Plan International

Impact Area Overview: The Right to Early Childhood Development

Impact Area Overviews provide a short introduction to each area of our programme work. They describe: the areas of work we are engaged in, what we want to achieve in these areas, our experience, the issues we stand for and the key strategies we use to make positive changes for children and their rights. They are regularly being updated to reflect changes in global strategy and programmatic directions.

The rights at stake

Early childhood – the period below the age of eight years¹ – is the most important phase of development in a person’s life. In the first three years of life, a child’s experiences interact with biological and genetic factors to establish up to 90 per cent of the brain structures and circuits that are key for thinking, feeling, moving, communicating and interacting with others. During early childhood, girls and boys develop a sense of self-worth, identity and belonging, and learn the norms and beliefs of their community and society. By the time children reach primary school they already have a clear idea of how they should behave, how they are valued and what their future role may be. The physical, cognitive, social, emotional and language development that occurs during early childhood lays the critical foundations for a girl’s or boy’s wellbeing, for mental and physical health, learning and academic progress, and social and economic participation for the rest of their lives.

If this early years window of opportunity is missed, it is much more difficult – both in terms of time and resources – to “re-build the brain better” later and create a successful life course.

The UN Convention on the Rights of the Child (CRC) not only entitles all girls and boys under eight to all measures of support required for survival, wellbeing, development and protection – it also entitles them to participate as active members of society, just like older children. Their rights are explained in General Comment No. 7 (2005) Implementing Child Rights in Early Childhood, which recognises that in order to survive and thrive, young children need adequate nutrition and protection from infections and disease; secure attachment with responsive caregivers; and safe, stimulating environments for exploration and learning – at home, and later, in settings like playgroups, pre-schools and schools.² The General Comment on the Rights of Girls and Boys during Early Childhood

All the articles of the CRC apply to children in their early years. Particularly relevant articles are: 7 (registration, name, nationality); 8 (right to identity); 9 (protection from violence and abuse); 24 (health and nutrition); 28, 29 (education); 30 (culture and language); 31 (leisure, play and culture). The CRC requires States to respect and support families as the fundamental group for children’s growth and wellbeing, and parents and primary caregivers as the most important and enduring carers and educators. Key articles include: 5 (respect for the responsibilities, rights and duties of parents); 8 (State assistance to parents); 26 (social security); 27 (adequate standard of living).

The Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW): Article 10 (elimination of discriminatory practices in education); 11, 12 (health and adequate nutrition); 14 (adequate living conditions).

The Convention on the Rights of Persons with Disabilities (CRPD): contains key provisions for young children with a disability including articles 9 (participation in all aspects of life); 24 (education); 25 (health).


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¹ Early childhood – the period below the age of eight years
² Article 48
Comment acknowledges parents’ primary role in meeting these needs, but underscores the obligations of State parties to enact and finance comprehensive, multi-sectoral, rights-based early childhood development (ECD) policies and programmes; to ensure universal access to essential services and programmes (including birth registration, healthcare, water, sanitation and hygiene (WASH), nutrition, protection and early education); and to give parents and families appropriate support. It highlights the special protections required to mitigate young children’s vulnerability to risks.

Despite these commitments – and despite the wide acknowledgement of early childhood’s crucial importance – millions of children around the world are denied the rights critical to survival, healthy growth and development.

- In 2015, 5.9 million children under five died – of these, 1 million died on the day they were born and nearly half died in their first month. An estimated 2.6 million stillbirths occur annually. Most of these newborn deaths and stillbirths arise from birth complications (premature birth, low birth weight and birth asphyxia) and from childhood infections (pneumonia, diarrhoea and malaria). Under-nutrition contributed to up to 45 per cent of child deaths. Most deaths could have been prevented or treated with simple, affordable interventions that are not reaching children in low-income countries: one child in 12 in sub-Saharan Africa and one in 19 in southern Asia dies before his or her fifth birthday, compared to one in 147 children in high-income countries.

- Many of those who survive are not thriving. Every year, more than 200 million children under five years in low- and middle-income countries – equivalent to one-third of the global under-five population – fail to reach their potential in cognitive development because they are exposed to key risk factors: poverty; poor health, malaria, HIV infection and malnutrition; high levels of maternal depression and low levels of maternal education; high levels of family and environmental stress; exposure to violence, abuse, neglect and exploitation; inadequate care and learning opportunities. In early childhood, these risks have cumulative consequences and generate significant inequalities. Stunting (low height for age) affects a third of children in low- and middle-income countries; iron deficiency anaemia affects up to 80 per cent of children in some low-income countries; both are related to impaired cognitive development and poor school achievement. While the global gross pre-primary enrolment rate is 54 per cent, it is less than 20 per cent in sub-Saharan Africa, and across most countries coverage in rural areas is particularly low. Disparities resulting from poor learning environments can be measured among children as early as at 18 months of age – if left unaddressed, these widen rapidly thereafter.

- Progress with reducing maternal mortality has been disappointing. In 2015, 800 women a day died from maternal causes: 99 per cent of these deaths occurred in developing countries and 88 per cent in just two regions – sub-Saharan Africa and South Asia. Nearly all these deaths were preventable and as such represent a violation of women’s rights.

- Maternal death, poor maternal health and under-nutrition are all directly related to child death, child under-nutrition and poor child development. An infant whose mother dies from maternal causes is up to ten times more likely to die before the age of two than one whose mother survives.

These statistics reflect deeply ingrained social injustice. The vast majority of children who die early from preventable causes, who are malnourished or who fail to develop their full potential come from families living in poverty and exclusion or are affected by conflict and disaster. The implications for these children are life-long and affect the next generation: when they have children, they are more likely to be born into poverty and disadvantage.

**What do we mean by…?**

**EARY CHILDHOOD:** The period below eight years of age.

**EARY CHILDHOOD DEVELOPMENT (ECD):** The process of change whereby a child masters increasingly complex levels of physical activity, thinking, feeling, communicating and interacting with others. Through this process of physical, cognitive, social and emotional development, the child acquires the knowledge, behaviours and skills that enable him or her to be happy, build relationships with others, learn, function effectively and independently, and adapt to changes in the environment. The skills developed during this period form the foundations for all later learning and development.
**EARLY CHILDHOOD CARE AND DEVELOPMENT (ECCD):** A programme approach for providing comprehensive supports to the child from the prenatal period up to eight years of age including maternal, neonatal and child healthcare; adequate nutrition; clean and safe physical environments; and opportunities for play, early education and support for successful transition into primary school. ECCD programming recognises that learning begins at birth and that children develop and learn through their social relationships and interactions with others and their environment. A core element involves enabling and empowering parents and caregivers to form secure, loving relationships with their children; to protect their children from violence and abuse; and to provide responsive care and early stimulation from day one.

**EARLY CHILDHOOD CARE AND DEVELOPMENT IN EMERGENCIES (ECCDIE):** Provides immediate multi-sectoral support in emergency situations to young children, from before birth to eight years of age. ECCDIE includes access to nutritious food, healthcare, shelter, psychosocial support and continued early stimulation and learning in a safe, nurturing and protective environment. ECCDIE aims to save lives; create a protective environment in which children are safe; reduce their levels of distress and combat toxic stress; and support continued normal development and learning.

**ATTACHMENTS:** The deep emotional bonds that infants form, starting from birth, with their parents/caregivers. These are crucial for the child’s sense of security and wellbeing, and for all learning and development that follows.

**RESPONSIVE CARE:** This means providing care and support that responds to a child’s needs, emotions and desires. It means that the parent or caregiver is sensitive to the child, can understand their forms of communication and “cues” from facial expressions and body language, and responds to the messages the child sends, by adapting actions to meet their needs. Responsive care is key to a child developing a sense of security and trust, to feeling safe and loved, and to their learning and development.

**EARLY STIMULATION:** This means using everyday activities to provide opportunities for communication, for interaction with caring people and their environment, and for play – all essential for a child’s happiness and for their cognitive, socio-emotional and language development.

**POSITIVE PARENTING:** Parental behaviour that respects the rights and best interests of the child. Positive parenting programmes aim to support parents to build strong, healthy relationships with their children; prevent behavioural problems from developing; and manage any behaviour that is of concern to them using “positive discipline” – a non-violent, solutions-focused approach for teaching the child.

**GENDER SOCIALISATION:** This is the process through which children learn about the social expectations, attitudes and behaviours associated with their gender. From the day they are born, children are gender-socialised by parents, caregivers, teachers, other children and the media. Before they reach primary school, girls and boys have a sense of gender identity, have learnt about society’s different expectations and norms for them with respect to their behaviours and roles, and have assimilated the beliefs of their culture around gender – including, in many countries, the belief that girls and women are valued less than men. In this way, gender discrimination and inequality are instilled right from the start, and are transmitted from generation to generation.

**FATHERS’ ENGAGEMENT:** This entails more than the father taking specific actions or decisions, or adopting specific practices for their children’s health and development – though these are important. Men who are fully engaged are emotionally involved. They equally share responsibility with their partner for promoting the health, wellbeing and development of their children, including through providing emotional support. They communicate and resolve differences of opinion and potential conflict without violence. They share decision-making, control over the allocation of household resources and the workload with their partner, including care work.

**TOXIC STRESS:** Toxic stress occurs when a child, without adequate adult support, experiences strong, frequent and/or prolonged adversity – such as physical or emotional abuse, neglect, exposure to violence, distress from humanitarian emergencies and/or the accumulated burdens of family economic hardship. This kind of prolonged activation of the stress response systems actually disrupts the growth of the brain, with permanent effects on the child’s cognitive, social and emotional development.

**PERSONAL RESILIENCE:** The ability of a child to overcome serious hardship and to thrive despite adverse early experiences.
The global development agenda and the rights to early childhood development

The Sustainable Development Goals (SDGs) afford a crucial window of opportunity to promote the rights of the 1 billion girls and boys aged under eight around the world. They represent a much more comprehensive framework of commitments compared to the Millennium Development Goals and emphasise the guarantee of basic rights – for instance, health and education – across the life course and for all ages. The following SDGs are of particular importance:

**Goal 2 with targets on maternal and child nutrition**

**Target 2.1** By 2030, end hunger and ensure access by all people... including infants, to safe, nutritious and sufficient food...

**Target 2.2** By 2030, end all forms of malnutrition... achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of... pregnant and lactating women...

**Goal 3 with targets on maternal, newborn and child health (MNCH) and infectious diseases**

**Target 3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

**Target 3.2** By 2030, end preventable deaths of newborns and children under 5 years... reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

**Target 3.3** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases...

**Goal 4 with a commitment to ECCD**

**Target 4.2** By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education

**Goal 16 with a target for protection against violence towards all children**

**Target 16.2** End abuse, exploitation, trafficking and all forms of violence against and torture of children

Major actors, including the UN Secretary-General, UNICEF and other member organisations of the Consultative Group on ECCD (CG-ECCD), have acknowledged that holistic ECD programming represents one of the most cost-effective approaches for achieving commitments at the heart of the SDGs: building peaceful and inclusive societies (Goal 16); addressing poverty and inequality (Goals 1 and 10); and achieving gender equality (Goal 5).

**Global programme trends**

In recent years, prominent academic institutions – including the Aga Khan, Harvard and Yale universities – have contributed to the substantial and compelling body of scientific evidence that demonstrates that:

- Investment in early childhood is the most powerful investment a country can make. Returns over the life course are many times the size of the original investment, and significantly higher than programmes for older children and adolescents.
- ECCD interventions that support families living in poverty and exclusion to strengthen the care, protection and learning environment for their children provide a buffer against the negative influence of poverty.
- ECCD programming narrows income, ethnic and geographic inequalities in child development – it is a great "equaliser". Disadvantaged children – in particular disadvantaged girls – benefit proportionally more from programmes than their more privileged peers.
- Risk factors that interfere with children’s development often run in parallel and amplify each other. The longer a child is exposed to different risks, the greater the negative impact on their development. Integrated, comprehensive and multi-sectoral programming can address multiple risk factors and is, therefore, more effective.
• Early childhood policies and programmes respectful of diversity benefit all children and build the foundations of an inclusive society. Young children at risk of developmental delays or disabilities benefit from early interventions that eliminate preventable risk factors, attenuate the impact of disabling conditions and increase the chances of successful inclusion in mainstream settings.18

In the light of this evidence, key institutions increasingly recognise the importance of investing in comprehensive, multi-sector ECD policy and programmes. Since 2007, UNESCO’s Education for All, Goal 1 monitoring has analysed progress with respect to child health, nutrition and pre-primary enrolment. UNICEF and the World Health Organization (WHO) have collaborated to train health workers to work with families promoting child development.19 WHO’s Global Strategy for Maternal, Neonatal, Child and Adolescent Health (2015)20 includes a target for universal access to good quality early childhood development. In 2016, the World Bank and UNICEF launched an alliance to make comprehensive ECD policy, programming and investment a global priority.

There are challenges. Funding for comprehensive programming is an issue as most bilateral donors prioritise the funding of sectoral programmes. Pre-primary education is largely missing from the financing priorities for education: the vast majority of funds – including those of the Global Partnership for Education (GPE)21 – go to primary and secondary education. Sector-specific alliances – such as Scaling up Nutrition (SUN),22 the Partnership for Maternal, Neonatal and Child Health (PMNCH),23 and the GPE – are all important for ECD, but tend to work without linking and coordinating. Governments and programmers face several challenges, including how to reach parents/households with effective interventions for the under threes; how to achieve multi-sectoral collaboration and integration; and how to address, not reinforce, gendered norms and stereotypes around childcare and ECD in programming.

Why are children’s rights to ECD not realised and what needs to be done?

These factors are some of the key drivers and root causes behind the failure to realise children’s rights to ECD.

Poverty
One-fifth of all young children in developing countries grow up in poverty. While an adult may fall into poverty temporarily, a child experiencing poverty in early childhood may be poor for a lifetime. Even short periods without access to essential care and services can be detrimental to their long-term development. Children from the poorest quintile in a country are nearly twice as likely to die as children from the richest quintile. Children from lower socio-economic backgrounds also already lag noticeably behind those from wealthier backgrounds in terms of cognitive development on entering primary school. For most children, the gaps apparent at school entry will widen with age.24

The fewer social and economic resources a family has, the more likely it is that their children will fail to develop to their full potential.25 Despite the abundant evidence proving this link, most governments are not ensuring access to services and supports – including social protection floors and safety nets – for parents and their children living in poverty and exclusion. Globally, 73 per cent of people have no or at best partial coverage from comprehensive social security systems. Low-income countries on average allocate less than 0.1 per cent of GDP to child and family benefits.26

Poverty intersects with other factors increasing vulnerability to early death and impaired development. For instance, most of the 200 million children aged under five with a disability are routinely excluded from services and lack access to “early interventions” – including support for their families to provide responsive care and early stimulation.

Failure to prioritise comprehensive ECD policy and programmes
In most countries, pre-school/early education services for three to five year olds are not statutory, compulsory or prioritised by governments. In 2012, spending on pre-primary education made up only 4.9 per cent of total public government expenditure on education. In sub-Saharan Africa, only 0.3 per cent of the education budget went to pre-primary. The situation is even worse in emergency contexts where humanitarian actors and donors do not usually prioritise early education.27

Where services exist, coverage for the under fours is usually extremely limited and quality is variable. Private institutions provide more of the total coverage than at any other educational level and are often poorly regulated.28 Pre-school teachers are less well qualified, remunerated and recognised
than primary school counterparts. Schools rarely plan for the smooth transition of young learners into the early grades of primary: this failure to ensure school readiness directly contributes to poor academic performance and drop-out later.

The failure to ensure universal health coverage with essential services also significantly impacts children's survival and early development. More than 90 per cent of people in low-income countries have no right to health coverage. Free essential healthcare services do not exist in many countries. Every year as many as 5 per cent of families in some countries are forced into poverty by health-related expenditures. Access to quality, essential MNCH is insufficient and inequitable: only one in two births in sub-Saharan Africa and South Asia are attended by a skilled practitioner. While rates of child immunisation have improved globally, coverage remains below the 90 per cent target in many countries in sub-Saharan Africa and Asia and rates have actually declined in some countries in West Africa since 1990.

Poor investment in essential services betrays a lack of political will to prioritise the very youngest, and a failure to unite multiple sectoral ministries around a common agenda. Of the estimated 78 ECD policies in existence, only one-fifth have been budgeted and one-third have implementation plans. Few low- and middle-income countries are meeting the minimum public investment of 1 per cent required to ensure provision of quality ECD services. When services exist, they are often concentrated in urban areas and inaccessible to the families who would benefit the most: the mothers and young children from rural, low-income communities and indigenous populations.

Conflicts and disasters

In 2013, 148.2 million people were affected by conflict and natural hazard emergencies: a large percentage were children. There is a common misperception that young children are less impacted by emergencies and conflict. However:

- young children are particularly at risk of death, injury and separation from their families during emergencies;
- when conflicts/emergencies cause essential services to collapse and affect parents' ability to provide adequate care, this has potentially life-long, negative impacts on young children’s development.
- emergencies and conflict can trigger toxic stress, disrupting brain growth, with permanent effects on the child’s cognitive, social and emotional development.

Socio-cultural norms, inequities and discrimination

Culturally determined attitudes, beliefs and perceptions about early childhood shape parents’ / caregivers’ childrearing practices and their expectations and goals for their children’s development.

- In many contexts, religious beliefs intersect with cultural beliefs and are highly influential. While many are positive, some do not reflect the best interests of the child. Examples include late initiation of breastfeeding, early introduction of specific complementary foods, and female genital mutilation/cutting (FGM/C), which is performed on girls under five years in about half of the 29 countries where practised.
- The use of violent discipline in the home is widespread and affects even the youngest children, even though only a minority of adults in most countries consider physical punishment necessary for discipline. Data from 60 countries shows that more than 40 per cent of children aged two to four years had experienced some sort of violent discipline in the past month.
- In many contexts there is limited understanding of children’s rights in early childhood and of how they develop. They are seen as lacking even basic capacities for understanding, communicating and making choices.
- Children born into indigenous families often have limited or no access to culturally appropriate healthcare and quality education. Infant mortality rates for children from indigenous groups are two to three times higher than for non-indigenous children in many countries. An estimated 221 million children of ethnic and linguistic minority backgrounds begin primary school every year unable to understand the formal language of instruction. Failure to guarantee mother-tongue education for these children contributes directly to their low literacy rates, delayed development and subsequent high drop-out rates.

Parents and caregivers, community and faith leaders, civil society, law and policy makers, government officials and public service providers each play a key role in addressing these causes and drivers. Ensuring that children’s rights to ECD are realised will only happen when these different actors work together, and when parents, communities and women are engaged as equal partners in the process. Furthermore, it will only be possible when societies prioritise early childhood and recognise the human rights of the youngest children; invest in parents living in poverty and exclusion...
to support their role as primary caregivers; address traditional practices that undermine early childhood development; and eliminate inequality and discrimination on the basis of gender, ethnicity, income and disability.

**GENDER INEQUALITIES, GIRLS AND INCLUSION**

Globally, there are no gendered gaps in terms of infant mortality rates, under-nutrition rates and pre-primary enrolment. However, the gender discrimination and **son preference** that persist in many societies impact on girls’ chances of surviving and thriving.

- Up to 105 million females are “missing” from the expected populations in Asia where son preference predominates, as a result of sex-selective abortion and female infanticide.  
- Gender discrimination means that girls receive lower quality care and nutrition and less investment in access to services than their male siblings in many communities.  
- The gender socialisation that takes place in the earliest years often has negative implications for girls’ development, self-esteem, agency and expectations throughout the rest of their lives.

Gender inequality and discrimination impact negatively on the development of both girls and boys, in multiple ways.

**Women’s lack of decision-making power.** Improved women’s status, the ability to negotiate power relations and influence decision-making all affect how resources are channelled to children and are key for improved child survival, health and nutrition. However, in many countries gender-based discrimination limits many women’s mobility, their household decision-making power and their control over household income. Decision-making remains the prerogative of males and senior household members.

**Lack of time and childcare support.** In most countries, childcare and domestic duties are still perceived as lower status contributions to society and the exclusive responsibility of women. Fathers are often absent or take little part in care-giving for the youngest children, with their role often limited at best to one of disciplinarian, provider and protector. Meanwhile, increasing proportions of women are engaged in formal and informal employment: most lack access to daycare options and many simply do not have the time to provide the childcare they know is important. In many countries a lack of job opportunities for women means that increasing numbers are migrating for work, leaving their children in the care of relatives.

**Domestic violence.** Globally, more than one in three women experience physical or sexual violence over their lifetime, most usually from an intimate partner. This has profound and multiple impacts – directly on the woman’s mental and physical health and indirectly on their children’s development and gender socialisation.

**Maternal depression.** Mothers who are depressed have particular difficulty in providing responsive care and nutrition. Maternal depression is common, affecting between 15 and 57 per cent of women in developing countries. It is usually the result of multiple factors underpinned by gender inequality, including poverty, low education, stress related to marital conflict and domestic violence, lack of control over economic resources and poor social support.

**Adolescent motherhood.** Approximately 16 million adolescent girls aged 15 to 19 years and 2.5 million girls aged 12 to 15 years give birth each year. Gender inequality is a basic cause of adolescent motherhood: impoverished, poorly educated and rural girls are more likely to become pregnant during adolescence, and 90 per cent of births are to girls who are married or in union. Babies born to adolescent mothers in low- and middle-income countries face a 50 per cent higher risk of being stillborn or dying in their first month and are also more likely to have low birth weight, with long-term risks to health and development.
Outcomes for children’s rights to early childhood development

**Civil Society Organisations**
- Influence governments to implement comprehensive ECD policy and access to essential services, including MNCH and pre-school
- Hold governments to account for compliance with international commitments and obligations for ECD

**Media Professionals**
- Produce content that reflects children’s capabilities and rights during early childhood and that challenges stereotypical gender roles
- Produce educational content and messaging to strengthen knowledge on good parenting and promote the equal value of girls

**Girls and Boys**
- Learn to value and respect others and to relate to each other as equals
- Are self-confident, able to empathise with others and have a sense of what is fair and just
- Are resilient, able to bounce back from challenges and thrive despite adversity
- Successfully manage the transition from home to pre-school and from pre-school to primary

**Parents and Other Caregivers**
- Understand children’s development and rights in early childhood, value their daughters and sons equally, and have appropriate and equal expectations of their children
- Provide loving, responsive care and protection; adopt key family practices for healthy growth; and support opportunities for play, interaction and participation in family decisions
- Promote the physical health and mental wellbeing of pregnant women and mothers, ensuring their protection from violence, access to adequate nutrition and services and participation in decision-making
- Develop supportive, equal and sharing relationships in the family

**LAW AND POLICY MAKERS**
- Establish legislation, policy and resources for comprehensive, gender-sensitive multi-sectoral ECD services, particularly for the most excluded children
- Establish mechanisms and processes to support implementation and integration of early childhood services at the local level
- Establish policies and resources to ensure that parents have access to the basic material needs, supports and knowledge to fulfill their parental responsibilities, including provisions for parental leave and education

**Public Services Officials**
- Provide quality essential MNCH services, integrating caregiver counselling for child development and responsive care
- Provide caring, culturally relevant, age-appropriate and non-sexist early education in environments that are safe, inclusive and integrate health and nutrition
- Promote fathers’ engagement

**Community Organisations/Volunteers**
- Facilitate safe, healthy and gender-sensitive spaces for play, interaction and learning for young children
- Work with health services and provide counselling and effective community-based MNCH and nutrition initiatives
- Coordinate the different early learning, health and nutrition initiatives to promote holistic, child-centred community-based care and protection
- Engage in the planning and monitoring of local ECD plans and services

**Children thrive during early childhood, growing up happy and emotionally secure, physically healthy and well-nourished; becoming creative, able learners and socially competent.**
Our experience and strengths

The ECCD impact area (previously known as Healthy Start) encompasses MNCH, nutrition, protection, early learning and education. It is a priority area across Plan International regions: all 50 countries are implementing one or more components of ECCD programming and more than two-thirds of country strategic plans (CSPs) have a specific country programme, sub-programme, or strategic objective for children’s survival and development in their early years. Investments in this area – €98.1 million in 2014 and €112.4 million in 2015 – are exceeded only by the Disaster Risk Management impact area (which also includes ECCDIE).

MNCH. Programmes focus on empowering families and communities to promote children’s healthy growth and prevent disease, on supporting primary-level services to improve the quality of care, and on promoting evidence-based, low-cost strategies and interventions (including Integrated Management of Childhood Illness). Plan International has recently increased investments in maternal and neonatal health and in health systems strengthening.

Nutrition. Programmes focus on caregiver education and counselling to promote appropriate infant and young child feeding practices. Plan International also works with communities and primary healthcare services, supporting food fortification and micronutrient supplementation initiatives, supplementary feeding programmes for children with moderate acute malnutrition and therapeutic feeding programmes for children with severe acute malnutrition.

Responsive care and early stimulation. Recent years have seen an expansion of parenting programmes that address the comprehensive set of supports that children need to survive and thrive, building on previous work with caregivers of young children that focused on family health and nutrition practices. These parenting programmes also focus on supporting parents to form strong relationships with their children from birth, to provide responsive care and a stimulating home environment, and to parent ‘positively’ using violence-free discipline.

Early childhood education. More than three-quarters of Plan International countries are supporting community-based playgroups, ECCD spaces or school readiness programmes facilitated by community para-professionals. Nearly half are working to expand access to formal pre-school education through preschool teacher training, provision of materials and infrastructure. A smaller but growing number are working to ensure that these learning opportunities are gender-aware, disability inclusive and culturally relevant – for instance, promoting mother-tongue education for ethnic and linguistic minorities.

Supporting successful transitions. Initiatives to support a child’s successful transition from home into the community, and into pre-school and primary school are under way. Eight countries in the Eastern and Southern Africa region are implementing Community-Led Action for Children (CLAC), a holistic, community-managed ECCD model with four linked components: parenting education; a low-cost, high-quality community-based early learning programme; a transition to primary programme; and innovations in sector integration and public–private partnerships.

Comprehensive, integrated approaches. More than three-quarters of the CSPs include interventions across multiple sectors and nearly half articulate a commitment to promoting integrated programming across sectors. Increasingly, sectoral interventions are being adapted to leverage the synergies from integration. Plan International’s work with some pre-schools promotes feeding/nutrition and links to local health services for health checks and growth monitoring. In other countries professional and community health workers are being supported to integrate parental counselling for child development into health checks or home visits. A growing number of parenting education initiatives address the broad range of supports necessary for ECD.

An increasing focus on gender equality. Over the past three to four years, an emerging priority has been to ensure that ECCD programmes are at a minimum gender-aware. Fourteen countries in Asia and Africa have applied Plan International’s Gender Self-Assessment for ECCD programming tool – together with partners, educators, parents and children – to assess ECCD centres and parenting programmes and identify the changes needed to ensure these are gender-aware. In several countries, Plan International’s parenting/care-giving programmes have incorporated elements aimed at tackling maternal depression, improving couple relationships, addressing gendered power imbalances within the family, and increasing fathers’ engagement in childcare and maternal wellbeing.
**ECCD in emergencies.** In the past five years, the number of Plan International offices including ECCD in their response to natural hazard and conflict emergencies has significantly increased. Globally, Plan International is filling a critical gap and is fast becoming a lead agency for this work. The programming models in emergencies have been similar to those in development contexts, including MNCH and nutrition, responsive care and stimulation, and early learning. Recent emergency responses have provided opportunities for innovation with increases in mobile, integrated and other non-traditional approaches to ECCD services. New projects are currently testing the use of ECCD to promote peace.

**Partnerships, thought leadership and influence.** In countries across all regions, Plan International is using its broad, cross-sectoral scope of work and substantive experience to build collaborative relationships with other key actors for ECCD and to promote inter-sectoral collaboration and integration and the scaling-up of effective models. In many countries, Plan International participates in inter-institutional alliances for ECCD. More than half of our CSPs identify advocacy objectives related to the elaboration and implementation of ECCD policy, at either the national or the local level.

Plan International has participated in the global CG-ECCD for many years, making substantive contributions in terms of developing the Four Cornerstones Model and strengthening regional networks, in particular the Asian network (ARNEC). Plan International has also consolidated a thought leadership role in ECCDIE, collaborating with the Interagency Network for Education in Emergencies (INEE), the Education Cluster, UNICEF, WHO and DFID to develop guidelines and training.

**Standards we respect**

Our work is evidence-based, reflecting what is known about how children develop, prioritising interventions of established effectiveness and aligned with human rights standards. Plan International draws on the following important standards to inform our work:

- Human and child rights standards set out in the CRC, other conventions and the General Comments (see Appendix).
- The WHO guidelines and standards for child health, maternal health, nutrition, malaria and health systems strengthening, the Global Standards for Quality Health Services for Adolescents, and the UN Commission on Life-Saving Interventions and Commodities.
- In conflict and fragile states, emergencies and disasters: the Sphere standards (maternal and child health and nutrition); the Minimum Initial Service Package for reproductive health (which includes maternal and newborn health); the Operational Guidance on Infant Feeding in Emergencies and the International Code of Marketing of Breastmilk Substitutes; INEE Minimum Standards and the Child Protection Minimum Standards.

Internal standards that will continue to guide our ECCD work are:

- Plan International’s Child-Centred Community Development (CCCD) standards and Global Implementation Guidance guide our collaboration with the key stakeholders for children’s development – most notably parents and caregivers, communities and government institutions.
- **Say Yes to Keeping Children Safe!** Child protection not only represents a core element of our ECCD work but also a guiding principle for all programming.
- **Plan International’s Policy on Gender Equality** underpins our commitments to ensure that: all ECCD programming is at a minimum gender-aware and that eventually all ECCD programming is gender-transformative; a comprehensive child rights and gender analysis informs programme design, implementation and monitoring and evaluation; fathers and other male caregivers are engaged in and support maternal health and wellbeing as well as childrearing; girls and boys enjoy equal access to care, supports and services for their development.
Our priorities and strategies

Plan International’s key strategies and priorities in ECCD are defined by the regional thematic frameworks for Asia (MNCH and Responsive Care and Early Stimulation), Eastern and Southern Africa, Latin America and the Caribbean and West Africa, the recommendations from the ECCD Thematic Review (2013), and the 2030 Agenda for Sustainable Development:

1 **Reaching girls and boys from excluded groups.** Children with a disability, from ethnic minorities or those living in extreme poverty or in fragile, conflict and emergency contexts are particularly vulnerable to the denial of their rights in early childhood. They are also the children who will gain the most from quality ECCD programmes. While focusing on these groups, we must ensure that our programmes actively address the gender inequalities that underpin differences in the care and access to services for girls and boys.

2 **Strengthening our work on the period from prenatal to three years**, in recognition of the crucial importance of this period for child survival and brain development. This includes a particular emphasis on the prevention of developmental delay and disability, through our work with parents to promote responsive care, nutrition and early stimulation; and early detection and referral, through integrating the monitoring of child development into the work of health professionals, community health workers and community educators.

3 **Empowering and enabling parents and caregivers – particularly adolescents – to provide their children with the responsive care, nutrition, early stimulation and protection they need for their survival and development.** This involves strengthening the capacities and confidence of parents to analyse and solve their own problems and to provide adequately for their children, including through building the critical stable and protective relationships that children need to thrive. This includes promoting fathers’ positive engagement in care-giving and women’s empowerment and equal participation in decision-making.

4 **Mobilising communities to support and demand the rights of children to ECD.** We aim to support community resilience and the work of community leaders and para-professionals to provide effective community-based early education, health and nutrition interventions; strengthen community-level social support mechanisms for parents; and demand access to quality ECD services.

5 **Strengthening the capacities of health and education service providers** so that they offer quality essential healthcare services and pre-primary education, establishing the continuum of care needed for girls and boys to survive and thrive.

6 **Influencing law and policy makers** to elaborate and enforce comprehensive, multi-sectoral ECD policy and social protection mechanisms and floors for vulnerable and excluded parents/caregivers, and invest adequate resources into implementation.

Our work with each of these actors will be gender-aware, contextually adapted and culturally relevant. We will build on positive traditional practices, while ensuring the best interests of the child at all times. We will promote greater recognition of how even the youngest children are human beings with feelings, interests and individual points of view, who interact with and influence adults and other children around them from birth, and who are capable of gradually participating in decisions about their lives. We will work to leverage the potential of ECCD programming to transform gender relationships, particularly within the household; to promote maternal wellbeing and empowerment; and to generate gender-equal socialisation processes.
What we advocate for

These are important advocacy issues advanced by our Global Advocacy Strategic Framework, and accompanying global influencing plans, and our Global Technical Networks:

Develop and enforce comprehensive, multi-sectoral ECD policies that provide for access to care, support and services at all times (including before, during and after emergencies)

Too often, the needs of young children are divided into different government sector plans and budgets. This causes fragmented and inadequately financed policy approaches to their diverse needs. Governments should:

- facilitate the participatory elaboration of comprehensive, multi-sectoral ECD policies that lay out concrete commitments for young children’s survival, development and protection
- ensure that policy frameworks and programmes are gender-equitable and focus on the most excluded children
- ensure that ECCD policy and programmes expand parents’ time and skills to fulfil their childrearing responsibilities, including through the provision of childcare services
- prepare and retain an early childhood workforce that is appropriately skilled, trained and compensated.

Strengthen coordination and investments for ECD across different sectors

In most countries, investments in essential ECCD services are below the minimum required, while opportunities for increased cost-effectiveness and efficiency through integrating sectoral interventions are being missed. Governments should:

- increase investment in ECD, prioritising investments that maximise child development outcomes for the under threes in particular, and that ensure provision of essential MNCH services and pre-primary education
- strengthen services at a decentralised level to effectively reach vulnerable and excluded families
- build technical capacity of service providers to offer quality services, while ensuring outreach and facilitation of family and community actions
- set up multi-sector, multi-stakeholder governance mechanisms to support and oversee implementation of ECD policy and to drive inter-sectoral integration to the maximum extent feasible.

Establish social protection and support for families living in poverty and exclusion

Caregivers who are depressed, stressed, disempowered or living in poverty will have difficulty in providing the responsive care, attention and supports that their children need to develop. Governments should:

- expand access to social protection schemes or other targeted mechanisms that support vulnerable families to ensure their basic material needs and strengthen their economic re-integration
- elaborate and enforce legislation and policies for the eradication of gender-based violence, including domestic/intimate partner violence
- support communities to mobilise community-based social support structures, and interventions for mental health.

Eliminate inequalities in accessing ECCD programmes and services for girls and excluded groups – from the outset

Governments should:

- enforce appropriate legislation to eliminate sex-selective abortion where this occurs and support awareness-raising campaigns/media etc.
- promote the equal value of girls and women throughout their life course and ensure that educators are trained and supported to promote gender-equal, non-sexist socialisation in learning environments
- mobilise and support health providers and educators to cooperate with families to ensure early identification and early intervention for children with a disability and to provide disability-inclusive services
- ensure that pre-schools provide culturally relevant education, including learning in mother tongue for children from ethnic minorities.
Impact Area Overview: The rights to early childhood development

40 Save the Children (2011) op. cit.
42 WHO, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: WHO
46 UNFPA (2013) Motherhood in childhood: facing the challenge of teenage pregnancy, State of World Population. UNFPA
47 Save the Children (2011) op. cit.