* Donor spending and commitments to inclusive ECD. Different figures are also available in the World Bank Donor Profile, based on its own statistics submitted to the authors of this study.

## 2.1 Donors commit more and catalyse change

### UNICEF

UNICEF is an important contributor to ECD, directing 41% of its total aid budget to this sector. This is a significantly higher proportion than what other donors in our study spent on ECD, which is as expected given that its mandate is to serve children. The organisation is also helping to elevate ECD on the global policy agenda. It is the only donor with an overarching programme approach and clear organisational guidelines for including children with disabilities. Its Programme Guidance for Early Childhood Development (UNICEF, 2017b) unites the agency's goals, resources and personnel behind a comprehensive approach.

***“As a multi-sectoral agency with a global reach and longstanding experience in ECD, UNICEF is uniquely positioned to translate new scientific evidence into innovative programmes and bring partners together to deliver results for young children.”***

*UNICEF spokesperson*

UNICEF's strategy identifies ECD as a cross-cutting theme and sets out specific objectives and measurable results concerning the SDGs, or Global Goals. It is the only surveyed donor that has hardwired ECD into its global strategy.

Its Programme Guidance identifies evidence-based multi-sectoral intervention packages, programmatic delivery platforms, contributions to sector goals, implementation strategies and organisational arrangements. In its goals and objectives, the Programme Guidance also makes specific mention of children with disabilities.

Multi-sectoral packages at country level, including support for:

- Parenting practices linked to early nurturing care and stimulation
- Maternal and child health, including investing heavily in supporting community healthcare

- workers in rolling out parenting programmes
- Nutritional programmes for the first 1,000 days of a child's life through high-impact nutrition interventions to reduce stunted growth
- Birth registration
- Piloting early education centres with inclusive approaches for the most disadvantaged children and scaling up equitable ECD centres

UNICEF has also consistently committed to supporting coordination efforts for ECD services while providing technical and other forms of assistance to governments, as well as establishing and supporting mechanisms for working across sectors.

### THE UNITED STATES OF AMERICA (USA)

The USA contributed the second-largest proportion of its ODA budget to ECD in 2017 (5.8%). In absolute terms, the country provided the largest ECD budget (USD 1.8 billion). Besides that, it recently launched a promising aid strategy targeting vulnerable children, which sets out strategic objectives for development assistance targeting ECD (US Government, 2019). Notably, disability and inclusive ECD are integrated into this strategy. Its first objective is to “promote nurturing care for the most vulnerable newborns and young children, starting before birth, by funding and supporting comprehensive and integrated programming in early childhood development to provide for children's health, nutrition, safety and security, responsive caregiving for social and emotional well-being and opportunities for early learning”.

### CANADA

Canada was the third-largest ECD contributor in 2017, with 5.3% of its ODA disbursed for this sector. Although the country is a leading donor when it comes to investing in maternal and child health and nutrition, it needs to integrate this investment into a broader inclusive ECD strategy. Canada's Feminist International Assistance Policy calls for all aid projects to incorporate gender equality and women's empowerment into six core pillars of work.<sup>9</sup> Perhaps surprisingly, early childhood is mostly absent from the country's development assistance framework, with little explicit

<sup>9</sup> The six pillars of Canada's Feminist International Assistance Policy are gender equality and the empowerment of women and girls; human dignity; inclusive economic growth; environment and climate change; inclusive governance; and peace and security.



focus on young children, nor are there any standalone objectives or goals for ECD.<sup>10</sup>

## THE WORLD BANK

The World Bank contributed 4.3% of its annual ODA for ECD in 2017. In absolute terms, this makes it the second-largest contributor (USD 609.3 million). The organisation has recently made bold policy commitments to ECD, which were followed by heavy investments focussing on assisting low-income countries to bridge the gaps (World Bank, 2014). The bank's multi-sectoral approach covers the developmental themes of child health and nutrition, early learning and stimulation, and nurturing and protection from stress.

The World Bank does not focus on inclusive approaches, though it does oversee the recently launched Inclusive Education Initiative (IEI). Established in 2019, this multi-donor trust fund is supported by the Norwegian Agency for Development Cooperation (Norad) and the UK's Department for International Development (DFID). It invests in the technical expertise and knowledge resources to support countries in making education progressively more inclusive for children with disabilities. However, it does not address inclusion at ECD level.

The World Bank has, nevertheless, committed to making all its educational projects and 75% of its social protection projects disability inclusive by 2025 (World Bank, 2018a). This will likely mean more investments.

## THE UNITED KINGDOM (UK)

The UK is ranked fifth in terms of ODA allocations to ECD, providing the third-largest contribution (USD 460.2 million). Having previously focused on maternal and child health, a research review by the Department for International Development (DFID) positions early childhood investment as a priority across all sectors.

Current commitments<sup>11</sup> within the DFID's portfolio include pilot projects and the intention to scale up support for ECD services. However, DFID is notable

in our study for its disability inclusion strategy, indicating that it has the potential to become a leader in directing support towards the most marginalised and disadvantaged groups. It is also one of the main funders of the Inclusive Education Initiative (IEI). Founded in 2018, the IEI provides technical expertise and resources to help countries develop more inclusive education systems that are in line with SDG 4. The IEI has been exploring the disability inclusiveness of assessments used to monitor whether children with disabilities are on track. In August 2019, the THRIVE early childhood development research programme (2019-2023) was launched, with a budget of USD 20.5 million to generate research to bring ECD interventions to scale in LMICs.

***“There’s a global agreement on the importance of ECD, and there’s strong UK interest in catalysing a new and first-of-its-kind interdisciplinary research centre to tackle this evidence challenge.”***

*DFID, 2017*

Pivoting to the COVID-19 crisis, the programme will deliver real-time evidence on the impact of COVID-19 on young children's learning and development, and test and scale innovations to mitigate gaps in children's development. The announcement of the DFID's closure and merger with the Foreign and Commonwealth Office (FCO) in June 2020 has resulted in much uncertainty around the future prioritisation of this type of aid (The Conversation, 2020). The UK pledged USD 39 million in 2017, and USD 65 million in 2018, to the Global Financing Facility's (GFF) Every Woman Every Child initiative. This was to catalyse and drive financial innovation to attain greater convergence in reproductive, MNCH and adolescent health.

## LOWER-RANKING DONORS

None of the remaining donors in our study appeared to have an explicit focus on ECD within their strategic commitments. They all spend less than 1% of their ODA on ECD services.

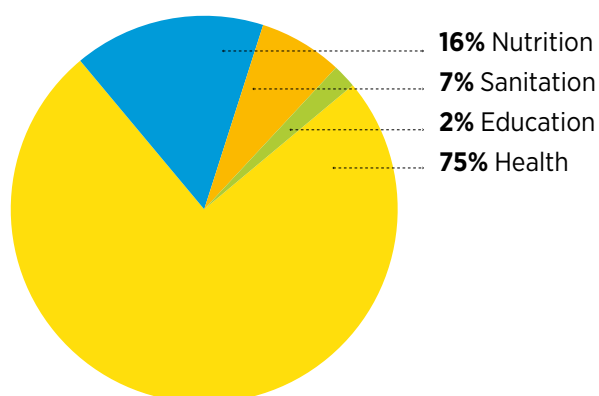
<sup>10</sup> The framework's human dignity pillar contains sectoral commitments to areas that help strengthen ECD, such as focusing on initiatives in health, education, nutrition, sexual and reproductive health and rights. There are, however, no standalone and explicit commitments to ECD, but the framework does feature commitments to support various aspects of ECD (maternal and child nutrition, and health), but not directly linked to this field.

<sup>11</sup> A search of all current active projects in the open data portal for DFID shows projects across 13 countries: Ethiopia, Lebanon, Syria, Tanzania, Bangladesh, Myanmar, Uganda, Nepal, Rwanda, Zimbabwe, Zambia, Haiti and Pakistan.

## 2.2. ODA disbursements to inclusive ECD sectors

Breaking down ODA disbursements by ECD sectors (healthcare, education, nutrition and sanitation) reveals stark differences. The healthcare sector dominates, while education is often neglected. Looking at the average<sup>12</sup> split of disbursements across all nine donors for which we have comparable data, healthcare received 75%, nutrition got 16%, sanitation 7% and pre-primary/early education 2% (see Figure 3). Figure 4 shows the breakdown by sector for each donor.

**Figure 3. Share of total ODA for ECD by sub-sector (2012, USD disbursements, averaged over the nine donors)**

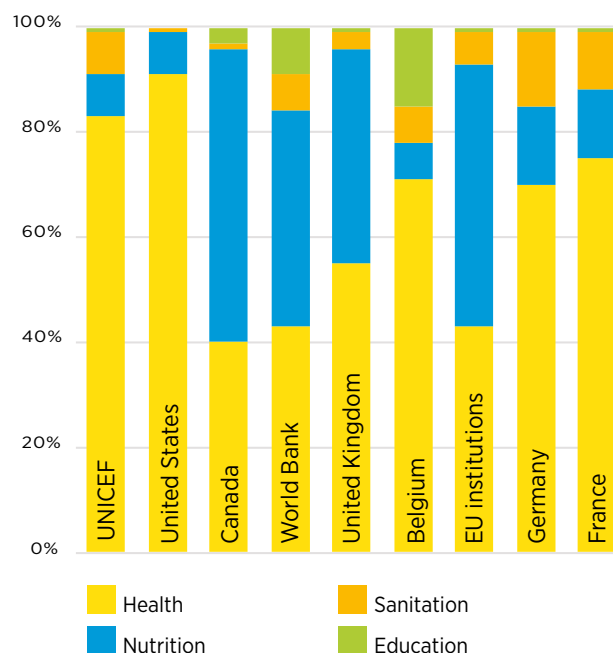


**SOURCE:** OECD-DAC Creditor Reporting System

These extremely low levels of ECD financing allocated to education echo the findings of previous studies. A report by Theirworld on the inequality in donor ECD funding showed that, of the 25 top education donors, only 17 reported any financing commitments to pre-primary education between 2015 and 2017 (Zubairi et al., 2019). Of these 17, nine had decreased their commitments, signifying a worrying trend at odds with their policy statements. This amounted to investments of just USD 0.26 per child per year across these nine donors.

In an analysis carried out in 2019 to try to establish a baseline of ODA for the Nurturing Care Framework, the evaluation likewise concluded that “*donor investment for ECD is dominated by health and nutrition*” (Arregoces et al., 2019). Health represented 78% of all investments, with (on average) USD 11.3 per child disbursed per year, while only USD 2.3 per child per year was spent on the remaining non-health ECD activities.

**Figure 4. Share of ODA disbursed for ECD by sector by individual donors (2017)**



**SOURCE:** OECD-DAC Creditor Reporting System

Moving forward, the situation will become more precarious as a result of the reprioritisation of funds in response to the COVID-19 pandemic (Donor Tracker Insights, 2020). Rightfully so, the global community has mobilised billions of dollars to international efforts to mitigate the multi-dimensional impacts of the pandemic, prioritising the health and broader social and socioeconomic well-being of people. At the same time, the need for expanded investment in ECE must not be overlooked, or many children will not achieve their full potential.

<sup>12</sup> The median was used in order to take account of some outliers.

To mitigate the competition between sectors arising from a zero-sum funding scenario, donors need to increase their ODA and provide substantial debt relief. In LMICs with ailing healthcare systems and a large informal economy, vulnerable populations are especially at risk. The contraction of the global economy has affected national budgets, including donor ODA allocations. Germany and the EU are, for instance, using their existing development budgets to finance the international response to COVID-19.

Promisingly, Italy has revealed that its G20 presidency in 2021 will focus on sustainable development across the African continent, including the need to support healthcare systems. ECI health services must feature prominently in this agenda, as well as other sectors that help provide nurturing care.

### 2.2.1 ODA support for inclusive pre-primary education

This study sought to shed light on donors' support for pre-primary schooling, specifically inclusive pre-primary education<sup>13</sup>, which is an integral component of ECD. Despite this, the two terms are often mistaken as synonymous. ECD is much broader, comprising support for children across four domains: education, health, nutrition and sanitation, while pre-primary education focuses on learning.

Our analysis reveals a surprising disconnect between global commitments to quality and inclusive early years education<sup>14</sup> and the reality of ODA commitments to pre-primary education. Moreover, despite commitments, international aid for pre-primary education is much lower than funding for any other education sub-sector.

**Overall, across our nine donors surveyed, just 1.3% of ODA went to pre-primary education in 2017, with five donors allocating less than 1% of their total education aid budget to early years education.** This falls far short of the 10% recommended recently in a major new study by UNICEF (2019), *A World Ready to Learn*.

More optimistically, several donors have made commitments towards supporting the pre-primary

sector, with the USA launching a new strategy in 2019. UNICEF and the World Bank have both increased their ODA, showing they are beginning to reflect strategic commitments in actual ODA spending. The UK has a stated commitment to work towards bringing pre-primary into its future education policy.

However, aid for inclusive early education has been wholly inadequate, and donors' strategic commitments have revealed striking gaps, specifically in inclusive pre-primary schooling. Only UNICEF and the Global Partnership for Education (GPE) had a straightforward approach to inclusive pre-primary schooling, with a focus on children with disabilities, girls and other vulnerable groups. There is a clear need to ensure pre-primary education meets the rights and needs of all children, including the most marginalised ones (*see Box 4*). However, only three donors (the UK, the World Bank, and the USA) are increasing their focus on disability inclusivity.

Table 2 summarises the results of our analysis of aid portfolios and strategic commitments concerning early education and pre-primary schooling.



<sup>13</sup> This was to reflect the focus of Light for the World and partners in their inclusive education programming.

<sup>14</sup> As enshrined in SDG target 4.2, all girls and boys should have access to quality pre-primary education by 2030.



#### Box 4. Limited access to quality pre-primary education

Half of the world's children, 181 million boys and girls, are not enrolled in pre-primary education (UNESCO, 2020), with numbers being significantly lower in low-income countries. There, nearly eight out of 10 children do not have access to early education (ibid.). In these countries, the quality of such services is often lacking, most of them being only affordable to wealthier families (whether state-run or private) and available in urban areas (Marope and Kaga, 2015). Where available, early education services for more destitute children are usually provided by NGOs, non-profit organisations or faith-based organisations (UNICEF, 2019).

Disparities in ECE enrolment are predominantly caused by:

- **Poverty:** The wealthiest children are seven times more likely to attend ECE programmes than the poorest.
- **Mothers' low level of education:** Children of mothers who have completed high school and above are five times more likely to attend ECE programmes than those whose mothers only had primary education and below.
- **Location:** Children living in urban areas are 2.5 times more likely to attend ECE programmes than those living in rural areas
- **Ethnicity/language:** Although global data are lacking, country studies in Thailand show a 15.3 percentage point difference in pre-primary enrolment between ethnic Thai and non-ethnic Thai children. In Serbia, pre-school enrolment rates for Roma children are 64%, while the national enrolment rate is nearly 100%.
- **Disability:** Although global data on the enrolment of children with disabilities are seriously lacking, one study showed that, across 15 countries with available data, children with disabilities are 30% less likely to have access to primary schooling than peers without disabilities. The enrolment rate at pre-primary education level may be even lower.

However, the evidence suggests disadvantaged children, including those with disabilities, who could benefit most from accessing education and other ECD services, are missing out the most. The limited data are not surprising, given the broader lack of accurate information on the extent to which children with disabilities are excluded at every level of the education system (UN General Assembly, 2011). Even UNICEF's 2019 data on access to pre-primary schooling in LMICs contain no specific information on children with disabilities. This in itself is symptomatic of these children's widespread exclusion from policies and programming.





Children with disabilities are often denied access to pre-primary education and, once in school, they face barriers to participation due to limited inclusive approaches within classrooms (WHO and UNICEF, 2012). In LMICs, where access to pre-primary education hovers around the 4% mark, disabled children's access to ECE is usually limited to segregated (often residential) settings in urban areas. Families are often unwilling to send small children to reside in institutions – a practice that raises considerable safeguarding risks. Inclusive education systems are vital in turning this situation around.

The quality of pre-primary services is questionable as they are often not child-centred, play-based and interactive. In early learning centres and programmes, the curriculum, pedagogy and teacher education designed to support young children are often modelled on the early years of primary school (rigid, based on rote learning). Such models are even less relevant and appropriate for children requiring personalised attention in inclusive ECE settings. A UNICEF review of inclusive ECD and early childhood intervention programmes also highlighted the need for in-service training in inclusive education skills (including Universal Design for Learning) for teachers, head teachers and parents. Furthermore, there is also a need for formal regulations for the registration of inclusive early learning centres at national, regional and municipality levels (Vargas Baron et al., 2019).

**Table 2. Spending on and commitments to early education and pre-primary schooling (USD millions constant)**

Donor	Pre-primary – ranking	Pre-primary – % of education aid	Total to pre-primary (USD millions constant)	Does the donor include pre-primary and/or ECE in its strategy?	Does the donor prioritise inclusive pre-primary or have a specific reference to disability as a group?
UNICEF	1	8.29%	7.2	Strategic commitment	Strategic commitment
Belgium	2	3.25%	3.4	There is no education or education-related strategy	Yes, in aid spending, but there is no strategic commitment
Canada	3	2.64%	5.4	Yes, there is a broad commitment to pre-primary education through to secondary school, but no detailed plans/goals	Yes, in aid spending, but there is no strategic commitment
World Bank	4	1.28%	15.9	Yes, strategic commitment	Emerging. There is a commitment to hardwire disability into all education projects by 2025
United Kingdom	5	0.46%	4.2	Yes. Within the education strategy, there is a commitment to scale up pre-primary in the future, but no detailed plans	Emerging. Some projects have inclusive approaches, but this has yet to be translated into a strategic approach
EU institutions	6	0.24%	2.8	No	No strategic commitment. There is some evidence of inclusion in aid projects in LMICs
Germany	7	0.21%	4.2	No	No
France	8	0.04%	0.4	No	No
United States	9	(no disbursements)	0	Yes, just published in 2019 (no allocations yet)	Emerging. Disability-inclusive education is a priority for international education funding, although inclusive pre-primary is not yet prioritised

#### Legend

	Strong commitments in strategic documents reflected in aid spending		Some commitments are emerging
	Some aid spending, no strategic commitments		No commitments or aid spending

**SOURCE:** Based on the OECD-DAC database, disbursements, 2017 (USD constant)

## 2.2.2 Donor performance: ODA for pre-primary education

### THE GLOBAL PARTNERSHIP FOR EDUCATION (GPE)

Despite its dedication to education, the GPE only allocates around 5% of its total aid budget to early education.<sup>15</sup> According to figures provided by the GPE, the percentage of ODA going to the pre-primary sector has barely changed since its inception in 2003, reflecting the low priority attached to ECE by developing country partners. This situation will need to change if the GPE is to meet the commitments laid down in its strategy. These include improving enrolment rates in pre-primary school and ensuring three-quarters of all children in its partner countries are on track for literacy, numeracy, physical and socioemotional well-being and development. While ODA data for the GPE's investment in pre-primary schooling do not currently allow for an analysis of targeted funding for children with disabilities, the GPE's 2020 strategy calls for inclusive and equitable quality education for all across all its spending. This includes children with disabilities. At the heart of the GPE's vision and mission is a strong focus on equity, with built-in incentives.<sup>16</sup> It is assumed that this is sufficient for ODA to be allocated to the most marginalised groups. Moreover, the GPE is investing in increasing knowledge and capacity development in the area of pre-primary sector planning for partner countries.

### THE WORLD BANK

The World Bank was the largest single donor in terms of disbursements for early education in 2017, with the allocated amount equalling half of all aid issued by multilateral donors in this area for the year and one-quarter (26%) of all global aid. That said, this still only accounts for around 1.2% of the total education aid portfolio for 2017. As such, the World Bank is ranked fourth in terms of "effort". Despite having pre-primary as part of its education strategy (which ends in 2020), the agency has only recently begun to drive an early years investment agenda at the same time as scaling

up support for pre-primary schooling. The launch of its Human Capital Project in 2017, which has a strong focus on society's most marginalised groups, is likely to see even more significant investments in the coming years. Similarly, the World Bank's Africa Human Capital Plan (World Bank, 2019) holds great promise, setting targets for early stimulation and ECE.

### UNICEF

UNICEF's Strategic Plan 2018-2021 states that "every child has the right to an education and quality learning opportunities from early childhood to adolescence". As a result, one of its five goals is dedicated to education, including commitments to supporting ECE. UNICEF disbursed the highest proportion of its education budget (more than 8%) to early education in 2017. This makes it a top performer in our study for "effort". Furthermore, UNICEF's project portfolio is the widest and broadest in scope, with important hallmarks for scaling up equitable and inclusive early education funding. There was also a substantial focus on inclusive approaches (including support for children with disabilities) in its aid portfolio.

### CANADA AND BELGIUM

Canada and Belgium fare relatively well in the rankings, although this does not appear to be part of deliberate efforts to increase ECD disbursements. In quantitative terms, Canada is the largest bilateral donor of the two, ranking third for "effort". That said, the Canadian government has no strategic commitment to early education, nor is the sub-sector a priority in its Feminist Development Assistance strategy.

An analysis of Belgium's commitments tells a similar story in that there is no evidence of commitments being driven by strategic priorities. Projects benefiting from Belgian aid (directed more at teacher training than early education) have closed, with no future ODA allocations committed to early education beyond 2017.<sup>17</sup>

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<sup>15</sup> These figures are based on GPE data provided to the authors. An estimated USD 265 million of USD 4.1 billion was spent on ECCE between 2004 and 2017. Between 2014 and 2017, approximately 5% of Education Sector Programme Implementation Grant (ESPIG) financing went to the ECE sub-sector. For 2017, there was an estimated USD 25 million in ESPIG spending on ECCE, out of a total USD 480 million.

<sup>16</sup> 30% of the GPE's grants are based on specific results in equity, efficiency and learning outcomes.

<sup>17</sup> This was based on an analysis of the OECD-DAC CRS database commitments (i.e. not disbursements) from 2017 onwards.



### UNITED KINGDOM

In 2017, just 0.4% of the UK's education aid budget was spent on pre-primary education. There are reasons to be cautiously optimistic: since 2017, the prospects for funding of early childhood care and education appear to be changing. Firstly, there has been a sharp rise in spending since 2016, indicating that ECD is an increasingly strategic priority for the DFID. Indeed, its 2018 education policy *Get Children Learning* (which focuses on primary as well as secondary education) commits to expanding support for early education. Another priority is the building of a research-led approach to future investment in children's early years where there is governmental and parental demand (DFID, 2018).

### GERMANY AND FRANCE

Very little of German and French education aid

goes to early education – only, 0.21% and 0.04% respectively. France, which has decreased funding for early education in recent years, needs to increase its investment if it wants to meet its 2019 ambition as the chair of the G7 to supporting early education as a mechanism to overcome inequality.

### UNITED STATES OF AMERICA (USA)

According to the OECD-DAC database, the USA disbursed no aid to early education and pre-primary schooling in 2017<sup>18</sup>. Given the country's substantial aid budget, this is a significant missed opportunity. There are reasons for optimism though: in 2019, the government launched its *Advancing Protection and Care for Children in Adversity* strategy, in which it commits to supporting ECD by "building strong beginnings" (US Government, 2019).

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<sup>18</sup> The data may be due to inaccurate reporting to the OECD-DAC database.



### 2.2.3 ODA support for disability-inclusive healthcare, nutrition and sanitation

This study investigated four ECD domains, focusing on pre-primary education and inclusion for vulnerable children, particularly children with disabilities. In the previous section, we reviewed funding and strategic commitments for pre-primary education, specifically inclusive services. This section looks at donor strategies and programming in the remaining three ECD domains: healthcare, nutrition and sanitation while maintaining our focus on disability inclusion.

Our analysis reveals that investments are dominated by the healthcare-focused “survive” agenda. In a world where 5.4 million children die before their fifth birthday (WHO et al., 2018), this is undeniably urgent and critical. It is also urgent and vital to support the millions of children worldwide who are not dying, but are not achieving their full developmental potential either (Black et al., 2016). This situation has enormous implications for their future chances in life.

Donors need to move away from a “survive” agenda towards supporting all aspects of a “thrive” approach, as reflected in the Nurturing Care Framework. This means ensuring investments in healthcare and nutrition are integrated with broader efforts in support of ECD. In this approach, different sectors must work together to plan, fund and deliver coordinated policies and programmes that support all young children’s healthy development. Investments targeting the most vulnerable, including children with or at risk of disabilities or developmental delays, must form an integral part of this emerging “thrive” agenda. Only then can we transform the lives of children with disabilities. The international development community has always focused on preventive activities

to address the causes of health conditions that can lead to disability, rather than supporting children with disabilities in the early years and helping them to thrive.

As such, while many donors support child and maternal health and nutrition, this support is often not linked to the broader commitments to ECI and ECD outlined in the Nurturing Care Framework approach. For instance, **Canada scores very high in ECD allocations, ranking third for overall ECD ODA disbursements in 2017** (see Table 1), yet this is mainly due to substantial investments in health and nutrition – its key priorities. Early childhood is largely absent from its development assistance strategy document (Feminist International Assistance Policy). Besides little explicit focus on young children (Global Affairs Canada, 2017), no standalone objectives or goals were set for ECD.<sup>19</sup>

More broadly, across all donor portfolios we have assessed, we found few examples where “inclusion”, “early years” and “disability” were interlinked, either within aid projects or at policy/strategic level. This reflects the lack of donor attention paid to these issues. For instance, the EU, a substantial nutrition donor, had no analysis or focus on how its spending could support inclusive ECD. Its entire database of aid projects active in 2017 made no mention of an intersection between “early childhood” and “disability”.

#### GERMANY

Germany is the fourth-largest healthcare donor, but none of its 1,200 health and nutrition projects in 2016 and 2017 made explicit mention of support for early childhood.<sup>20</sup> Within the same datasets, we also searched for “disability” and “inclusive” programming.<sup>21</sup> Only 11 countries/projects<sup>22</sup> made any

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<sup>19</sup> The “human dignity” action area contains sectoral commitments to activities that strengthen ECD by focusing on initiatives in healthcare, education, nutrition, sexual and reproductive health and rights. However, this contains no explicit and standalone commitments to ECD, although it does contain commitments to support aspects of ECD (maternal and child nutrition and health). These are not rooted in a nurturing care approach.

<sup>20</sup> A word search across all projects for “early childhood development”, “early childhood”, and “ECD” returned no results.

<sup>21</sup> A word search included “disability” and “disabled”, as well as programmes for early identification, such as “ECI”, “early childhood identification” and “assessment”.

<sup>22</sup> Zimbabwe, Rwanda, Ethiopia, Bosnia and Herzegovina, Cambodia, Djibouti, Vietnam, Armenia, Sri Lanka, Nepal and Jordan. Only Zimbabwe and Sri Lanka explicitly mentioned children as a target group.

mention of addressing the health or nutritional needs of people with disabilities, and only two targeted children (though not specifically young children).

### UNITED STATES OF AMERICA (USA)

The USA is the largest bilateral healthcare donor, but there is little evidence of links to an overall and explicit multi-sectoral ECD approach. There was, for instance, no mention of ECD in its healthcare strategic documents and framework. **Moreover, out of more than 5,000 health and population project commitments, only three national initiatives<sup>23</sup> mentioned ECD (USAID, 2019). Only one cited ECD as a central objective**, and none targeted children or adults with disabilities. For water and sanitation, only one project (in Rwanda) out of a similarly large total referred to ECD.

### The UNITED KINGDOM (UK)

The DFID is one of the few donors that appear to be planning for early years disability-inclusive programming, and it was the only donor with a vision for this. In its framework, One Year On Leaving No One Behind, it commits to supporting “health and nutrition interventions that reduce the onset of disability, including tackling polio, neglected tropical diseases, sexual and reproductive healthcare and early childhood nutrition” (DFID, 2015). As such, the **DFID makes commitments both to early childhood and to protecting children from preventable disabilities through its nutrition and health commitments**.

### UNICEF

**UNICEF has also been investing in disability-inclusive health services in recent years**. For instance, in 2018, it trained healthcare workers in seven countries to identify and support children with disabilities. These countries and four others worked with service providers to deliver ECD interventions focusing on primary healthcare as a central mechanism to identify children with developmental delays and disabilities, with the aim of referring these children to early interventions, including ECD services.

At project level, UNICEF supports efforts to make ECD facilities more accessible while building staff

capacity to address the needs of children with disabilities through training and learning materials. The agency also launched a **new initiative in 2019, promoting a twin-track approach to inclusion in existing ECD services, ensuring the accessibility of all health services** while addressing the specific needs of children with disabilities and developmental delays. This new model is built on the Nurturing Care Framework. A recent review of inclusive ECD services funded by UNICEF indicated that combining nutrition with early stimulation interventions is alarmingly low, despite the proven advantages. Much improvement is needed to meet the requirements for high-quality ECI systems featuring the universal provision of developmental assessments, eligibility guidelines, visits to the child’s natural environment and therapeutic services (Vargas Baron et al., 2019).

Table 3 summarises the extent to which donors focus on ECD in health and sanitation, the extent to which they adopt inclusive approaches in these three sectors and any sectoral interlinkages.



<sup>23</sup> The first of these is in Rwanda, Turengere Abana (Let Us Protect Children). The project provides an integrated approach to improve the well-being of orphans and vulnerable children, and includes ECD sectoral investment. The second, the only standalone ECD programme, is the Sisimpur ECD Mass Media Activity in Bangladesh. The third is Mothers2mothers (m2m), which has a multi-sectoral ECD component.



**Table 3. Mapping early childhood development focus and evidence of inclusive approaches in healthcare, nutrition and sanitation**

	Evidence of an ECD focus on healthcare?	Evidence of an ECD focus on nutrition?	Evidence of an ECD focus on water and sanitation?	Evidence of an ECD focus across sectors? Which ones?
UNICEF	Strategic focus on early childhood, strong links to ECD approaches	Strategic focus on early childhood, strong links to ECD approaches	Strategic focus on early childhood, strong links to ECD approaches	Yes, all
USA	Large investments in health and nutrition focused on early childhood but no ECD links overall. Very small investments in projects with an early childhood focus	Large investments in health and nutrition focused on early childhood but no ECD links. Very small investments in projects with an early childhood focus	Large investments to prevent child and maternal deaths in the health domain focused on controlling the HIV/AIDS epidemic and combating infectious diseases. Very small investments in projects with an early childhood focus	No evidence of early childhood projects focused on disability in strategic documents or aid spending
Canada	Large investments in health and nutrition focused on early childhood	Large investments in health and nutrition focused on early childhood		No evidence of early childhood projects focused on disability in strategic documents or aid spending
United Kingdom	Large investments in health and nutrition focused on early childhood	Large investments in health and nutrition focused on early childhood		Yes, across all of them
World Bank	Large investments in health and nutrition focused on early childhood	Large investments in health and nutrition focused on early childhood	Large investments in health and on early childhood	No evidence of early childhood projects focused on disability in strategic documents or aid spending
EU institutions	Large investments in health and nutrition focused on early childhood	Large investments in health and nutrition focused on early childhood	Large investments in health and on early childhood	No evidence of early childhood projects focused on disability in strategic documents or aid spending
Belgium	No mention of ECD	No mention of ECD	No mention of ECD	No evidence of early childhood projects focused on disability in strategic documents or aid spending
France	Some investments focused on maternal and child health	Some investments focused on maternal and child health		
Germany	No mention of ECD	No mention of ECD	No mention of ECD	No evidence of early childhood projects focused on disability in strategic documents or aid spending

**Legend**

	Strong commitments in strategic documents reflected in aid spending	Some commitments are emerging	No commitments or aid spending
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# 3.

## Findings from the four country case studies

Working with partner organisations, we analysed the support of 10 donors to four sub-Saharan African countries, namely Burkina Faso, Mozambique, Zambia and Zimbabwe. These case study countries were selected because they face some of the most significant challenges in terms of child development, within the region and globally, and because of their heavy reliance on donor aid to meet their development objectives.

The research (conducted between March and June 2019) uses a mixture of desk-based analysis of national reports, policies, sector plans, peer-reviewed and government documents, and in-country semi-structured interviews.

Our research aimed to explore two questions:

- What are the 10 surveyed donors doing to support inclusive and equitable ECD?
- How can they do more to help countries scale up their efforts?

As noted, we focused on four domains of ECD (education, health, nutrition and sanitation), with a particular focus on inclusive pre-primary education. The second question reflects our conviction that donors should support governments' own efforts, with their ODA leveraging greater domestic resources to support the national-level scale-up of inclusive and equitable ECD programmes.

The four Country Case Study reports are available at: [www.light-for-the-world.org/inclusive-eecd-investment](http://www.light-for-the-world.org/inclusive-eecd-investment)

### 3.1 What is the current situation with ECD services in each country?

**In Zambia**, 78% of all children are at risk of low development (Nurturing Care Country Profile, Zambia),<sup>24</sup> one of the highest levels in the world.<sup>25</sup> Almost two-thirds (65%) of children suffer from three or more deprivations, such as poor nutrition and inadequate access to education, health, clean water and sanitation (UNICEF, 2016).<sup>26</sup> Children in rural areas, where poverty and deprivation levels are markedly higher, are worse off (Nurturing Care Country Profile, Zambia). Urgent action is needed to reverse this trend, yet access to ECD services, including healthcare, nutrition, responsive caregiving, early learning opportunities, protection and access to safe drinking water and sanitation, is woefully lacking (Denboba et al., 2014). Zambia could benefit immensely from a coherent and well-implemented ECD sector but, unfortunately, it continues to face significant challenges in achieving this, including a considerable funding gap.



**In Mozambique**, 61% of young children are at risk of low development, and 82% live in poverty (UNICEF et al., n.d.). This requires urgent action, notably because the country's current ECD sector does not provide high-quality nurturing care for all children. In addition, public financing of ECD is extremely low. It is estimated that just 4% of Mozambican children have access to ECD centres and 3.5% were enrolled in pre-primary education in 2019. However, there is an increasing recognition that access to quality learning opportunities in their early years helps children succeed in school. The government is, therefore, evaluating an early education pilot programme and planning a new education strategy. While development partners have a key role to play in supporting the country with these initiatives, ODA for some ECD services is very low.

**In Zimbabwe**, 46% of young children are at risk of low development (Nurturing Care Country Profile, Zimbabwe)<sup>27</sup> and 60% face multiple deprivations (lack of adequate nutrition, education, healthcare, water, sanitation and housing).<sup>28</sup> There has been some impressive progress in developing the country's ECD sector policy, notably through government commitments to pre-primary education. However, progress is constrained by a lack of finance.

**In Burkina Faso**, about half of children are at risk of low development in their early years. Malnutrition and stunted growth rates are exceptionally high: one-third of children up to the age of five have stunted growth. Despite the government's efforts to increase the number of ECD centres and access to them, coverage remains low. It is estimated the gross enrolment ratio for pre-primary schooling is 4.1% for the whole of Burkina Faso (Ministère de l'éducation nationale et de l'alphabétisation, 2018).

<sup>24</sup> This is based on a composite indicator of stunted growth or poverty in children under the age of five.

<sup>25</sup> Based on an analysis of the indicators in the Nurturing Care Country Profiles. See: <https://nurturing-care.org/resources/country-profiles/>

<sup>26</sup> UNICEF Zambia country statistics: <https://bit.ly/2GN44ku>

<sup>27</sup> The term "risk of poor development" in our country profiles uses a composite indicator of stunted growth and poverty in children under the age of five: <https://bit.ly/2RC7v40>

<sup>28</sup> Taken from the 2016 Multiple Overlapping Deprivations Analysis (MODA). The precise figure is 59.6%. The term "children" in this context refers to individuals aged 0-17.



## Box 5. Progress with planning and implementing a multi-sectoral ECD policy

Despite more significant attention being given to ECD in recent years and a certain amount of progress, all four countries have experienced significant challenges in effectively implementing a multi-sectoral ECD policy.

- **Burkina Faso:** A multi-sectoral ECD strategy was launched in 2007 (Government of Burkina Faso and UNICEF, 2007). However, the government has struggled with its implementation due to weak cross-sectoral coordination and lack of political will. As a World Bank review states: “Despite the government’s efforts to ensure access to essential ECD services for all children, coverage levels remain low, particularly for children from disadvantaged families and those living in rural or marginalised areas” (World Bank SABER, 2014).
- **Mozambique:** The government is currently evaluating a pilot programme for early education and conducting a diagnostic analysis of pre-primary schooling that will inform the forthcoming education strategy. There is a broader multi-sectoral strategy, but cross-sectoral coordination remains problematic.
- **Zambia:** The country continues to face major challenges, including limited investment in research, scarce data on the scale of the challenge, weak monitoring and evaluation frameworks, and insufficient awareness among parents and key stakeholders on the importance of ECD services. The 2019 national budget allocation to education was 15.3% (failing to meet the SADC target of 20%). Out of that, 0.1% was allocated to ECE (Save the Children, 2019). Furthermore, a 2017 report recommended that Zambia should “... shift from the split system of three ministries to an integrated system of one ministry mandated to provide ECDE [early childhood care, development and education], for better coordination and goal-oriented service delivery” (Policy Monitoring and Research Centre, 2017).
- **Zimbabwe:** The 2004 national ECD policy mandates that all primary schools must offer two years of pre-primary education. Implementation has been severely weakened due to various economic crises that are limiting the country’s fiscal resources. This includes a public sector recruitment freeze, meaning newly trained ECD staff have not been able to find jobs. Almost 68% of ECD teachers are unqualified (UNESCO, 2017). The multi-sectoral approach is yet to be fully embedded across ministries.



## 3.2 National government and donor funding for ECD

Across all four surveyed countries, ECD services are chronically underfunded, and there are sizeable gaps in financing and funding from donors and national governments. In Zambia, for example, the government is allocating a mere 0.5% of its total education budget to early education, and 0.1% to nutrition programmes. With regard to Burkina Faso, the World Bank has reported that “the health sector is more adequately financed than the education sector” (World Bank SABER, 2014). In this country, less than 1% of public education budget funds are spent on pre-primary education.

### 3.2.1 Donor funds for ECD

In each of the four case study countries, the percentage of ODA disbursements was complemented by high spending from a handful of donors, with large discrepancies between them. UNICEF spends high levels in each country, either ranking first or second. However, some donors are, allocating less than 10% of their ODA for children under the age of five in all four countries. France and Germany are consistently at the bottom ([see Table 4](#)).

**Table 4. How much ODA do each of the donors disburse for ECD-related services in the four recipient countries (2017 disbursed, OECD-DAC CRS)?**

	Mozambique	Burkina Faso	Zambia	Zimbabwe
Belgium	5%	6.8%	N/A <sup>1</sup>	47.2% <sup>1</sup>
Canada	20.9%	4.3%	34.4%	11.7%
EU institutions	9.3%	2.2%	2.6%	7.5%
France	0.2%	1.3%	0%	0.2%
Germany	0.04%	5.2%	0.6%	0.3%
UNICEF <sup>2</sup>	40.4%	34.7%	34.7%	40.4%
UK	14.4%	44.8%	2.3%	19.7%
USAID	13.2%	0.02%	14.3%	11.6%
World Bank	2.5% <sup>3</sup>	2.5%	2.5%	0%

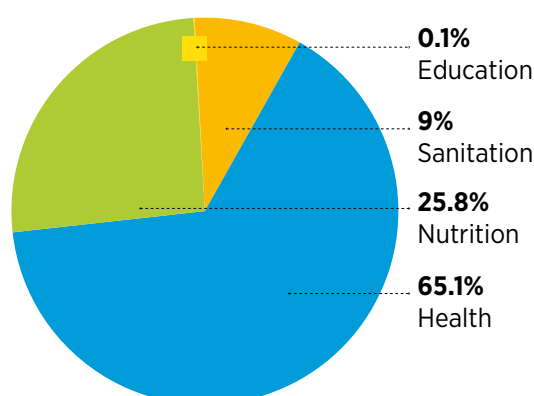
<sup>1</sup> Both in Zambia and Zimbabwe, the Belgian ECD share of ODA is very high, while the total amount is relatively small. As Belgium was transitioning support out of Zambia, it had just one small project directed at specific areas of ECD (ECCE teacher training programme) and this was shut down in 2017. This being the case, we have excluded its Zimbabwe contribution from this analysis in the table. In Zambia, Belgium’s portfolio is dominated by its “one teacher training programme”, yet absolute spending is very small within this area too. Consequently, Belgium did not register as a significant donor during our in-country interviews for this study, possibly reflecting the reality of its relatively small ODA (in quantitative terms).

<sup>2</sup> It is acknowledged that UNICEF, given its mandate, contributes significantly larger shares for ECD.

<sup>3</sup> The World Bank is a relatively large quantitative ECD donor, but the share of its total ODA is quite low. ECD forms a small part of its contribution to Mozambique.

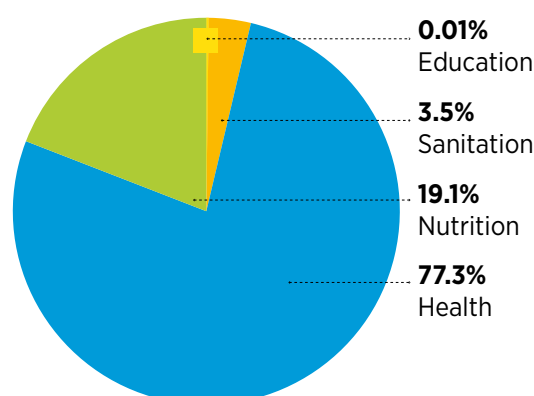
As noted in section 2.2, when ODA disbursements are broken down into the four ECD sectors (healthcare, nutrition, education and sanitation), healthcare dominates, receiving two-thirds of all donor disbursements. Nutrition is a significant sector too: together with healthcare, it accounted for the vast majority (90%) of all ECD-related ODA in 2017.

**Figure 5. Average share of ECD spending by sub-sector in Burkina Faso across 9 donors in study (2017, OECD-DAC CRS Data)**



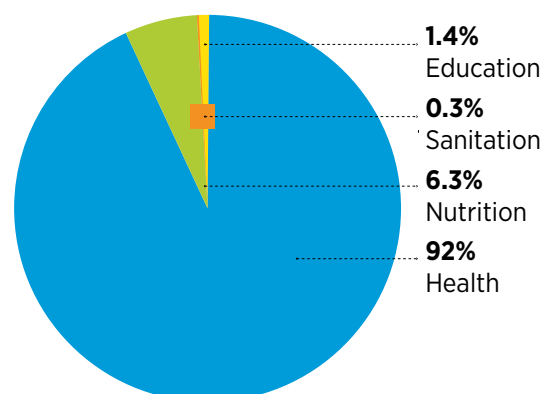
SOURCE: OECD-DAC Creditor Reporting System

**Figure 6. Average share of ECD spending by sub-sector in Mozambique across nine donors in study (2017 OECD-DAC CRS data)**



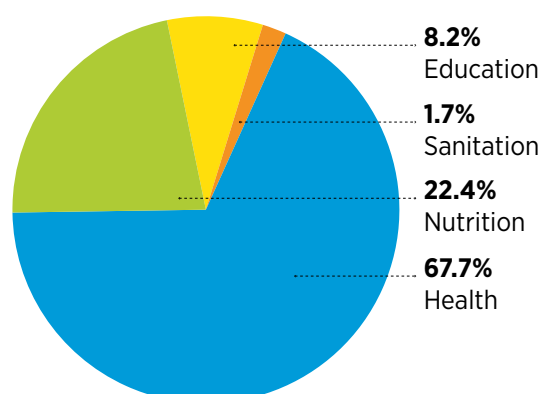
SOURCE: OECD-DAC Creditor Reporting System

**Figure 7. Average share of ECD spending by sub-sector in Zambia across nine donors in study (2017 OECD-DAC CRS data)**



SOURCE: OECD-DAC Creditor Reporting System

**Figure 8. Average share of ECD spending by sub-sector in Zimbabwe across nine donors in study (2017 OECD-DAC CRS data)**



SOURCE: OECD-DAC Creditor Reporting System

Of the four ECD domains, education is severely underfunded (*see Figures 5-8*). **Aid for early years education in our four case study countries accounted for just 0.01% to 8.2% of all donor disbursements for education in 2017. This more or less mirrors the global analysis.**



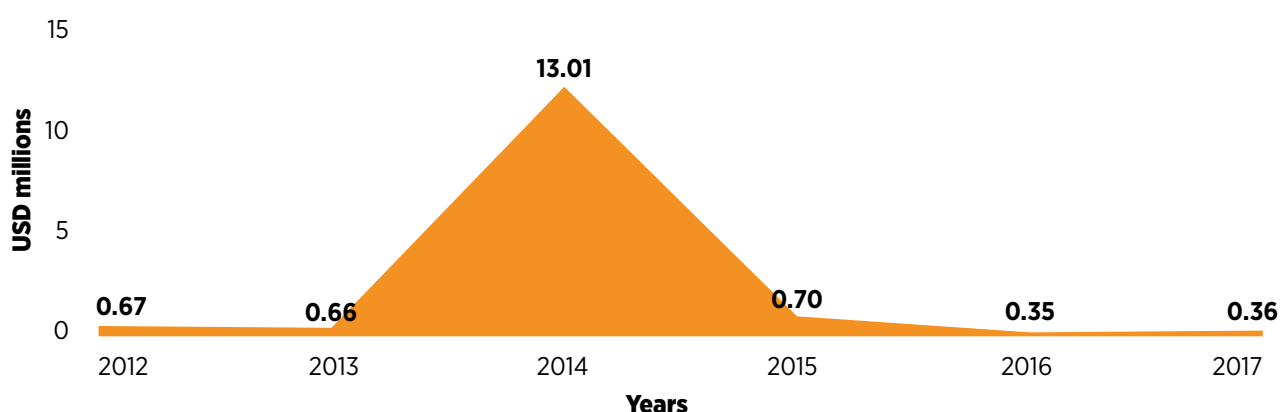
This situation has not changed much over the past five years (see Table 5), reflecting the low priority attached to the sub-sector among governments and donors. In fact, in Zimbabwe and Mozambique, the 2017 figure for ODA for pre-primary education is lower than in previous years, suggesting a decrease rather than an increase.

As Figure 9 shows, there was a sharp spike in disbursements for early education in Mozambique in around 2014 due to a powerful World Bank programme (see Case Study 4. Mozambique). The allocations for this programme equated to 10% of all World Bank funding globally in this sub-sector for the same period, making it one of the largest projects in the bank's portfolio.

**Table 5. Percentage of aid disbursed for ECE (all donors, all channels, 2012-2017, OECD-DAC CRS)**

	2012	2013	2014	2015	2016	2017
Burkina Faso	1.00%	2.00%	2.00%	2.10%	1.40%	1.00%
Mozambique	0.50%	0.40%	8.70%	0.50%	0.20%	0.20%
Zambia	0.70%	0.00%	1.50%	3.80%	4.50%	4.10%
Zimbabwe	0.80%	0.00%	4.50%	2.10%	6.50%	2.20%

**Figure 9. All donors, levels of ODA disbursed to education and pre-primary in Mozambique, 2012-2017 (USD constant, 2017)**



**SOURCE:** OECD-DAC Creditor Reporting System



In countries such as Burkina Faso and Mozambique with low levels of pre-primary enrolment (around 4%), donors need to work harder to align their aid with national government priorities, at the same time as increasing funding for early education and pre-primary children. Within our study, only the World Bank (in Mozambique and Burkina Faso) and Canada

(in Burkina Faso, as part of a commitment to the GPE fund) directly disburse aid to the government for early education<sup>29</sup>. The remaining disbursements in the early education sub-sector took the form of small-scale, project-based financing, primarily to NGOs, and usually on a project-by-project basis.

<sup>29</sup> As measured through the DAC creditor reporting system “Recipient Government” channel.

## Can the Global Partnership for Education (GPE) support more coordinated ECD donor financing?

The Global Partnership for Education (GPE) brings together all actors in the field of education (donor country governments, civil society, teaching professionals and the private sector) to pool resources and knowledge in support of countries’ government-led national education plans.

In recent years, the GPE has identified ECCE as one of its priority areas and has set clear targets. Its 2020 strategy, for instance, includes a cross-cutting commitment to include children with disabilities, which bodes well for the development of more inclusive pre-primary approaches.

Three initiatives are underway to promote ECCE:

- Through its Better Early Learning and Development at Scale (BELDS) initiative, the GPE is supporting pilot programmes in capacity development while integrating

effective approaches, tools and models into national plans and policy implementation cycles. The focus countries of the BELDS initiative include Kyrgyzstan, Lesotho, Sierra Leone, South Sudan and Tajikistan. These have been approved for funding through the Knowledge and Innovation Exchange (KIX) (IDRC, n.d.).

- The GPE KIX fund on ECE builds capacity in developing country partners by providing evidence-based solutions to inform education sector planning<sup>1</sup>.
- The Massive Open Online Course (MOOC) focuses on mainstreaming ECE into education sector planning for Ministry of Education officials (UNESCO, 2020).

By championing ECCE and helping governments to develop strategies with equity and inclusion at their core, the GPE can encourage more donor funding for inclusive ECD services.

**SOURCE:** GPE website

<sup>1</sup> GPE Knowledge and Innovation Exchange: [www.globalpartnership.org/focus-areas/knowledge-and-innovation-exchange](http://www.globalpartnership.org/focus-areas/knowledge-and-innovation-exchange)



In Zambia, for example, the Zambia National Education Coalition (ZANEC) found that children with a disability are “not catered for in any of the developments” and that “very little if anything was happening to ensure that the children with disabilities acquire early education” (ZANEC, 2015). In 2012/13, there was no mention of early education in the government’s

education budget (ibid.). There is currently no provision for what constitutes appropriate ECE/ECD facilities for children with disabilities. Moreover, the government has not defined what inclusion means, with a common assumption being that it simply means placing all children in the same class<sup>36</sup>.

## CASE STUDY 4. MOZAMBIQUE

### World Bank support to Mozambique to scale up pre-primary and nutritional ECD interventions

The World Bank was by far the most significant donor to Mozambique between 2012 and 2017 in the ECE sub-sector, contributing around 80% of all donor funds disbursed (USD 40 million). This was spent in one year (2014) in the form of a government loan. This accounted for 10% of the World Bank’s total global ECE funding over the same period, making it the largest project within the World Bank’s global portfolio.

The loan was in support of the Mozambique government’s efforts to extend ECD services for phase 1 of the National Strategy for Early Childhood Development Project (DICIFE) 2012-2020. The support came under the existing Education Sector Support Project’s sector plans and goals.

DICIFE is supplemented by a World Bank-supported intervention plan in nutrition. Under this plan, some

areas in the country’s Nampula province (one of three receiving nutrition support) received both sources of support, maximising the likelihood that beneficiary children are well-nourished and receive nurturing care in the early years. Overall, the rationale of this programme’s design is that nutrition activities focus on a child’s first 24 months, while pre-primary activities reach children between the ages of three and five.

The World Bank has also helped strengthen the government’s efforts to break down sector-based silos. Few other donors are doing just this: supporting the government’s ECD efforts and cross-sector working. However, as a recent report notes, “while activities are now designed to be integrated, they do not yet reach the same child” (World Bank, 2015).





### 3.2.2 Government allocations for ECD

The governments of our four case study countries face serious fiscal challenges, which constrain efforts to build equitable and inclusive ECD services. Donor aid will likely remain a crucial source of funding. However, donor financing can only fill some of the funding gaps. Currently, there is a pivotal role for both private and not-for-profit sectors ([see section 3.2.5](#)), alongside some innovative ways in which national governments are unlocking resources to invest in inclusive ECD.

Various tools have been developed to help governments estimate financing needs for ECD and funding gaps ([see Box 6](#)).

### 3.2.3 Strengthening taxation systems

Innovative financing could compensate for the current state of underinvestment and low-quality ECD services. Public and private companies in the countries could also supply additional funding and other forms of support.

One mechanism that could bring new funds for ECD is earmarked (or “hypothecated”) taxes – where a proportion of revenues is reserved for a specific use. This seems to work in the Colombian context ([see Case Study 5. Colombia](#)). However, in any scenario where earmarked taxes are introduced for ECD services, it is essential to ensure existing allocations are benchmarked and guaranteed so that these new taxes are raising additional revenue.

#### Box 6. Estimating ECD funding needs and gaps

The Early Childhood Development Action Network (ECDAN) attempted to benchmark country spending on ECD for children under the age of six. Its calculations draw on previous estimates from the World Bank on a generic ECD package and expenditures per capita. ECDAN estimates that ECD requires a minimum spending of:

- 3.1% of a country’s gross domestic product (GDP) for low-income countries
- 2.2% for lower-middle-income countries
- 1.2% for upper-middle-income countries

This translates into per-capita spending of USD 86, USD 524 and USD 545 for low-, lower-middle and upper-middle-income countries respectively. However, this does not give a global figure, nor does it specify funding gaps globally and within countries that donors need to help fill. ECDAN has developed a toolkit to determine the cost of inaction. This includes benefit-cost ratios linked to systemic tools, parameters and strategies in order to help countries make sound decision-making regarding scaling up ECD.

**SOURCE:** ECDAN, n.d.

#### **SECT: a standardised ECD costing tool**

The Centre for Universal Education at the Brookings Institution, in collaboration with the World Bank’s Strategic Impact Evaluation Fund, has developed a standardised ECD costing tool (SECT). This solution was piloted in Bangladesh, Malawi, Mali, Mexico and Mozambique. The pilot in two Mexican states serving 450,000 children derived a unit cost per child of between USD 174 and USD 202. The cost of various programme resources was calculated, with personnel costs comprising about 66% of total expenditures. SECT also provides cost projections for the scale-up of programmes.

**SOURCE:** Gustafsson-Wright and Boggild-Jones, 2018

#### **The Global Partnership for Education estimates for the pre-primary domain for ECD**

In 2016, the GPE estimated that LMICs would need to spend USD 337 per child per year (based on an average cost per child per day of USD 1.25 for adequate early childhood provision). **Based on this calculation, GPE estimates that African countries would need to quadruple their spending on ECE to achieve an acceptable, basic level of provision.**

**SOURCE:** GPE Secretariat calculations based on GEM Report estimates

### 3.2.4 Can governments afford to scale up inclusive ECD?

Now more than ever, governments must prioritise the scaling up of ECD and reposition the sector as essential to prevent violence against children and ensure a global economic recovery. They should use the latest brain research outcomes to mitigate the intergenerational effects on learning and development of COVID-19 lockdowns. However, other competing priorities that yield immediate gains are generally given greater priority rather than taking advantage of the substantial return on investment of ECD: USD 17 for every USD 1 invested.

#### Affordability and cost of scaling up ECD services

Now more than ever, governments cannot afford not to scale up ECD services:

- **USD 0.50 per capita** is the additional annual cost of expanding existing ECD services to deliver ECI in most countries (Richter et al., 2017)
- **USD 44 billion per year** is the estimated cost for scaling up universal and free pre-primary education in LMICs. This is around four times the current government and donor spending in LMICs (G20 Development Working Group 2018)

**SOURCE:** UNICEF, 2017e, Early Moments Matter

## 3.3 Equitable access

Across our four surveyed countries, access to ECD services is not just low, it is also very inequitable. Higher-income urban populations tend to have more access than those from poorer, rural areas. Children with developmental delays or disabilities have less access than those without.

In all four countries, there have been only limited efforts to analyse and address the rights and needs of children with developmental delays and disabilities, and children from other vulnerable groups. As expected, this has led to scant policy prioritisation for such groups. Zimbabwe is the only country that mentions marginalised populations in its planning (in education sector plans linked to early education and pre-primary).

## CASE STUDY 5. COLOMBIA

### Scaling up ECD through earmarked revenue: Colombia's national payroll tax

The Colombian Institute for Family Welfare (ICBF), affiliated with the Ministry of Health, provides integrated services that include childcare, parental education, pre-schools, schools, protective services and nutritional supplements for pregnant and breastfeeding women. It has financed and expanded ECD activities through a 2% national payroll tax (introduced in 1974, rising to 3% in 1988). The system requires all private and public institutions to pay 3% of their monthly payroll to a central account managed by the ICBF (employees do not pay).

The ICBF supports the Hogares Comunitarios de Bienestar (HCBs), a community nursery programme that provides care, food and early stimulation for children under the age of six from the poorest 30% of households. The programme spends USD 353.7 per year per child, mostly on food and stipends for their mothers. Parents also pay around USD 8.1 per month. The programme reaches 1.2 million children through around 80,000 nurseries and targets vulnerable low-income populations. It costs around USD 250 million (equivalent to almost 0.2% of Colombian GDP).

**SOURCE:** Putcha and van der Gaag, 2015; Attanasio et al., 2012

Mozambique, which is currently drafting a pre-primary plan (invariably termed “the ECD plan”) as part of a revised broader education plan, has made no mention of either the needs of marginalised groups (including children with disabilities) or how it will address these. In the Mozambique Strategic Education Plan (2020–2029), pre-school expansion will prioritise districts with the lowest primary school learning indicators, the inclusion of health and nutritional components and the identification of children with special needs. The

private sector and the community will be mobilised to implement the plan, which jeopardises equitable access (Mozambique Ministry of Education and Human Development, 2020).

### 3.4 Role of the private and not-for-profit sectors

The private and for-profit sectors are by far the leading providers of ECCE in low-income countries. The growth of private sector provisioning, coupled with a *laissez-faire* approach, risks deepening the inequalities in both access and quality, which are already very visible in the four case study countries. In some countries, there is minimal public ECD provision. In Burkina Faso, Zambia and Mozambique, the sector is dominated by private providers in wealthier urban areas, with NGOs and churches working in other communities (*see Box 7*). Those children who attend ECD classes regularly, and who therefore receive quality early education and care, tend to be from wealthier, urban families. Children

from more impoverished families or those with specific needs who receive support rely on NGOs, charities and the church. Services are intermittent, and quality varies (Brudewold-Newman et al., 2018).

There is a lack of evidence and impact evaluations to reach a conclusion regarding the value of public-private partnerships in terms of provisioning of early learning. However, Africa's first-ever social impact bond (SIB) (*see Case Study 6. South Africa*) may offer evidence for replication. The benefits for the private sector of investing in SIBs include:

- Only paying for what works
- Fostering inter-sectoral collaboration
- Encouraging government efficiency, transparency and accountability in meeting the SDGs
- Encouraging best-practice approaches and testing innovation
- Raising the profile of corporate social investment (CSI)

#### Box 7. The role of the private sector in ECD provision in our case study countries

In many countries, the private sector, NGOs and community groups play a significant role in providing ECD services or pre-primary schooling. For example, until recently in Mozambique, *all* pre-primary and early childhood care centres were run by the private sector. While children from wealthier families typically attend private programmes in urban areas, rural services tend to be run by churches (Bruns et al., 2010; Neuman et al., 2015). This only changed with the implementation of the 2012-2020 National Strategy for Early Childhood Development Project (DICIPE).

More broadly in sub-Saharan Africa, as ECD provision becomes increasingly statutory, there

is a greater onus on the state to manage the system. Because NGOs and churches run many ECD centres, they are often difficult to monitor and regulate (where regulatory frameworks exist). Systems for monitoring services to ensure private providers comply with norms and standards of quality, transparency public accountability and oversight tend to be weak or absent across all four countries. In Burkina Faso, for instance, to regulate early education provisioning, the government has prioritised the training of inspectors. However, more work is needed across all four case study countries to create inclusive ECD curricula, train teaching staff and set accessibility standards for ECD centres.

**SOURCE:** Betts and Lata, 2009



In all four countries studied, NGOs and social enterprises are providing technical support, such as locally produced resources and training, to the public ECD sector. More rigorous evaluations of the impact and cost-effectiveness of non-governmental inclusive ECD programmes will inform governments about how best to scale up programmes and innovative public-private partnerships.

## CASE STUDY 6. SOUTH AFRICA

### Africa's first-ever social impact bond for ECD

To improve early childhood learning and development outcomes in South Africa's Western Cape, mothers2mothers (m2m) (a non-profit organisation), Volta Capital and the University of Cape Town's GSB Bertha Centre for Social Innovation and Entrepreneurship launched the Impact Bond Innovation Fund (IBIF) in 2018. This innovative financing mechanism serves as the first social impact bond (SIB) focused on ECD in the Global South. It has funded a three-year programme to improve outcomes for 2,000 children from low-income communities.

The SIB model means that the government only pays if pre-determined outcomes are achieved. In the meantime, private investors are repaid with a return on their investment by the government and a private outcome funder if and when the desired impacts are achieved. The IBIF, therefore, forms a public-private partnership that can sustainably finance ECD.

In Africa, impact bonds are still in the early stages of roll-out and are more health-focused. They offer scope for future targeted investment that taps into the strengths of both sectors.

**SOURCE:** Graduate School of Business (GSB), University of Cape Town

## 3.5 The role of civil society in bringing about change

Civil society organisations (CSOs) and multi-stakeholder networks, such as the Early Childhood Development Action Network (ECDAN) (see Box 8) and the Africa Early Childhood Network (AfECN), are instrumental in influencing and catalysing investment in ECD as an emerging priority in Africa. The knowledge generated by tracking progress is helping to create a basis for informed decision-making regarding what works and how best to implement ECD in accordance with the Nurturing Care Framework.

### Box 8. The Africa Early Childhood Network

The Africa Early Childhood Network (AfECN), set up in 2015, champions excellence and collaboration in protecting children's rights, influencing policy and practice, strengthening partnerships, and sharing experiences and knowledge of ECD. Its members include CSOs, academics, government officials and private sector organisations at national and regional levels.

AfECN spearheads efforts to influence and coordinate the promotion of early childhood education and development (ECED) within the African Union. It secured the establishment of an ECED cluster under the umbrella of the Continental Education Strategy for Africa (CESA, 2016-2025). It has a "championing" team comprising Egypt, Tunisia, Chad, Gabon, Senegal, Sierra Leone, Kenya, Mauritius, Malawi and Namibia.

**SOURCE:** African Union, 2018

At national level, organisations working in the ECD field have boosted efforts to promote more significant equity and inclusion in their work, while pushing for systemic changes through awareness-raising and policy influencing. Partnering with national education coalitions and policy dialogue has led to ECCE gaining

more traction in some countries than others. For example, the ECD network in Zambia is strong, while in Mozambique, Burkina Faso and Zimbabwe, ECD networks are non-existent or functioning at a limited capacity.

### **Box 9. Lessons on supporting inclusive ECD in southern Africa from Open Society Foundations (OSF) partners**

10 civil society organisations (CSOs) (UNESCO, 2020) supported through the Early Childhood Programme of the Open Society Foundations and the Open Society Initiative for Southern Africa (OSISA) have jointly reflected on what helps to build ECD systems that respond to the rights of children with disabilities and their families in sub-Saharan Africa. Agreeing there is no single pathway, they identified key areas for action to help deliver inclusive ECD:

- Developing the political consciousness, will and commitment to deliver inclusive ECD
- Providing access to quality early intervention for children with disabilities
- Challenging social norms and attitudes and exclusionary practices
- Building the formal institutions, legislation, policies, plans and budgets needed for inclusive ECD

Taking an integrated, multi-stakeholder and multi-sectoral approach, the organisations were able to influence the transformation of systems such as microfinancing schemes in Malawi and Zimbabwe. In the meantime, they have helped to strengthen various coping mechanisms at household level to meet the psychosocial support needs of parents of children with disabilities. The organisations have worked with local communities and leadership structures to develop educational and developmental play facilities and learning materials, as well as innovative assistive devices.

These unique, locally driven efforts have made significant impacts on the lives of young children with disabilities, who were previously excluded. Together, these essential reflections can help to inform the actions of governments, as well as other NGOs providing inclusive ECD services.

**SOURCE:** OSISA, 2019; African Union, 2018





## 4.

# Conclusions and policy recommendations

Our quantitative analysis of the data on ODA for ECD and the qualitative analysis of donor portfolios highlight three key policy challenges in making ODA for ECD more inclusive. Donor-specific recommendations are available in the donor profiles.

Investing in the early years is not merely about transforming the lives of individual children; uplifting the prospects of children at this young age can alter the course of a nation's economic growth (Kim JY, 2017). Despite the potential benefits of investment in ECD, services to promote better ECD outcomes have in the past been substantially underfunded, and there is a strong possibility that already scarce resources will be diverted to respond to the repercussions of the pandemic (Devercelli and Humphry, 2020). As more people become infected with COVID-19, and as more families and communities deal with the socioeconomic, physical and mental health consequences of the global pandemic, the more devastating the effects will be on the most vulnerable children.

***“We must work collectively and in novel ways to adapt, innovate and continuously learn together in a search for equitable and inclusive solutions to the complex and interrelated challenges generated by COVID-19.”***

*ECDAN*

Given the small window for early childhood development, swift and more deliberate action is needed to save our future generations – keeping equity and inclusion at the forefront.



## 4.1 Improve capacity to measure and track ODA for inclusive ECD, including in COVID responses

There is no official way to measure how much donors allocate to inclusive ECD, let alone how much spending is targeted at vulnerable groups of children, even within sector- and age-specific categories such as pre-primary education.

*“We can’t know the direction of travel if we don’t know where we’re starting from.”*

ODA for ECD, especially inclusive services, must increase in order to meet the SDGs. It is vital that governments, donors and civil society groups have the tools to monitor and track how resources are allocated and spent in a transparent, timely and replicable manner, using a formula to track disbursements on the OECD-DAC CRS. This should include the proportion of expenditures allocated to different sectors, disaggregated by age and gender, and which investments are directed towards delivering nurturing care. Furthermore, a concerted effort is needed to track disbursements to vulnerable populations, particularly children with disabilities. At present, reporting against the OECD disability marker is voluntary, with only 29% of aid assessed against the disability marker in 2018 (Development Initiatives, 2020).

**RECOMMENDATION:** Together with other stakeholders, donors should develop an agreed method for determining ODA expenditures on inclusive ECD, using the OECD-DAC disability marker and other markers for marginalised populations to assess progress towards leaving no one behind.

## 4.2 Establish realistic financing needs and identify funding gaps

There are currently no global targets, nor estimates, of the funds that need to be allocated. At present, education is the only ECD sub-sector with a specific **donor allocation: 10% of all education aid should go to pre-primary schooling** (Zubairi et al., 2019; Zubairi and Rose, 2017). In 2018, total aid to education reached its highest level yet (ibid.). Other estimates, unfortunately, predict that international support for education will drop by 12% by 2022 because of the recession caused by COVID-19 (ibid.). Moving forward, we need to stop the decline in education-related investments, particularly investments that help meet SDG target 4.2 (early childhood care and education). This sphere is already under-financed. A multi-sectoral approach to enable optimal development and learning is vital, particularly now. The pandemic has, after all, highlighted the importance of nutrition, health, socioemotional development, early education and parental support – the cornerstones of ECD – for optimal caregiving.

There is also an urgent need for accurate cost data for ECD services. These are critical for the provision of quality services at scale while making a case for more and better early education and development investment (Gustafsson-Wright and Boggild-Jones, 2018). However, ECD costings are complex, also because there are no global agreements regarding which services fall under ECD. Interventions are still defined according to the definitions of individual countries and agencies.

**RECOMMENDATION:** The international community should work together to commission research for accurate cost data (based on credible estimates of need and supply) for delivering ECD services in recipient countries. This enables real funding gaps at country level and countries’ provision capacity to be identified. This is needed to work out what further efforts and investments donors need to make.

## 4.3 Raise spending and investment in high-return areas

Financing the scale-up of equitable and inclusive ECD services requires new resources – financial as well as human. Donors must play a key role in supporting LMIC governments to scale up inclusive ECD services by spending more and supporting domestic financing and, for instance, by implementing progressive taxation models, tackling tax evasion and debt cancellation.

Donors keen to show value for money to the outside world should invest smarter by prioritising children's early years (up to the age of three) and vulnerable groups of children for whom returns are highest (World Bank, 2019; The International Commission on Financing Global Education Opportunity, 2016). Investing in ECI and parenting programmes among this age group can mitigate the risk of developmental delays during this critical period and later on.

**RECOMMENDATION:** Donors should make new, additional funding available through their ODA and other sources, such as debt cancellation.. This allows LMICs to scale up equitable and inclusive ECD services. Donors should honour the target of 10% of education ODA going to pre-primary education.

**RECOMMENDATION:** To leave no child behind, donors should hardwire inclusion into their plans, policies and projects so that vulnerable children and their families, including children with disabilities, receive early and targeted support. They must also implement accountability measures while tracking progress.

## 4.4 Build the capacity of the ECD workforce

Special attention also needs to be paid to the early childhood workforce – the range of individuals across paid and unpaid roles who provide services to young children and their caregivers across the health,

nutrition, education, social and child protection sectors (Early Childhood Workforce Initiative).

In all four case study countries, one of the biggest obstacles to scaling up inclusive ECD services (apart from funding) is the shortage of skilled workers. These include teachers, community health workers, nutrition counsellors, child development specialists, paediatricians, educational psychologists, speech and hearing therapists, occupational therapists, and physiotherapists.

To ensure adequate training and remuneration to retain staff, governments must adopt a long-term approach to developing a suitable and sustainable ECD workforce. In Zimbabwe, for example, the government has trained a cadre of teaching staff in inclusive methods but cannot afford to employ them. In Mozambique, where teaching staff in the DICIPE programme have received some training in inclusive approaches (from third-party providers), salaries are extremely low and often months late. This situation has caused many staff members to leave, threatening the programme's sustainability. Investing in and supporting these individuals is key to providing young children and their families with the essential nurturing care needed, particularly now when face-to-face contact is restricted, and this will remain a need after the more immediate pandemic crisis has passed.

**RECOMMENDATION:** Governments, with donor support, should strengthen their ECD workforce by developing quality curricula and providing scholarships for specialised cadres in paediatrics and child development (in universities and the public service). Investing in an ECD workforce maximises and sustains the impact of ECD policies and programmes in the longer term.

## 4.5 Strengthen ECD systems for effective delivery

In countries where ECD systems, particularly early identification and intervention, are in their infancy, these systems need to be strengthened to build capacity at all levels, including among policymakers,

technical decision-makers, and managers. This is key, so that they can develop appropriate ECD legislation, policies and strategies.

Donors can build countries' capacity for inclusive ECD services by providing service providers with technical guidance. Generating evidence of what works through pilot projects, with rigorous evaluations, is a good solution too, as well as incentivising governments to focus on vulnerable children. Target groups include children with disabilities and developmental delays. UNICEF (in all case study countries) and the World Bank (Mozambique) are already providing this kind of support. More is needed, however.

**RECOMMENDATION:** Donors should coordinate aid towards system strengthening, which needs to be predictable, long term and (where possible) provided as sector or budget support.

There are concerns that some governments may not be able to absorb more funding and scale up activities. The GPE ([see 'Can GPE support more coordinated ECD donor financing?' on page 49](#)) argues that many of its partner countries lack such capacity. This was indeed the case in all four of our case study countries. In Mozambique, for example, donors were initially reluctant to invest more because of a lack of government planning for pre-primary education. With more recent changes to the country's education policy and the education strategy (2020-2029), donors are beginning to consider allocating pooled funding to support government multi-sectoral ECD plans. Some donors in our study are already playing a decisive role in this regard, particularly UNICEF. The World Bank has also stepped up its efforts in Burkina Faso and Mozambique.

**RECOMMENDATION:** Donors should do more to support national cross-sectoral planning and delivery for inclusive ECD services.

## 4.6 Show strong leadership, improve coordination and embed inclusive and multi-sectoral approaches

### DONORS:

Only three out of the 10 donors in our study (UNICEF, the World Bank and the USA) identified ECD as a specific development policy priority or goal. Of these, only one (UNICEF) had clear policy targets for *inclusive* ECD. This is reflected in organisational structures. Only the World Bank and UNICEF had mechanisms in place to champion ECD within their own agencies.

In line with findings from Cavallera et al. (2019), rather than needing more guidance or frameworks, stakeholders need support to develop organisational leadership capacity and partnership strategies. This enables them to effectively apply a practical programme cycle or systematic process tailored to their own contexts.

**RECOMMENDATION:** Donors need to show strong leadership, championing a multi-sectoral approach to inclusive ECD. This should be a developmental priority within their own policies, strategies and budgets.

### GOVERNMENTS:

Improving outcomes for vulnerable children requires a coherent ECI and ECD policy, and the mainstreaming of this sector in existing policies and plans. It also requires effective strategies, strong coordination, adequate funding and – most crucially – the political will and leadership prioritisation to champion ECD at all levels.

Recipient countries should strive to show more ambition to develop inclusive ECD systems, respond



to increased demand from parents, communities and other stakeholders, and include these stakeholders and service providers in reforming policies and services. Governments also need to overcome the challenges of cross-sectoral collaboration and find a permanent “home” for ECD. Considering the strengths of various ministries and the existence of reasonably well-functioning donor groups, the health and education sectors seem obvious homes for ECD – possibly organised according to the age groups in which they tend to be most active (i.e. up to and including the age of three for health, and age three and above for education).

Recipient countries also need to improve their coordination with donors and recognise that a multi-sectoral approach is required to deliver inclusive ECD.

**RECOMMENDATION:** Donors should support governments in identifying a strong lead ministry to champion and coordinate ECD services, and engage fully with other relevant ministries. Donors can then channel increased funding using pre-existing sector-wide approaches (SWAps) and coordination mechanisms (e.g. health, education and protection).

## 4.7 Leverage and maximise domestic fiscal resources

Donors should support governments by leveraging their financing towards scaling up equitable and inclusive ECD services and bringing in new resources through innovative financing models where appropriate. Of the 10 donors in this study, only the World Bank is already doing this. The agency’s levels of spending are substantial and supportive of government plans. Donors should also support countries in implementing progressive taxation models that could unlock more sources of domestic financing.

In our four case study countries, funds often fail to reach communities in time, in some cases due to

long delays in the transfer of funds from central to local government (in decentralised systems). This is particularly important for ECD, as services are often devolved at community or municipal level.

**RECOMMENDATION:** Governments must ensure that decentralised spending is timely, adequate and equitable. Donors should support governments in strengthening their fiscal decentralisation processes to ensure effective redistribution from central to local government in support of the implementation of inclusive ECD.

## 4.8 Fill in data and evidence gaps

Scaling up inclusive ECD services relies heavily on systematic data collection to inform planning while enabling donors to support the efforts of governments. While there is a substantial amount of data for infants and young children up to the age of two (mainly from maternal and child health sources), once they enter the school system (usually at the age of six or above), disability desegregation of data is lacking. This also applies to children between the ages of three and six. Most low-income countries also lack data for children with disabilities and other vulnerable groups of children.

In addition, our research shows that specialists in inclusion are rarely involved in ECD discussions and planning with policymakers and donor agencies. Yet their knowledge and experience are invaluable to maximise the impact of policies and programmes.

**RECOMMENDATION:** Donors should urgently support governments in collecting data (disaggregated by age and gender) on the degree of exclusion faced by children with disabilities and other vulnerable groups. This will inform realistic targets and measure progress.

**RECOMMENDATION:** To improve data on children with disabilities, the Washington Group/UNICEF Child Functioning module at household level and birth registration should be encouraged.

**RECOMMENDATION:** Governments and donors need to address inclusion at the start of ECD planning processes by consulting families of children with disabilities and disabled people's organisations. This will ensure that their plans adequately address the needs of these children and their families. Donors should consult inclusion experts and sector specialists to support governments in drawing up robust plans and strategies that build inclusive ECD into the programme cycle from the very start.

## 4.9 Build ECI services with stronger parenting programmes

In all four countries, intensive and individualised ECI services for children with, or at risk of, developmental delays, disabilities and behavioural or mental health needs are either in short supply or provided by the non-governmental sector. Early screening, identification and assessment, as well as family-focused interventions, therapeutic services, and assistive technologies and approaches (e.g. sign language), are particularly useful for children with disabilities and developmental delays. These promote early inclusion and lay a lifelong foundation for learning. Despite all of this, such solutions are woefully lacking in our case study countries and other LMICs.

The COVID-19 crisis has highlighted the critical importance of caregivers and the home environment in children's healthy development. Now, more than ever, there is a need to campaign for more significant investment in early childhood development. Priorities include parenting programmes for families with young children with or at risk of developmental delays and

disabilities, including within the COVID-19 response. This includes age- and ability-sensitive materials to support communication on COVID-19 to children, as well as distance learning and communication strategies to reach those with limited or no access to technology (ECDAN, 2020).

**RECOMMENDATION:** Donors and governments need to invest in ECI, particularly developmental assessments and parenting programmes catering to children up to the age of three. The aim is to mitigate the risks of developmental delays during this critical window of development. Such investments should be moved forward within the framework of developing national ECI strategic plans, programme guidelines and procedures, service and personnel standards, supervisory systems, pre- and in-service training systems, and programme monitoring and evaluation processes.

## 4.10 Empower civil society to advocate

CSOs and networks working on ECD and inclusion have an important role to play in raising awareness of the benefits of ECI and ECD, particularly among parents of children with disabilities and those at risk of developmental delays. They should catalyse demand for equitable and inclusive ECD through joint advocacy work and mobilisation. They should monitor the implementation of policies and programmes to identify any gaps in planning and financing that need to be addressed at system level.

**RECOMMENDATION:** CSOs and networks should publicise the benefits of inclusive ECD widely, through local and national media, directly with communities, and at health centres and other public places, to mobilise local community leaders to demand greater investment in and development of inclusive ECD within their communities.

# 5.

## Invest in the early years

Donors have a considerable role to play in supporting ECD services through adequate ODA spending. Yet, as this study has shown, few have a coordinated understanding of the need for and power of ECD, let alone inclusive services. Funding has to increase and, to maximise impact, aid needs to be based on the Nurturing Care Framework. This requires equity and inclusion to be built in from the start of every process. One of the biggest gaps is more investment in fundamentally essential and neglected areas, such as community-based programmes to support families with children with disabilities, early identification of and interventions regarding developmental delays, and training teachers in inclusive pedagogy. This cannot be an investment afterthought. Together with recipient countries, donors – many of which see ECD as a purely educational or healthcare intervention – must establish multi-sectoral plans to provide necessary foundations for the successful development of all children. Donors and recipients must recognise the value of expanding their support for ECD.

The cost of inaction is far-reaching: even before the COVID-19 pandemic, 250 million children in low- and middle-income countries were at risk of not reaching their full developmental potential due to poverty and stunted growth. While questions about the role of ECD prevail, we know that investing in inclusive services is a proven and smart investment. Now is the time to act.







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# Glossary

**Child and social protection interventions** protect the well-being of children by supporting the extremely poor and vulnerable (social protection) and focusing on measures to prevent and respond to abuse, neglect, exploitation and violence affecting children (child protection). Interventions can protect children in marginalised situations and those who are excluded due to gender, disability, HIV/AIDS and other socio-cultural factors. Services may include birth registration, tracking and preventing child abuse, cash and in-kind transfer programmes and parenting programmes to promote positive caregiving.

**Developmental disabilities** are a group of conditions resulting from impairments that affect a child's physical learning, or behavioural functioning. Affected children typically have sensory impairments (hearing and vision loss), epilepsy or seizures, cerebral palsy, attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), intellectual disability or other learning disorders.

**Early childhood care and education (ECCE)** targets both care (targeting children aged 0-24 months) and education (children aged 24-83 months).

**Early childhood health interventions include healthcare initiatives** (e.g. health service provision, disease prevention and health promotion) to provide the continuum of maternal and pre- and postnatal care. Services include standard health screenings for pregnant women, skilled midwives, childhood immunisations and health visits.

**Early childhood intervention (ECI) services** are multi-sectoral, integrated and transdisciplinary or interdisciplinary in nature, designed to support families with young children up to the age of three, particularly those at risk of or with developmental delays, disabilities and behavioural/mental health needs. ECI programmes include a range of individualised services to improve child development and resilience while strengthening family competences and parenting skills to facilitate children's development. These services often involve advocacy for the educational and social inclusion of children and their families.

## **Early childhood intervention (ECI) systems**

include coordinated national inter-sectoral and transdisciplinary or interdisciplinary services that promote the child's age-appropriate growth and development while supporting families from a child's birth to their third or fifth birthday. ECI systems are usually supported by national policies and include guidelines, procedures, regulations and standards for service delivery and personnel. A proper ECI system ensures that families with at-risk children in this age range receive the resources and support needed to maximise their child's physical, language, cognitive and social/emotional development while respecting the diversity of families and communities.

**Early childhood nutrition interventions** are initiatives that ensure pregnant women, breastfeeding mothers and young children are adequately nourished. Interventions may consist of promoting breastfeeding, responsible and appropriate complementary feeding, dietary diversity, salt iodisation and micro-nutrient supplementation.

**Early stimulation** includes opportunities for young children to interact with caring adults and learn about the environment from the earliest age. Early stimulation generally refers to interventions for children aged 0-24 months and to programmes designed to teach parents how to engage in early stimulation activities with young children.

**Inclusion** is a term that reflects reducing inequality and fosters the transformation of systems to be inclusive of everyone. Inclusive communities have measures in place to support participation by all children at home, at school and in their communities. Where barriers exist, inclusive communities transform to meet the needs of all children. It involves changes and modifications in content, approaches, structures and strategies with a shared vision that covers all children of appropriate age ranges and a conviction that it is the responsibility of the mainstream system to educate all children.

**Inclusive ECD services** include children from birth to the age of eight with delays and disabilities, allowing them to learn with their peers without delays or

disabilities. These services hold high expectations and intentionally promote children's participation in all learning and social activities. This is facilitated by individualised accommodations and the use of evidence-based services, and supports their development (cognitive, language, communication, physical, behavioural and socioemotional), friendships with peers and sense of belonging. This applies to all young children with disabilities, from the mildest delays and disabilities to the most significant conditions. Early childhood systems that are inclusive are considerate of the principles of access, equity, participation and support.

**Integrated ECD services include multi-dimensional** services to comprehensively meet an array of child development needs, combining the types of sectoral interventions described above to promote a child's

health, nutrition, cognitive development, social development and protection.

**Pre-school/pre-primary/early childhood education (ECE)** includes interventions that provide opportunities for children to interact with responsive adults and actively learn with peers to prepare for primary school entry. ECE generally refers to interventions for children aged 36-83 months.

**SWAp** is a sector-wide approach in which funding for the ECD sector – whether internal or from donors – supports a single policy and expenditure programme, under government leadership, adopting common approaches across the industry. It is generally accompanied by efforts to strengthen government procedures for disbursement and accountability. Based on Foster and Leavy (2001).









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## ABOUT THIS REPORT AND RESEARCH PROJECT

The report is part of a compendium of advocacy tools comprising:

- A summary report
- 10 donor profiles (advocacy briefs)
- Four country case studies from sub-Saharan Africa



These resources are all available to download from our website:

[www.light-for-the-world.org/  
inclusive-ecd-investment](http://www.light-for-the-world.org/inclusive-ecd-investment).

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