Scaling Up Early Child Development in the Developing World

May 4 and 5, 2009

The Early Child Development Initiative at the Wolfensohn Center for Development at Brookings hosted a two-day conference to feature the project’s first five country case studies on the scale up of Early Child Development (ECD) in the developing world. Country authors presented their findings on the process of scaling up ECD in Cuba, Madagascar, South Africa, Macedonia and the Philippines.

Event participants consisted of global ECD experts, including representatives from multilateral institutions; local and international NGOs; local, national and international non-profit organizations; academic institutions; government officials and ECD practitioners. The conference provided a platform for the country authors to highlight key challenges and achievements in scaling up ECD in the five respective countries, as well as an opportunity for the global ECD community to both gain from and provide valuable insight on how to more effectively scale up early child programs in the developing world.

While the discussion revealed a wide range of complexities to implementing early child development services, there were a select number of recurring themes that resonated throughout the two-day conference.

Perhaps the most prominent commonality amongst the five country case studies was the vital role that advocacy plays in the successful scale up of ECD services. Advocacy at the community level (particularly amongst parents and caregivers), municipal level, provincial level, and national level must constantly be developed. Participants emphasized that advocacy never ends; it is a constant, dynamic process that requires continuous effort throughout all phases of program implementation. It is vital that advocacy be incorporated into the program design from the onset and continue throughout (even after the program has reached scale) its existence. Because stakeholders change throughout the lifetime of a program (political administrations change, donors come and go, new generations in local communities become involved, etc.) it is necessary that advocacy be targeted at all relevant stakeholder groups to create demand and incentive on all levels.

Another frequent element of the scale up discussion was the need to involve the community. Not only is it a necessity in terms of advocacy efforts, but engaging communities in program design, service delivery and management provides for a richer service where parents/families are directly involved in the health and well-being of their children. Community level involvement helps to ensure that ECD programs survive political volatility, a danger that often disrupts or even demolishes any progress the program has made. It should also be noted that community-level involvement should be cautious of workforce capacity. Many community-level services depend on a largely volunteer workforce; conference participants questioned the long-term sustainability of these programs.

A third feature of scaling up that emerged from all five country case studies was the challenge of a multi-sectoral approach to ECD programming. Early Child Development is an intimately integrated science. Health (of both the mother and child) and nutrition are pre-conditions for
both the physical and mental development of children, but without adequate early cognitive
stimulation and education, health and nutrition outcomes can be lost. In order to ensure that
young children receive quality health, nutrition, cognitive stimulation and early education, the
country authors and the participants concur that an inter-sectoral approach is favorable but
poses a much greater challenge to the design and implementation of ECD. Some participants felt
it was more manageable to focus on scaling a specific service in a specific sector with hope for
integration over time. Others felt strongly that integration must be taken into consideration
from the beginning, recognizing the challenge of gaining multi-sector support. All participants
agreed, however, that scaling up must happen at all levels—vertically and horizontally.

A fourth common issue that many participants noted as problematic in numerous developing
regions, is a lack of program-specific data, local research capacity, and clear regional and
country specific indicators. The need for region-specific academic training, both on the
substance of ECD and research methodology for ECD, is critical.

It was observed that these recurring themes must be considered in the context of the specific
countries. For example, the scale up of a quality teaching methodology, through a partnership of
domestic and international stakeholders, in the existing education system in Macedonia,
requires next-step actions that greatly differ from those in Madagascar, where a political crisis is
putting the activities of a World Bank funded nutrition program at risk.

In addition to these common underlying components for ECD service scale up, the country
presentations and the discussions that followed indentified key insight regarding recommended
next steps in each of the five specific countries.

**Cuba**
The Cuba case study provides a remarkable example of how a country, without vast financial
resources, was able to design and implement a national, multi-sectoral, community focused
model for providing quality early child development services to young children and their
families. Several countries have adapted the Cuba model. Key discussion points focused on what
has and has not worked in such adaptation and what other countries can learn from these
examples.

**Madagascar**
This case study serves as a road map for the process of scaling up early child nutrition
programming in Madagascar. It is especially valuable in that it examines how a project originally
designed and implemented through an external international organization transitioned to a
national program and looks at what has and, more importantly, what has not worked given the
political instability of the country during its attempted scale up.
Event participants recommended key tactics for maintaining the nutritional progress made thus
far, methods for improving its effectiveness and strategies for dealing with political volatility.

**South Africa**
The South Africa case study tracks the implementation and scaling up of a Grade R (pre-
Kindergarten) program for nearly one million 5-year-old children and identifies key issues that
affect the current roll out of a national plan to focus ECD services on children 0-4 years of age.
Participant recommendations for moving forward in South Africa concentrated mostly on how
the government will introduce ECD services to this younger age group, with a special focus on
building community/civil society understanding and demand, ensuring proper monitoring and
evaluation systems and addressing the complexities that poverty and HIV/AIDS adds to the
region.
**Macedonia**
The Macedonia case study provides a unique analysis of how a partnership of domestic and international stakeholders (governmental and non-governmental) successfully scaled up a new ECD framework (the ISSA Step-by-Step teaching methodology) and did so in an extraordinarily short period of time. There are numerous lessons for capacity building and advocacy to be taken away from this report, as well as areas where Macedonia can do more to serve its young children. With approximately 80 percent of Macedonian children not receiving services from the SBS program, coverage is Macedonia’s main challenge going forward. Key recommendations were with regards to increasing coverage of young children outside of the urban communities, paying special attention to enhancing the non-formal sector.

**The Philippines**
Studying the scale up of ECD programming in the Philippines provides the development community with unique and constructive insight into the challenges facing countries whose policies are extensive but have faced challenges in reducing child poverty on the ground. The policy framework in the Philippines has many of the components ECD experts push to include: multisectoral involvement, integrated services, multi-level implementation and management. The challenge in the Philippines, therefore, is to identify and resolve service delivery failures and to maintain the cultural value of focusing on children. Recommendations to overcome this challenge included enhanced coordination between local government units and coordinating committees and targeted advocacy for gaps in programming.

The Early Child Development Initiative at the Wolfensohn Center for Development looks forward to engaging with key partners and global stakeholders to continue the process of translating research into action. The five country case study papers discussed above will be available as working papers on the Wolfensohn Center Web site in the coming months, as will updates concerning specific follow-up activities to this first round of research.

We thank all our colleagues who participated in the conference on May 4 and 5 and look forward to our continued work together, to support the effective scale up of quality ECD in the developing world.