



SUMMARY REPORT

LEAVE **NO CHILD** BEHIND

Invest in the early years

Millions of children under the age of five living in low- and middle-income countries are at high risk of not achieving their full potential.¹ Multiple factors influence this risk, including health, nutrition, security and safety, responsive caregiving, early learning opportunities, and access to safe water, sanitation and other basic services.^{2,3} **High-quality, equitable and inclusive early childhood development (ECD) can help mitigate this risk and smooth the pathway for the most marginalised to access their rights.**

Under the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities, governments are duty-bound to provide universal access to essential early years services.⁴ However, a high proportion

of marginalised children, in particular girls and children with disabilities who face multiple layers of discrimination, are often excluded from ECD services.⁵

Investing in young children yields positive returns in education, health and productivity, and is, therefore, a sound investment for every government.^{3,6} ECD is also affordable. **An additional 50 cents per person annually is all it costs for ECD to be incorporated into existing services.**⁷ Despite evidence of high returns and affordability, many governments are falling short of their commitments to young children.⁸ Levels of financing for ECD remain low and do not come close to providing high-quality services for all children from birth.⁹



Early childhood development

A lever for ending poverty and inequity

The 2030 Agenda for Sustainable Development unites governments – in developed and developing countries – around a shared blueprint for peace and prosperity for people and the planet.¹⁰ Pivotal to this ambition is the **Sustainable Development Goal (SDG) 4.2 target: to ensure that all girls and boys have access to quality ECD, care and pre-primary education so that they are ready for primary education.**¹⁰

Further to the SDGs, in 2018, the G20 Initiative for Early Childhood Development reinforced the value of ECD in breaking the intergenerational and structural cycle of poverty, and stressed the importance of sustainably financing early childhood programmes.² It recognised that the multi-dimensional nature of ECD requires a comprehensive approach that is deeply influenced by nurturing care – health, food security and quality nutrition, responsive caregiving, physical and emotional security and safety, and early learning and stimulation.² Children who do not receive “nurturing care” tend to have lower cognitive, language and psychosocial outcomes, which translates into lower achievement at school and future life chances.⁷ The Nurturing Care Framework for Early Childhood Development provides governments with guidance on policies and services to support parents, families and communities in providing nurturing care, and thereby ensure that the most vulnerable young do not miss out.¹¹ Nurturing care can dramatically improve life chances for vulnerable children, particularly children at risk of developmental delay and disabilities.

Quality and inclusive ECD is at the heart of the SDGs

Because the most critical development in the human brain takes place before the age of six, early childhood presents the most cost-effective opportunity to reduce the effects of poverty, inequality and trauma.³ It is during this phase that the brain is most sensitive to stimulation and nurturing.¹² Any disadvantages caused by poverty, malnutrition, disease, stress or trauma at this young age are remarkably difficult to overcome later in life.^{7,13} However, **opportunities exist across multiple sectors, such as health, nutrition, education, protection and sanitation, to address ECD and, by so doing, significantly contribute to meeting the SDGs.**





GOAL 1 Eradicate poverty

ECD is one of the most cost-effective strategies for poverty alleviation.¹⁴ Early in life, when the brain develops most rapidly, children learn the skills that will help them flourish in today's economy.



GOAL 2 End hunger and improve nutrition

Nutrition is a key aspect of early ECD, and early stimulation enhances the impact of nutritional interventions. Furthermore, ECD interventions buffer the negative effect of stress, thereby improving the absorption of nutritional intake.



GOAL 3 Ensure healthy lives

ECD interventions early in life set a trajectory for lifelong good health and can reduce the incidence of non-communicable diseases. Early childhood intervention (ECI) programmes that include vaccinations and screening coupled with interventions for developmental delays, congenital conditions or sensory impairments can lower healthcare costs over time.



GOAL 4 Inclusive and equitable quality education

Investing in quality childcare and pre-primary education makes education systems more equitable and helps pave the way for lifelong learning.



GOAL 5 Achieve gender equality

Investing in ECD has a positive impact on reducing violence and abuse against mothers and on the gender gap, by improving access for girls to education and employment opportunities.



GOAL 6 Clean water and sanitation

ECD programmes can give young children access to clean water and adequate sanitation services, thereby reducing diseases and fostering lifelong hygiene habits.



GOAL 8 Promote decent work for all

Availability of adequate childcare is a critical element of a decent work agenda, particularly for mothers and older siblings.



GOAL 10 Reduce inequality within and among countries

ECD is a powerful equaliser, reducing inequalities that can exist even before birth. Inclusive ECD prevents family separation and placement of children with disabilities in segregated settings.



GOAL 16 Promote peaceful societies

ECD interventions and positive parenting programmes have been shown to lead to lower rates of violence in the home and greater social cohesion in communities.



GOAL 17 Revitalise the global partnership for sustainable development

Although progress on the SDGs is moving rapidly, significant challenges remain: official development assistance (ODA) is declining and private investment flows are not well aligned with sustainable development. Measurement of ECD at global, regional and national levels can serve as a powerful tool to revitalise global partnerships.

43% | **250 MILLION CHILDREN**

of children under 5 years of age in low- and middle-income countries are at risk of not reaching their developmental potential¹



Is inadequate funding leaving children behind and putting the SDGs beyond reach?

The findings and recommendations presented in this document provide a summary overview of the findings of a study led by LIGHT FOR THE WORLD with its partners, supported by the Early Childhood Program of the Open Society Foundations. The aim of the study was to uncover the trends in aid for inclusive ECD for 2017. It further identified strategic commitments to ECD, as reflected in policy documents up until 2019.

The research examines donors' spending and commitments in three key areas:

- **Early childhood development.*** By comparing ODA across four sectors – health, nutrition, education, and sanitation – to identify total ODA for ECD for each donor as well as highlighting donors' strategic commitments to integrated ECD and inclusive ECD as a policy goal.
- **Inclusive early education and pre-primary.** By analysing overall levels of ODA disbursed to early education and highlighting strategic commitments to inclusive early education.
- **Disability-inclusive early childhood development investments in the sectors of health, nutrition, education and sanitation.** By taking a snapshot of the strategic commitments of donors to supporting the most marginalised in their health, nutrition, education and sanitation commitments.

10 GLOBAL DONORS' ODA DISBURSEMENTS

This study presents a baseline on donor investment in ECD services in low- and middle-income countries for the children who are traditionally left behind. It draws lessons from six bilateral donor countries – **Belgium**,

Canada, **France**, **Germany**, the **United Kingdom** (UK) and the **United States** (US) – as well as the **Global Partnership for Education** (GPE), **European Union** (EU) **Institutions**, the **United Nations Children's Fund** (UNICEF) and the **World Bank**. The donors were selected based on their relatively high ODA spend and influence.

FOUR SUB-SAHARAN AFRICAN ODA-RECIPIENT COUNTRIES

The study focuses on donor contributions to scaling up ECD services in four African countries: **Burkina Faso**, **Mozambique**, **Zambia** and **Zimbabwe**. These countries were chosen because sub-Saharan Africa has the highest prevalence (66%) of children at risk of not meeting their developmental potential.¹ It also provides a picture of the challenges and opportunities on the ground, which are similar to those experienced in other low- and middle-income countries.

COMPENDIUM OF ADVOCACY TOOLS

This summary report is part of a compendium of advocacy tools comprising 10 donor advocacy briefs for ODA advocacy, recipient country profiles for national advocacy, and a user-friendly checklist to support the design of inclusive ECD programmes that seek to support the most marginalised children.

All tools and information can be accessed at:
www.light-for-the-world.org/inclusive-ecd-investment



* The Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) Creditor Reporting System (CRS) database was used to track ODA in this study. The database provides a set of readily available basic data that enable analysis of where aid goes, what purposes it serves and what policies it aims to implement, on a comparable basis for all DAC members. The term “spending” is used to refer to disbursement of ODA during 2017 in US dollars, as recorded in the OECD DAC CRS database.

Key findings

Global donors

The scale-up of ECD requires donors and governments to make much greater efforts in low-income countries, particularly those where the need is greatest, focussing on the most marginalised.¹⁵ However, determining spending within agencies and the OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS) specifically targeting inclusive ECD is particularly difficult as it requires uncovering spending on specific interventions within multiple sectors. Furthermore, the OECD DAC CRS does not routinely monitor aid disbursements intended for a particular population. However, the introduction of a “disability” marker holds promise.

SPENDING AND COMMITMENTS:

Across health, nutrition, education and sanitation

In 2017, nine donors[†] collectively spent less than **6% of total ODA on ECD**. This figure drops to a mere 3% when UNICEF (whose core mandate is children) is excluded.

- France and Germany spent well below 1%, with Belgium (1.6%) and the EU (1.1%) faring not much better.
- Only UNICEF and the World Bank have strategic frameworks that guide multi-sectoral investments in ECD.
- UNICEF alone provides guidance that drives forward investment in inclusive ECD services.

#2 Towards inclusive early education and pre-primary

Disbursements to this subsector are alarmingly low.

- **UNICEF spent 8.7% of its total education budget on pre-primary education.** It is the only donor that comes close to meeting the recommended¹⁶ target of 10% of total education ODA to pre-primary.
- **Five donors surveyed spent less than 1%** of their total education budgets on early education in 2017.
- **The EU spent only 0.3% of its total education budget on early education** in 2017. This has declined in recent years and is inconsistent with the EU's commitment to support the SDGs and early education.
- Emerging commitments regarding disability inclusion in early learning from the World Bank, the UK and USAID, the world's largest donors, give cause for cautious optimism.

#3 Towards disability-inclusive ECD investments in the sectors of nutrition, health and sanitation

Sector plans and donor commitments show a clear lack of active support for ECD as an integrated approach or disability-inclusive programming.

- **None of Germany's 1,200 health and nutrition projects in 2016–2017 made explicit mention of early childhood**, and only 11 mentioned “disability” or “inclusive” programming.

*“Government donors should **commit a minimum of 10% of their total education ODA to pre-primary education**, targeting the poorest and most marginalised countries.”*

Theirworld, 2016¹⁶

[†] 10 donors are included in this study. However, the Global Partnership for Education (GPE) is not included in the ECD spending rankings for two reasons: firstly, the GPE does not report spending to the OECD DAC CRS in a comparable way; and, secondly, it is an education-only donor (i.e. the GPE does not contribute ODA for health, nutrition or sanitation and therefore is not comparable with the other donors in the sectors looked at for this study).

Key findings

Recipient countries

When it comes to ECD investments, donors favour the health subsector and, to a lesser degree, the nutrition subsector, with disease-specific programmes and child survival the primary focus. Overall, there is an urgent need for accurate cost data in ECD services to assist policymakers with informed decision-making.¹⁷ In addition, none of the four governments reviewed have effectively developed and fully implemented a multi-sectoral ECD policy and strategy.

ECD is significantly underfunded, and donor efforts are highly varied

Donor ODA disbursements to ECD services varied significantly within recipient countries. For instance, both France (less than 1%) and Germany (just 1.5%) are spending very low amounts. Other donors, including Canada, focus strongly on supporting specific services which target areas of early childhood, for instance maternal and child health, while early learning and pre-primary remain chronically underfunded. Lack of funding hampers the development of the workforce, something which is vital for an effective ECD system.

#2 Very few donors have explicit focus on ECD or on inclusive ECD

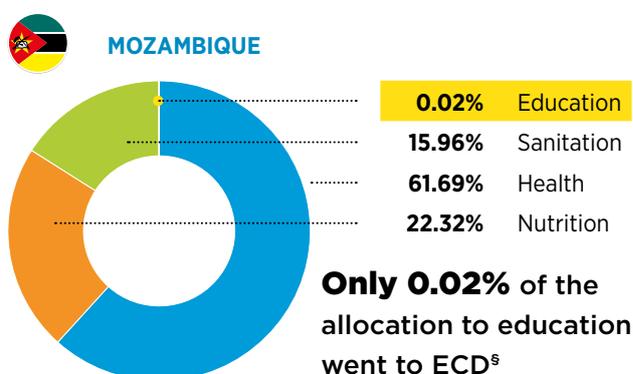
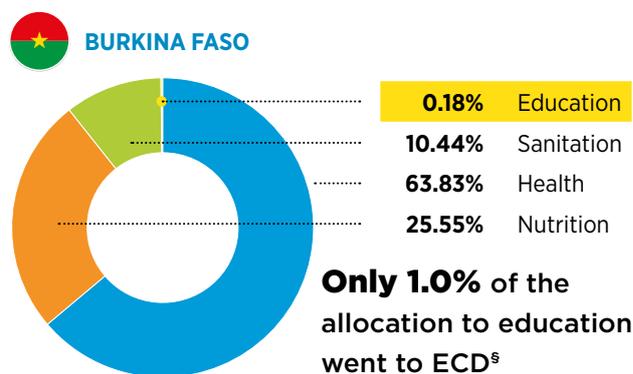
In part, this is because donors lack an understanding of ECD as a cross-sectoral approach or do not understand the value of ECI[†] for children at risk of developmental delays and with existing delays and disabilities. Instead, ECD is often understood as pre-primary education. The gap in understanding is evident in country development assistance frameworks, donors' active aid projects and the tendency to work in silos.

Early education and pre-primary are massively underfunded, with scant public provision

Despite efforts to develop policies and strategies on ECD in an attempt to meet the SDG target 4.2, there was a decline in ECD spend from 2016 to 2017. Of the four ECD subsectors, education was the most overlooked when it came to donor disbursements.

Not surprisingly, both **Mozambique and Burkina Faso** have very low levels of pre-primary enrolment and provisioning—approximately 4% in each country.

FIGURES: ODA share of total ECD to health, education, sanitation & nutrition, average across all nine donors in 2017.



[†] ECI is an intersectoral, interdisciplinary and integrated national system of professional services for young children from birth to the age of three/five with developmental delays, disabilities, atypical behaviours, social and emotional difficulties, or young children who are very likely to develop a delay before school entry due to malnutrition, chronic illness or other biological or environmental factors. Services are based on the family's priorities and the child's needs, and are delivered in the child's natural environment, for example the home, nursery/community centre or other settings where children without disabilities can be found.



THE NEED FOR INVESTMENT IS GREATEST IN SUB-SAHARAN AFRICA

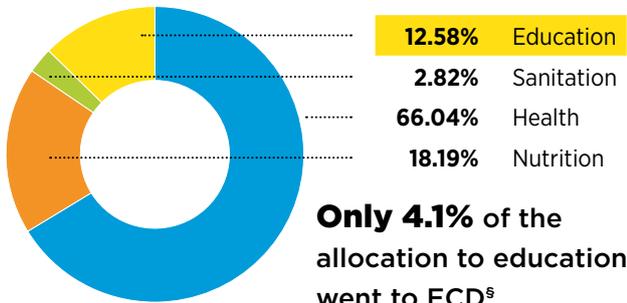
Inclusive ECD programmes are consistently underfunded across the world.⁹ However, the need for investment is greatest in sub-Saharan Africa, where children are often left vulnerable to violence, malnutrition, neglect, developmental delays and disability due to, among other reasons, high levels of poverty, conflict, malaria and communicable diseases, deficient social systems and governments that rely heavily on ODA.¹⁸ **In sub-Saharan Africa, the number of children under the age of five affected by developmental disabilities has increased by more than 70% to 14.7 million** since 2016, while other regions in the world have experienced a decline.^{19,20}

Developmental disabilities include epilepsy, intellectual disability, sensory impairments, autism spectrum disorder and attention-deficit hyperactivity disorder. The absence of systemic attention and underdeveloped government social systems in many countries deprive millions of children with disabilities and developmental delays of the right to develop their fullest potential.²¹

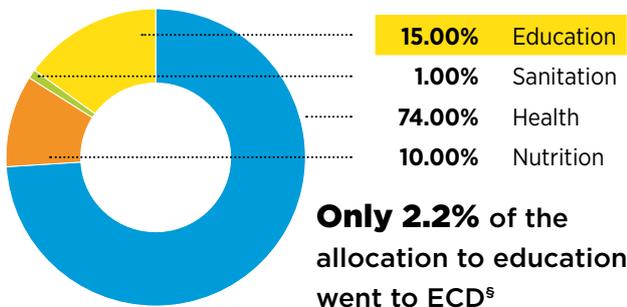
This region also offers the highest potential gains in investment – it has been estimated that every dollar spent on tripling pre-primary education enrolment in sub-Saharan Africa would yield a return of 33 US dollars on every dollar invested.²²



ZAMBIA



ZIMBABWE



Systematic planning for inclusion is needed to address issues of inequity

Higher-income families in urban settings and children without identified developmental delays and disabilities tend to have easier access to ECD services, in part due to private sector provisioning.

4x

A quadruple increase in current spending by governments and donors in low- and middle-income countries (from 11 to 44 billion US dollars) could result in the scale-up of universal and free pre-primary education by 2030.^{15,16}

[§] The percentage refers to the portion of total aid contributed for education that is allocated to early childhood education (ECE), 2017 disbursements, constant in US dollars.

Policy recommendations

#1 Donors must **invest more and focus on calculating the real funding gaps** at country level.

Donors need to **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.

Donors need to increase **investment in ECI programmes and parenting programmes from birth to the age of three** to mitigate risks of developmental delays during this critical window of development.

Donor spending needs to **leave no one behind from the outset** – by hardwiring the inclusion of the most marginalised in the poorest, remotest and most vulnerable situations, particularly those with disabilities, in development assistance.

Donors need to **show leadership and champion ECD** as a development priority within their own agency and within countries.

Recommendations for scaling up ODA in recipient countries

#1 **Recipient countries need to develop a framework for donor investment.** This can be done 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 **Recipient countries must overcome the complexities of multi-sectoral collaboration.** The health sector leads coordination of ECD from birth to the age of three, and the education sector does so from the age of three along with social development and other relevant ministries. These sectors tend to have pre-existing and well-functioning donor mechanisms and service delivery platforms with the highest coverage.

#3 **Recipient countries should strive to show considerably more ambition to develop their ECD systems.** This would respond to increased demand from parents, communities and other stakeholders.

WITHIN THEIR RECIPIENT COUNTRY WORK:

● **Donors should give more and support domestic financing to scale up ECD services.**

There is an opportunity in leveraging funds from other donors in the country as well as in innovative financing, and for countries to implement progressive taxation models with the capacity to unlock more sources of financing.

● **Donors should ensure that their own aid projects are hardwired for inclusion**, and build the capacity of governments to plan for inclusion.

● **Donors should use ODA to help build ECD systems that deliver equity and inclusion.** System strengthening and donor coordination are required.

● **Donors should support the development of cadres of ECD workers** through long-term investments.

● **Donors should build the capacity of policymakers** to plan and implement inclusive ECD, through technical support.

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