

The African Union Education Outlook Report: Early Childhood Development: A Continental Perspective



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Early childhood is defined as the period from birth to eight years old. This early period is considered to be the most important developmental phase throughout the lifespan. Healthy early child development includes the physical, social-emotional, and language-cognitive domains of development, each equally important -strongly influences well-being, throughout life.¹

Childhood Care and Education (ECCE) can be defined as the support for children's survival, growth, development and learning from conception to the time of entry into primary school. Support during this time is provided by a range of service providers including primary caregivers and can be accessed in a range of settings including formal, informal and non-formal.²

I. Introduction

Our under six population which constitutes about 130 million children in Sub Saharan Africa (20 per cent of its total population) face significant challenges of deprivation amongst them; poverty, food insecurity, stunting, malnutrition, health risks, violence, conflict including war and as a result are often seriously at-risk and ill-prepared physically and mentally for school.

Despite the growing body of evidence that the early years of the lives of these children present a time of great opportunity, will be the determinants of their

life course, are decisive for human development, and that the failure to invest is costly and difficult to compensate for later in life, progress toward the achievement of early childhood care and education (ECCE) in Africa has been too slow.

In the long-term, the future of this continent will be directed by the extent to which we are able to provide access to the scale and quality of Early Childhood Care and Education services that are needed to enable universal coverage. If we get this right now, our future outlook will be good. However, our current failure to make the investment needed now in the wellbeing of our children is costly to us in the long term and difficult to compensate for in later life, we need to pay attention to ECCE in order to create a better future for Africans across the continent, especially those affected by poverty and hardship.

2. What Progress toward Early Childhood Care and Education in Africa?

2.1 Overview of Progress and Challenges

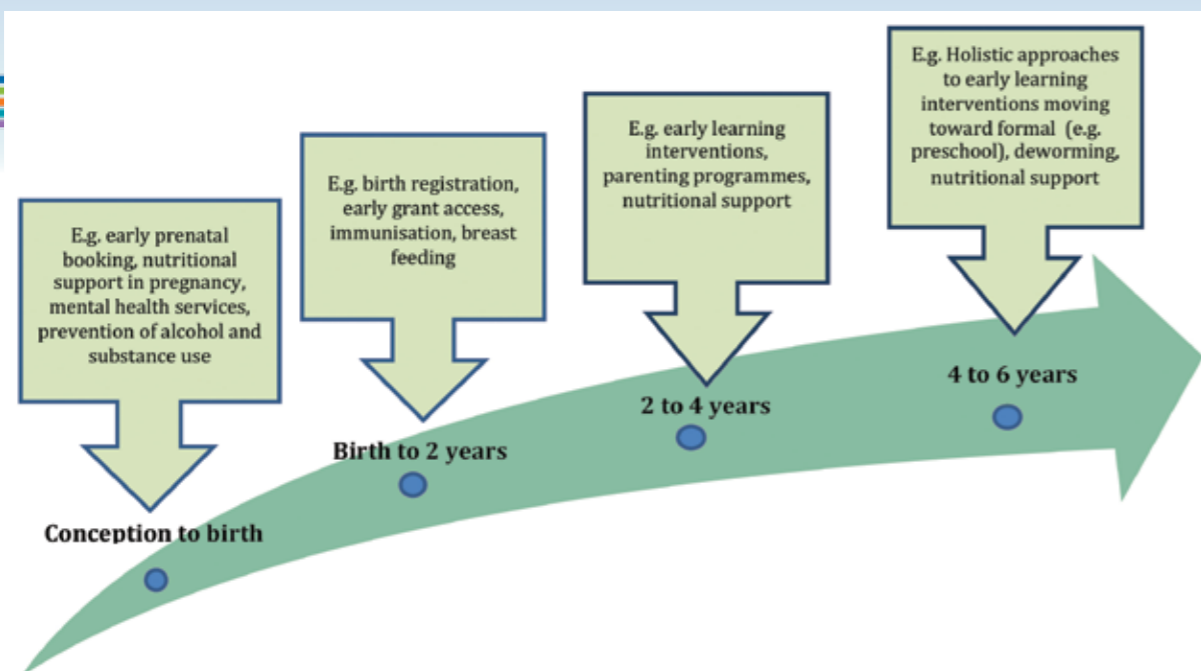
ECCE provision provides a mechanism through which to provide for children's rights. It opens the way to all the other EFA goals, the realisation of the AU Second Decade for Education³ goals and contributes powerfully to reducing poverty and building healthy societies, thus contributing also to the attainment of the overarching objectives of the Millennium Development Goals. Naming ECCE as goal number one on the international agenda seems to be a recognition that it is foundational to much of what follows in terms of the learning pathways of children through basic and higher education. However, this does not follow through in the way in which ECCE has been addressed at a number of levels. Other EFA goals enjoy priority at political, policy and budgeting level, thus taking precedence over and above ECCE, particularly universal primary education.

¹ <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTCY/EXTECD/0,,contentMDK:20426142~hPK:547714~menuPK:1114015~pagePK:148956~piPK:216618~theSitePK:344939,00.html>

² UNESCO Country Case Studies on ECCE in selected sub-Saharan African Countries 2007/2008: Some key Teacher Issues and Policy Recommendations, Prepared by Patience Awopegba Programme Specialist in Education Planning, UNESCO International Institute for Capacity Building in Africa (IICBA), Addis Ababa, Ethiopia,

³ In 2009 Ministers of Education in Africa adopted the inclusion of ECCE as a priority for the African Union Plan of Action for the Second Decade on Education for Africa (2006-2015)





This is corroborated by the UNICEF, The World We Want report which claims that what underlies many of the EFA gaps “is that the current global education approach does not address education in a holistic and integrated manner, privileging the more achievable goals, relegating others in priority such as adult literacy, or targeting the near poor, thus under-serving those who are hard to reach... while the EFA goals do identify different stages of the education life cycle the agenda has largely been confined to primary education....not surprisingly then, progress on other EFA goals, besides primary education, remains uneven and out of step with progress on primary education.”⁴

Some success toward framing ECCE as a priority was noted in 2012, by ANCEFA who reported that 26 countries had included ECCE in their sector or national development plans and at least 76per cent of countries in Africa were engaged in ECCE policy planning or implementation (19 countries had developed ECCE policies and 20 were engaged in planning process). At that stage, no country in Sub Saharan Africa had adopted a compulsory pre-primary education policy. Despite these indications that ECCE was awarded greater prominence, in the same year, UNESCO reported that less than 12per cent of African children had access to Early Childhood Care and Education (ECCE) services.

ECCE is a cross sector issue of health, nutrition, social development and education. While prioritising ECCE in the EFA agenda is important, locating it only within the education realm may even contribute to a lack of impetus for achievement as it is only specifically reported against in relation to formal learning as preschool enrolment with its broader development and health components reported in fragmented ways in relation to other international agendas. Who is then accountable for the early development of young children on this continent? Furthermore, if learning begins at birth, consideration must be given to early stimulation across the development continuum until it is appropriate for entry into formal learning environments. This would imply measuring and tracking access for children from birth to early stimulation programmes which may well be delivered by informal and non-formal provision, (e.g. home visiting and early learning playgroups). Reporting on early learning against the EFA and AU agendas must therefore be taken beyond this narrow focus and include the tracking of learning opportunities for children from birth to six years old

This position is corroborated by the 2008 Global Monitoring Report which indicated that ECCE programmes for young children under the age of 3 were largely neglected. The Report revealed that programmes for children in this age cohort were found in only 53per cent of the world’s countries, mostly in North America and Western Europe, Central Asia, Latin America and the Caribbean. Furthermore, the report indicated that in some of these countries, the provision of ECCE activities was seen to be the sole responsibility of families and/or private providers thus further compounding the notion of universal coverage and hindering the equalising capacity of ECCE when it is provided to poverty affected and marginalised communities.

It is important to note that there is a strong correlation between poverty, health and wellbeing. As we seek to support and report against early learning outcomes for children, this should be done within the range of needs that children have that are enabling of education outcomes, focusing on poverty, nutrition, and health (a package of essential or

comprehensive services). It will also enable more integrated and targeted interventions to achieve a better holistic outlook for young children. The diagram below highlights a development continuum for provision making it clear that ECCE if it is to be implemented effectively is an inter-sectoral endeavour which requires high levels of collaboration between those responsible for health, nutrition, social protection and early stimulation.

The table below highlights some key achievements toward ECCE on the continent in relation to the preceding discussion with some global comparative data.

Notes on progress⁵: Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children

1. Early childhood well-being is improving, and child mortality and malnutrition rates have declined in many countries in all regions of the world. The MDG target for child mortality, on the other hand, is unlikely to be met. Under-5 mortality remains high, at 123 per 1,000 in sub-Saharan Africa
2. Enrolment in preschool programmes has expanded over the past decade. Many countries, in sub-Saharan Africa, have developed ECCE policies, and more and more of these, understand that such policies must be multi-sectoral and comprehensive. Progress with regard to gross enrolment ratios in pre-primary education has been slowest in low-income countries, with low rates and little improvement seen in sub-Saharan Africa (from 12per cent to 17per cent)
3. The ECCE index measures overall progress by averaging the percentage of children who survive beyond their fifth birthday, the percentage who do not suffer from moderate or severe stunting, and the percentage of children aged 3-7 enrolled in school. Of the 68 countries for which data are available for 2010, only Belarus achieved a score over 0.95. The 25 countries with an ECCE index score between 0.80 and 0.95, viewed as achieving a middle ranking, are mostly middle-income countries in Central Asia, Central and Eastern Europe, and Latin America and the Caribbean. The remaining 42 countries, with an index score below 0.80, are mostly low- and lower-middle income countries, with the majority in sub-Saharan Africa⁶.

2.2 Child Mortality Rates

Given the discussion thus far on ECCE as an inter-sectoral issue, this report will pick up on some of the key factors that impact on the wellbeing of children and their capacity to make the most of the opportunities presented by formal education. Apart from health being the right of every child, early intervention reduces the risk of morbidity and mortality in childhood, as well as leads to reductions in the burden of disease in later life. It is crucial that basic, preventable risks to child health are eliminated.

In addition, HIV and severe or repeated attacks of malaria affect the cognitive development of millions of young children globally. Protecting children from these and other infectious diseases and ensuring early treatment are effective strategies to prevent or lessen the negative effects of infectious diseases. Support for families affected by HIV can reduce the impact of associated risks such as disrupted caregiving and mental health problems.

Under-five Mortality Rate (per 1,000 live births)

Regions	1970	1975	1980	1985	1990	1995	2000	2005	2010	2012
Sub-Saharan Africa	242	216	199	185	177	170	155	130	106	98
Eastern and Southern Africa	209	190	186	172	163	155	139	85	85	77
West and Central Africa	274	245	217	203	195	189	174	127	127	118
Middle East and North Africa	202	165	126	90	71	61	50	32	32	30

⁵ Data in this report is extrapolated from the UNESCO/UNICEF, May 2013, *The World We Want: Education in the Post-2015 Development Agenda, DRAFT Synthesis Report of the Global Thematic Consultation on Education*
⁶ Low income (36 countries): Afghanistan, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic People's Republic of Korea, Democratic Republic of the Congo, Eritrea, Ethiopia, Federal Democratic Republic of Nepal, Gambia, Guinea, Guinea-Bissau, Haiti, Kenya, Kyrgyzstan, Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Niger, Rwanda, Sierra Leone, Somalia, Tajikistan, Togo, Tokelau, Uganda, United Republic of Tanzania and Zimbabwe.

⁴ United Nations Children's Fund (UNICEF) March 2013, *The World We Want: Education in the Post-2015 Development Agenda*, p14

NOTE: The Cause of death in the under-fives: Neonatal conditions 26per cent, ARI 21per cent, malaria 18per cent, diarrhoea 16per cent HIV and AIDS 6per cent, measles 5per cent, injury 2per cent and other 5per cent. Neonatal causes (accounting for 26per cent of under-five deaths in Africa) include: Sepsis/pneumonia 27per cent, asphyxia 24per cent, preterm birth 23per cent, tetanus 9per cent, congenital abnormalities 6per cent, diarrhoea 3per cent, other causes 7per cent. These conditions are preventable.

Despite determined global progress in reducing child deaths, an increasing proportion of child deaths are in sub-Saharan Africa where one in ten children die before the age of five.⁷ According to the UNESCO 2012 Info sheet, approximately 12,000 African children die every day under conditions that could have been avoided - the equivalent of a Boeing 747 crashing every hour.⁸ While we see a mostly downward trend in child mortality rates for under-fives across the continent, with West and Central Africa still over 100 per 1000 live births, it is unlikely we will achieve the MDG target of 29 per 1000 by 2015.

Furthermore, the child mortality figures released in 2012 by UNICEF showed that some 2,000 children under five die each day from diarrheal diseases; of which a majority, about 1,800 children per day, die from diseases due to a lack of safe water, sanitation and basic hygiene.⁹

2.3 Stunting, Wasting and Malnutrition

The fundamental causes of stunting, wasting and malnutrition in children is household food insecurity linked to poverty. Poor nutrition causes major damage during pregnancy and the first two years of life. Often this damage is irreversible leading to increased risk of degenerative diseases later in life but negatively impacts on the learning capacity and physical development of the child with later consequences for adult productivity and economic development.

Incidence of Under-weight Among Under-five year old Children in Africa		
No of Countries	Countries	% Range
5	Chad, Sudan, Somalia, Eriteria, Niger	30-36
11	Burundi, Ethiopia, South Sudan, Burkina Faso, Central African Republic, DRC, Nigeria, Djibouti, Sierra Leone, Benin, Mauritania	20-29
10	Mali, Guinea Bissau, Senegal, Gambia, Namibia, Togo, Angola, Guinea, Kenya, Tanzania	16-19
17	Cameroon, Comoros, Cote d'Ivoire, Liberia, Mozambique, Zambia, Uganda, Ghana, Lesotho, Malawi, Sao Tome and Principe, Botswana, Congo, Equatorial Guinea, Rwanda, Zimbabwe, South Africa	9 - 15
7	Egypt, Gabon, Swaziland, Libya, Algeria, Morocco, Tunisia	2 - 6

Source: WHO (2012)

Some 16 African countries have at least 20 per cent of their under- five year old children suffering from malnutrition. In five of these countries - the prevalence is between 30 and 36 percent. Wasting is severe malnutrition and here seven countries face a challenge with 15 per cent or more of their under-fives showing signs of severe under-nourishment.

Incidence of Wasting Among Under-five year old Children in Africa		
No of Countries	Countries	% Range
1	South Sudan	23
6	Niger, Benin, Chad, Sudan, Madagascar, Eritrea	15-18
5	Somalia, Mauritania, Burkina Faso, Comoros, Sao Tome and Principe,	11-13
11	Ethiopia, Nigeria, Djibouti, Senegal, Gambia, DRC, Mali, Congo, Cote d'Ivoire, Angola, Namibia	8 - 10
19	Central African Republic, Kenya, Botswana, Egypt, Burundi, Mozambique, Cameroon, South Africa, Guinea Bissau, Ghana, Zambia, Tanzania, Guinea, Uganda, Togo, Malawi, Libya, Lesotho, Algeria	4-6
8	Rwanda, Liberia, Equatorial Guinea, Zimbabwe, Gabon, Tunisia, Morocco, Swaziland	1-3

Source: WHO (2012)

⁷ <http://www.un.org/millenniumgoals/childhealth.shtml>

⁸ UNICEF, <http://www.unesco.org/new/en/dakar/education/early-childhood-care-and-education/>

⁹ These indicators also provide us with some insight into issues that should be addressed via on basic hygiene and care at home for young children. Children of educated mothers—even mothers with only primary schooling—are more likely to survive than children of mothers with no education.

NOTE: Unlike underweight and wasting, stunting is largely irreversible. Poor nutrition in the first 1,000 days of children's lives can have irreversible consequences. For millions of children, it means they are, forever, stunted. Smaller than their non-stunted peers, stunted children are more susceptible to sickness. In school, they often fall behind in class. They enter adulthood more likely to become overweight and more prone to non-communicable disease. And when they start work, they often earn less than their non-stunted co-workers. It is a violation of their rights. It is also a huge burden for nations whose future citizens will be neither as healthy nor as productive as they could have been.

Sub-Saharan Africa and South Asia are home to three fourths of the world's stunted children. In sub-Saharan Africa, 40 per cent of children under 5 years of age are stunted; in South Asia, 39 per cent are stunted. Of the fourteen countries in the world who are home to 80per cent of the world's stunted children, eight are African

The table below provides an overview of the percentage of children under age five who are moderately or severely stunted. There are 16 African countries where prevalence of stunting among this age group is 40 per cent or more. Up to 58 per cent of under-fives in Burundi show signs of stunting.

Incidence of Stunting Among Under-five year old Children in Africa		
No of Countries	Countries	% Range
1	Burundi	58
15	Madagascar, Malawi, Benin, Zambia, Eriteria, Ethiopia, Niger, Rwanda, Sierra Leone, DRC, Mozambique, Liberia, Somalia, Tanzania, Central African Republic	40-50
20	Chad, Lesotho, Nigeria, Equatorial Guinea, Kenya, Sudan, Burkina Faso, Cameroon, South Africa, Uganda, Guinea Bissau, Zimbabwe, Botswana, Djibouti, South Sudan, Swaziland, Comoros, Congo, Cote d'Ivoire, Togo	30-39
10	Angola, Egypt, Namibia, Sao Tome and Principe, Mali, Senegal, Gambia, Ghana, Mauritania, Libya	20-29
4	Gabon, Algeria, Morocco, Tunisia	10-17

Source: WHO (2012)

Data suggests that reducing the prevalence of malnutrition and subsequently improving stunted growth rates would improve the quality of schooling through a reduction of preventable burdens on the education system and a focus on education quality.

There are numerous cross cutting issues that impact on food security including conflict , war and illness. In poor circumstances, very young children (1 to 5 years) are increasingly left without proper attention and care, receive very little stimulation, and are left to fend for themselves even when sick. Of the 76per cent of children on our continent who enter primary school each year, 38per cent have experienced moderate or severe malnutrition impacting on their psychomotor and cognitive development.

A recent impact evaluation study of a community-based nutrition program in Madagascar shows that malnutrition can be improved over the short- and long-term when mothers participate in community health programs that promote behavioural change in nutrition, feeding, and hygiene practices. The study highlights important complementarities between maternal education, knowledge, and community infrastructure to achieve improvements in children's nutritional status.¹⁰

2.4 Opportunities for Early Stimulation

Regionally, there have been a number of initiatives to encourage young children to enrol in pre-primary classes. In SADC, early childhood enrolment stands at 45per cent on average and is clearly progressing. EAC levels are particularly high in Kenya and Tanzania, where they are above 30per cent, and increasing steadily in other countries. Considerable progress has also been achieved by eight ECCAS member states, where pre-primary enrolment has more than doubled. In ECOWAS (with the exception of Cape Verde and Ghana) and IGAD, progress has been more timid and rates (19 per cent on average) are well below the continental average (28 per cent) in 2012.

¹⁰ <http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/0,,contentMDK:21986729~pagePK:64165401~piPK:64165026~theSitePK:469382~isCURL:Y,00.html>





Statistics show that pre-primary gross enrolment ratios (GER) increased by 5 per cent in nine years^{11 12}. While it is difficult to report on ECD access because of the age range of children involved, and the varied approaches used, nonetheless, the following table suggests very low ECD participation across the Eastern and Southern Africa Region¹³.

Country	Age group	Percentage who have access to ECD services	Year
Angola	5	104	2010
Botswana	3-5	19	2010
Burundi	4-6	9	2010
Comoros	3-5	22	2010
Eritrea	5-6	14	2010
Ethiopia	4-6	5	2010
Kenya	3-5	52	2010
Lesotho	3-5	33	2010
Madagascar	3-5	9	2010
Namibia	5-6	33	1999
Rwanda	4-6	11	2010
South Africa	6	65	2010
Swaziland	3-5	23	2010
Uganda	3-5	14	2010
Tanzania	5-6	33	2010

Source: AU Outlook on Education database, 2014 ... No data available

In a number of countries, including Kenya, Uganda, Malawi and Zimbabwe, governments, in collaboration with UNICEF, have promoted access to ECD services by establishing innovative programmes. These include community-based child-care programmes (CBC) in Malawi, a rapid school readiness initiative in Kenya, a child- to- child mentoring approach in Ethiopia, and expanding ECD programmes to primary schools in Lesotho and Zimbabwe. Issues related to reporting only on access to pre-school as the totality of progress toward ECCE have already been addressed in this report and must receive attention.

3. Early Childhood and Conflict

Research from biology to the social sciences continues to build strong evidence demonstrating that the conditions in which young children live and grow are determinants of their health and developmental trajectories. All too often young children are exposed to conditions that do not meet their most basic needs for health and development.

War and displacement create conditions of high risk or vulnerability for children's development and well-being through increased exposure to conditions such as economic devastation, destruction of basic infrastructure (i.e., health care, education, legal protection), reductions in hygiene and sanitation with resultant elevations in disease spread, and breakdown of social support structures that are thwarted from nurturing and protecting children].

No low-income fragile or conflict-affected country has yet achieved a single Millennium Development Goal. People in fragile and conflict-affected states are more than twice as likely to be undernourished as those in other developing countries, more than three times as likely to be unable to send their children to school, twice as likely to see their children die before age five, and more than twice as likely to lack clean water¹⁴.

On average, a country that experienced major violence over the period from 1981 to 2005 has a poverty rate 21 percentage points higher than a country that saw no violence. Health, peace, and development cannot exist without a healthy thriving human population, and a thriving human population cannot exist without healthy, peaceful, thriving children.¹⁵

11 http://www.un.org/en/ecosoc/newfunct/pdf/11_cli_africa_concept_note_april_2011.pdf
 12 Gross enrolment ratio. Pre-primary. Total is the total enrollment in pre-primary education, regardless of age, expressed as a percentage of the total population of official pre-primary education age. GER can exceed 100% due to the inclusion of over-aged and under-aged students because of early or late school entrance and grade repetition.
 13 Education for All Global Monitoring Report 2012: Youth and Skills, Putting Education to Work, http://www.unicef.org/esaro/5481_early_childhood_development.html
 14 World Bank, World Development Report 2011, Conflict, Security and Development, page 5
 15 International Journal of Paediatrics Volume 2012 (2012), Article ID 820290, 16 pages Research Article Risks to Early Childhood Health and Development in the Postconflict Transition of Northern Uganda Theresa A. McElroy,1 Stella Atim,2 Charles P. Larson,3 and Robert W. Armstrong4

4. Early Childhood and Disability

UNICEF's The State of the World's Children 2013, released on May 30, opens with the challenge that global estimates of the number of children with disabilities are out of date. Frequently drawing on a 2004 estimate, it is around 93 million children. How, then, are we able to best meet the needs of these children without knowing the magnitude of the need?

For all children, early childhood provides an important window of opportunity to prepare the foundation for life-long learning and participation in society, while preventing potential delays in development and disabilities. Many of the factors which contribute to the high levels of impairment affecting young children are potentially preventable. These include congenital defects, malnutrition, and childhood illnesses, lack of sanitation and clean water and preventable accidents. At the same time, for children who experience disability, early childhood is a vital time to ensure access to interventions which can help them reach their full potential.

Despite this recognition, children with disability who are, more vulnerable to developmental risks, are often overlooked in mainstream programmes and services designed to ensure child development. They are amongst the least provided for and most marginalised and vulnerable children in the world. They are least likely to be found in formal programmes or centres, they often struggle to access the health services they need, and are especially vulnerable to violence, abuse and exploitation.

The Convention on the Rights of the Child and the Convention on the Rights of persons with Disabilities highlight that children with disabilities have the same rights as other children. ECCE programmes can lead to improved rates of survival, growth and development; and ensure later education programmes are more effective. Approaches combining centre-based programmes and parenting interventions, including home visiting programmes, may help parents and professionals to detect developmental delays early, improve children's development, prevent abuse and neglect, and ensure readiness to learn.

5. Prioritising: What Needs to be on the Agenda for a Way Forward?

ECCE must be framed as an inter-sectoral issue with matching goals and tools for assessing achievement toward these goals. The integrated approach fundamentally seeks to build cross-sectoral co-ordination systems, promote programme innovation, overcome gaps in knowledge, services and resources, and build cost-effective programmes that are culturally appropriate. Countries find the integrated approach to ECD policy planning helps all sectors contribute to improving child survival, growth, development and success in school.

Based on this reframing of ECCE the current African Union goal must be revamped, with a view to accelerating progress. Critical requirements for facilitating accelerated progress, such as renewed political commitment, dedicated and innovative financing, an emphasis on subsidies for the poor and disadvantaged, and a wider adoption of quality standards and their implementation and monitoring must be addressed as part of this process.

We cannot afford NOT to invest. Not investing means a loss of opportunities but also contributes to the accumulation of inequalities and condemns generations to deprivation and under performance. While the private sector is a valuable partner, over-reliance on private funding leads to and perpetuates inequalities between children;

- Government needs to lead an inter-sectoral approach to ECCE;
- Government is key to financing quality ECCE; and
- Government has a key role in regulating and supporting quality implementation of ECCE including metrics for measuring and assessing impact
- Government should invest in research in ECD to guide policy actions and also to lead to professionalisation of the sector



In sum, it is important to prioritise and give prominence to the Early Childhood Care and Education indicators of the AU's Plan of Action. They need to be incorporated into the second decade plan and operationalised as part of a comprehensive package of early childhood care and education; young children need equitable access to high quality health care, nutrition, early stimulation and pre-schooling. Even in poorer countries, political commitment and adequate funding can extend access to greater numbers of children. To reduce inequality, governments need to pay particular attention to children from poor households who already face disadvantages - and who stand to benefit most.



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