



Policy Goals

Status

1. Establishing an Enabling Environment

In the past, the ECD system in Colombia was separately managed by multiple institutions, with limited coordination among and between sectors. The new strategy involves all relevant ECD sectors and creates an enabling environment by establishing a strong legal framework to support young children and pregnant mothers, putting in place coordinating mechanisms across sectors, and assigning sustained financial resources for all young children and families in the country.

Established
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2. Implementing Widely

Colombia has an advanced scope of ECD programs, with interventions existing in all sectors, mostly with a comprehensive scope. Coverage for health programs for children and pregnant women is well established, but coverage for essential nutrition services and ECCE still does not reach all children in Colombia. Inequities also exist in many areas of service delivery.

Emerging
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3. Monitoring and Assuring Quality

Information on ECD outcomes and access partially exist at the national level. While standards for ECCE service delivery are well-defined, the government currently does not have mechanisms to monitor whether compliance with standards is met.

Emerging
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This report presents an analysis of the Early Childhood Development (ECD) programs and policies that affect young children¹ in Colombia and recommendations to move forward. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework² and includes analysis of early learning, health, nutrition and social and child protection policies and interventions in Colombia, along with regional and international comparisons.

Colombia and Early Childhood Development

The Republic of Colombia is an upper middle-income country with a population of 46.93 million inhabitants. Colombia is ranked 87th in the UNDP Human Development Index. The country has a gross national income of \$6,110 per person, with 37 percent of the population living below the poverty line.

More than 5.1 million children between 0 and 5 years old live in Colombia. More than 50 percent of these children are poor. In 2010, the national government developed a strategy called De Cero a Siempre (“From Zero to Forever”) to create a comprehensive system of early childhood development (ECD) for this

population, particularly those who are poor and vulnerable. The policies and programs associated with this new strategy are designed to guarantee that all children in Colombia receive comprehensive early childhood care and education (ECCE) in the early years. The challenge the government now faces is to ensure an effective transition to a multi-sectoral system with expanded coverage. This will require continued coordination and monitoring of service delivery at both the national and local levels.

SABER – Early Childhood Development

SABER – ECD collects, analyzes and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multisectoral information is collected on ECD policies and programs through a desk review of available government documents, data and literature, and interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners and scholars. The SABER-ECD framework presents a holistic and integrated assessment of how the overall policy environment in a country affects young children’s development. This assessment can be used to identify how countries address the same policy challenges related to ECD, with the ultimate goal of designing effective policies for young children and their families.

| Snapshot of ECD Indicators in Colombia with Regional Comparison | Colombia | Argentina | Brazil | Chile | Peru |
|--|----------|-----------|--------|---------|------|
| Infant Mortality (deaths per 1,000 live births) | 17 | 12 | 17 | 8 | 15 |
| Under-5 Mortality (deaths per 1,000 live births) | 19 | 14 | 19 | 19 | 19 |
| Births attended by a skilled attendant | 98% | 98% | 97% | 100% | 84% |
| Gross Preprimary Enrollment Rate (36-59 months, 2009) | 51% | 74% | 69% | No data | 79% |
| Children below 5 with moderate/severe stunting (2006-10) | 13% | 8% | 7% | No data | 24% |
| Birth registration 2000-2010 | 97% | 91% | 91% | 99% | 93% |
| Source: UNICEF Country Statistics, 2010; UNESCO Institute for Statistics, 2009 | | | | | |

¹ In Colombia, the scope of early childhood policy is targeted to children below 72 months of age.

² SABER-ECD is one domain within the World Bank initiative, Systems Approach to Better Education Results (SABER), which is designed to provide comparable and comprehensive assessments of country policies.

Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: *Establishing an Enabling Environment*, *Implementing Widely* and *Monitoring and Assuring Quality*. Improving ECD requires an integrated approach to address all three goals. As described in Figure 1, for each policy goal, a series of

policy levers are identified, through which decision-makers can strengthen ECD³.

Strengthening ECD policies can be viewed as a continuum; as described in Table 1, countries can range from a latent to advanced level of development within the different policy levers and goals.

Figure 1: Three core ECD policy goals



Table 1: ECD policy goals and levels of development

| ECD Policy Goal | Level of Development | | | |
|---|---|---|---|---|
| | Latent ● ○ ○ ○ | Emerging ● ● ○ ○ | Established ● ● ● ○ | Advanced ● ● ● ● |
| Establishing an Enabling Environment | Non-existent legal framework; ad-hoc financing; low inter-sectoral coordination. | Minimal legal framework; some programs with sustained financing; some inter-sectoral coordination. | Regulations in some sectors; functioning inter-sectoral coordination; sustained financing. | Developed legal framework; robust inter-institutional coordination; sustained financing. |
| Implementing Widely | Low coverage; pilot programs in some sectors; high inequality in access and outcomes. | Coverage expanding but gaps remain; programs established in a few sectors; inequality in access and outcomes. | Near-universal coverage in some sectors; established programs in most sectors; low inequality in access. | Universal coverage; comprehensive strategies across sectors; integrated services for all, some tailored and targeted. |
| Monitoring and Assuring Quality | Minimal survey data available; limited standards for provision of ECD services; no enforcement. | Information on outcomes at national level; standards for services exist in some sectors; no system to monitor compliance. | Information on outcomes at national, regional and local levels; standards for services exist for most sectors; system in place to regularly monitor compliance. | Information on outcomes from national to individual levels; standards exist for all sectors; system in place to regularly monitor and enforce compliance. |

³ These policy goals were identified based on evidence from impact evaluations, instructional analyses and a benchmarking exercise of top-performing systems. For further information see "Investing Early: What Policies Matter" (World Bank, forthcoming).

Policy and Practice: What should be in place in an effective ECD system?

Box 1 presents an abbreviated list of interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive, but is meant to provide an initial checklist for countries to consider the

key policies and interventions needed across sectors. The policies and interventions are categorized by sector, but coordination and planning across sectors is required. The second and third columns of Box 1 display the current situation in Colombia. It is important to note that the existence of some of these policies does not necessarily translate into the desired outcomes.

Box 1: A checklist to consider how well ECD is promoted at the country level

| What should be in place in an effective ECD system? | | Colombia: In Policy: | Colombia: In Practice: |
|---|---|---|--|
| Healthcare | Standard health screenings for pregnant women | Constitution of Colombia: Sentence T. 760 (Right to health); Law N° 100 (Creation of Integral Social security system) | 89% of pregnant women receive antenatal care (at least 4 times) |
| | Skilled attendants at delivery | Constitution of Colombia: Sentence T. 760 (Right to health); Law N° 100 (Creation of Integral Social security system) | 98% of births are attendant by skilled attendants |
| | Childhood immunizations | Expanded Program for Immunizations | 88% of 1-year-old children are immunized against DPT |
| | Required well-child visits | No policy | 52% of children below five with diarrhea receive oral rehydration; 64% with suspected pneumonia taken to healthcare provider Specific data unknown for coverage on growth and monitoring and well-child visits |
| Nutrition | Breastfeeding promotion | 10-year Breastfeeding Plan 2010-2020 | 43% of infants are exclusively breastfed until 6 months of age |
| | Salt iodization | Decree N° 0547 (Health and Sanitary Conditions Decree) | Specific data unknown |
| | Iron fortification | Decree N° 1944 (Regulations for Flour Fortification) | Specific data unknown |
| Early Learning | Parenting programs (during pregnancy, after delivery and throughout early childhood) | Zero to Forever strategy is expanding in PAIPI modalities | 421,000 beneficiaries currently enrolled in FAMI (for pregnant women and mothers of children under 2 years) |
| | Childcare for working parents (of high quality) | Zero to Forever strategy is expanding in expanding PAIPI modalities | Specific data unknown |
| | Free initial education (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms) | Law N° 1295 (Decree on Comprehensive Social Security) | 51% gross enrollment rate for preprimary (2009) |
| Social Protection | Services for orphans and vulnerable children | Law N° 1532 (Decree for Families in Action) | Families in Action Initiative reaches over 2.2 million families in over 1,000 municipalities |
| | Policies to protect rights of children with special needs and promote their participation and access to ECD services | No policy | Specific data unknown |
| | Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc) | Law N° 1532 (Decree for Families in Action) | Families in Action Initiative reaches over 2.2 million families in over 1,000 municipalities |
| Child Protection | Mandated birth registration | Decree N° 1260 (Statute of the Civil Registry) | 97% birth registration rate |
| | Job protection and breastfeeding breaks for new mothers | Yes: Law N° 1468 | Specific data unknown |
| | Specific provisions in judicial system for young children | No policy | Specific data unknown |
| | Guaranteed paid parental leave of least six months | Law N° 1468 (Labor Code: guarantees 14 weeks, not six months) | Specific data unknown |
| | Domestic violence laws and enforcement | No policy | Specific data unknown |
| | Tracking of child abuse (especially for young children) | Defensores de Familia exist in municipalities | Specific data unknown |
| | Training for law enforcement officers in regards to the particular needs of young children | No policy | Specific data unknown |
| KEY: Red: requires urgent attention, no policy exists; Orange: in place, but with limitations in practice; Green: Colombia adequately addresses area. | | | |

Policy Goal 1: Establishing an Enabling Environment

➤ Policy Levers: Legal Framework • Intersectoral Coordination • Finance

An Enabling Environment is the foundation for the design and implementation of effective ECD policies.⁴ An enabling environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD; coordination within sectors and across institutions to deliver services effectively; and, sufficient fiscal resources with transparent and efficient allocation mechanisms.

Policy Lever 1.1: Legal Framework



The legal framework comprises all of the laws and regulations which can affect the development of young children in a country. The laws and regulations which impact ECD are diverse due to the array of sectors which influence ECD and because of the different constituencies that ECD policy can and should target, including pregnant women, young children, parents, and caregivers

National laws promote appropriate dietary consumption by pregnant women and young children.

Implementation of regulatory frameworks to encourage breastfeeding can be an effective strategy to reduce infant mortality rates and promote healthy child development. The Ministry of Health and Social Protection-(MoSP, *Ministerio de Salud y Protección Social*) developed a Ten-year Plan for Breastfeeding 2010-2020 (*Plan Decenal de Lactancia Maternal*), which outlines a plan for district authorities to promote breastfeeding and regulate the marketing of infant formula and other products used as breast milk substitutes. The plan complies with the provisions of the International Code of Marketing of Breast Milk Substitutes, a global health policy framework adopted by the WHO.

Regulations are also in place in Colombia to promote salt iodization and flour fortification. At the UN World Summit for Children in 1990, Colombia committed to eradicate micronutrient deficiencies in the population. In 1992, the Government of Colombia (GoC) signed the

International Declaration and Plan of Action for Nutrition, demonstrating its commitment to eliminate hunger and all forms of malnutrition. Recognizing that iodine deficiency in pregnant women or young children can lead to cognitive impairments, the MoSP mandates that all salt intended for human consumption be iodized. The Health and Sanitary Conditions Decree (Decree N° 0547, 1996) sets requirements that salt contain 50-100 parts per million of iodine. In order to reduce micronutrient deficiencies, the MoSP also regulates flour fortification. The Regulations of Flour Fortification Decree (Decree N° 1944, 1966) mandates that the production of flour follows guidelines established by the National Institute of Medicine and Food Surveillance. Flour that is produced within Colombia should be fortified with Vitamin B1, Vitamin B2, Folic Acid, and iron.

Policies promote healthcare for young children and women, but well-child visits are not mandated. Article 44 of the Constitution states that health, social security, and balanced nutrition are fundamental rights for all children. Children are guaranteed the right to receive free care, regardless of ability to pay. While the recognition of these rights is important, the GoC has not legally mandated well-child health visits (*visitas de salud*), which could ensure that all children receive appropriate interventions to prevent and treat childhood illness. In recent years, the GoC has, however, developed policies to improve access to early childhood healthcare for the most vulnerable populations in Colombia (see Box 2). The MoSP also runs an Expanded Program on Immunizations (EPI), offering a complete course of childhood immunizations. In 2012, the MoSP expanded its strategy for vaccination coverage for children in Colombia.

Under the Decree for Comprehensive Social Security System (Law N° 100, 1993), women are guaranteed the right to subsidized healthcare in the Social Security Health System (*Sistema General de Seguridad Social en Salud*). The MoSP guarantees prenatal care and essential interventions for pregnant women. Resolution 412 (2000), which outlines activities and interventions for prevention and early detection in public health, mandates standard health screenings for HIV and STDs for pregnant women.

⁴ Brinkerhoff, 2009; Britto, Yoshikawa & Boller, 2011; Vargas-Baron, 2005.

Box 2: Political support and framework for vulnerable children in Colombia**The Government promotes early childhood education, health, nutrition, and protection for vulnerable children.**

With 56 percent of the population of children below 5 years old living in poverty, the GoC has established a system to protect the rights of vulnerable children. To ensure that vulnerable children are provided their constitutional rights in health and education described above, the GoC has established specific regulations for ECCE for children in the lowest income categories. The Decree of Regulations for Comprehensive Care for Early Childhood for SISBEN 1, 2, and 3 (Law N° 1295, 2009) emphasizes that public priority should be placed on low-income children. The law states that the rights of children, which begin at gestation, and pregnant women are to be protected across sectors. Children from the lowest income levels are guaranteed adequate nutrition, preprimary education, and comprehensive healthcare.

In addition to a framework for early childhood, the GoC recently strengthened its policies for impoverished children of all ages. The Department of Social Prosperity is responsible for regulating, implementing and monitoring the Families in Action Initiative (*Familias en Acción*) (Law N° 1532, 2012). Families in Action is a comprehensive social protection initiative that provides health and education interventions for all children below 18 years of age who live in poverty.

The System for Selection of Beneficiaries of Social Programs, SISBEN, (*Sistema de Selección de Beneficiarios para Programas Sociales*) classifies families by socio-economic status based on their living conditions. Colombian families in the bottom two or three wealth strata (out of six) often qualify for social subsidies,⁵ including the Families in Action Initiative and integral ECCE. The majority of this report focuses on early childhood interventions for SISBEN 1-3. It does not analyze private sector services, which are consumed primarily by families in strata 4-6 (for example, most middle- and upper-income children attend higher quality private preprimary institutions).

Table 2: Regional comparison of maternity and paternity leave policies

| Colombia | Argentina | Brazil | Chile | Peru |
|---|---|--|--|--|
| 14 weeks maternity, 10 days paternity at 100% of salary, paid by state and employer | 13 weeks maternity, 2 days paternity at 100% of salary, paid by state | 17 weeks maternity, 1 day paternity at 100% of salary, paid by state | 18 weeks maternity, 1 day paternity at 100% of salary, paid by state | 13 weeks maternity at 100% of salary (no paternity), paid by state |

Source: ILO, 2012

The Constitution of Colombia mandates the provision of one year of initial education. The Constitution of Colombia (Article 67) states that education is a right of every individual in the country and indicates that education should be free in all state institutions. Education is compulsory between five and fifteen years of age, including at least one year of initial education. While the Constitution mandates some initial education for all children, the GoC has developed more concrete policies in recent years to ensure initial education for the most vulnerable children in the country. Box 2 reviews the framework for targeting vulnerable young children in Colombia.

Policies guarantee job protection for pregnant women and opportunities for new parents to care for infants.

Women are guaranteed job protection in accordance with the International Labor Organization (ILO) Maternity Protection Convention. In 2011, the Labor Code (Law N° 1468) was amended to provide improved protection for expecting mothers and parents. Article 239 of the Labor

Code protects workers from discrimination due to pregnancy or breastfeeding and prevents employers from dismissing pregnant women. Women are guaranteed two 30-minute breaks in each working day for the first six months. In extenuating circumstances, mothers can present medical certificates to request more frequent breaks from employers.

Under the new Labor Code, The GoC guarantees 14 weeks of publically financed maternity leave. Maternity leave is partially financed by the GoC and partially paid by the employer. New fathers are also protected under this law, with 10 days of paid paternity leave. The GoC allots the greatest number of days for paternity leave and has comparable maternity leave policies, compared to other Latin American countries. Table 2 provides a sample of leave policies from the region. Compared to Colombia, high performing countries like Sweden and the United Kingdom, offer greater protection for parental leave and focus on enhanced economic and social planning. Sweden's approach, which is detailed in Box 3, is an advanced, flexible policy to ensure adequate care of the child.

⁵ SISBEN identifies the families and individuals based on their employment condition, income and housing characteristics, in order to provide subsidies (normally for education and health) and identify individuals as beneficiaries of social programs. SISBEN classification is distinct from the socioeconomic stratification in Colombia, which classifies properties in order to provide subsidies for utilities (public services).

Box 3: Relevant lessons from Sweden: Protecting new parents with parental insurance**Example from Sweden: The Swedish Parental Insurance Benefit**

The Swedish Parental Insurance Benefit is the international exemplar for parental leave policy. Parental Insurance in Sweden is designed to benefit both men and women. In total, the leave includes 480 days of paid leave, 60 days of which are earmarked for the mother, 60 days for the father, and the remainder to be divided as the couple chooses. It commences up to seven weeks prior to the expected birth, and also is available for parents adopting a child. The compensation rate can vary; as a minimum, however, 80 percent of the employee's salary is provided during leave. In addition, each parent is legally entitled to take unpaid leave until a child is 18 months old. Additional benefits include: temporary parental leave, which entitles a parent 120 days of parental leave annually to care for children under the age of 12 with illness or delay (child requires a doctor's certificate); a pregnancy benefit, payable for a maximum of 50 days to expectant mothers who are unable to work because of the physically demanding nature of their jobs; and, pension rights for childcare years, which partially compensate the loss of future income during the period when the parent is at home with the child.

Key considerations for Colombia:

- ✓ Improved parental leave for fathers
- ✓ Adequate, sustainable financial support to support families during early stage of child's life
- ✓ Additional benefits for families with children who have special needs

National laws protect the rights of all children (Box 4).

In 1989, the GoC ratified the UN Convention on the Rights of the Child (UNCRC), protecting the rights of all children in Colombia. Under the UNCRC, every child is guaranteed protection from being deprived his or her identity. Policies that mandate birth registration can be a critical first step to reach children with the services they need and protect them against exploitation. The GoC mandates that all births be registered in Article 5 of the Statute of the Civil Registry (Decree N° 1260, 1970). Civil registration should occur within the first month of life (Article 29, Law N° 1098, 2006). In addition to national policies, municipal and district ministries also have local decrees to regulate birth registration.

The Code of Childhood and Adolescence (Law N° 1098, 2006) guarantees all children below 18 years old the right to healthy development. It states that protection of these rights is the joint obligation of family, society, and the State of Colombia. Article 29 of the Code emphasizes the importance of the early childhood years, stating that rights recognized in international treaties and in the Constitution of Colombia are guaranteed for children from 0 to 6 years of age. Under Article 96 of the Code, specialized family advocates in municipalities and commissaries (*Defensores de Familia*) are responsible for protecting the rights of children.

Policies do not adequately protect the rights of children with disabilities. Approximately 2 percent of

Box 4: Key Laws Governing ECD in Colombia

- UNCRC (1989)
- Code of Childhood and Adolescence (Law N° 1098, 2006)
- Decree on Comprehensive ECD for SISBEN 1, 2, and 3 (Law N° 1295, 2009)
- Decree for Families in Action (Law N° 1532, 2012)

Other Laws & Policies Protecting Women & Children

- Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (1979)
- Ten -year plan for Breastfeeding 2010-2020
- Health and Sanitary Conditions Decree (Decree N° 0547, 1996)
- Regulations for Flour Fortification (Decree N° 1944, 1966)
- Statute of the Civil Registry (Decree N° 1260, 1970)
- Decree for Families in Action (Law N° 1532, 2012)
- Decree for Comprehensive Social Security System (Law N° 100, 1993)
- Labor Code (Law N° 1468, 2011)

children below 5 years have physical, language, or learning disabilities in Colombia (National Planning Department, 2005). Strong ECD frameworks should promote the participation of special needs children and guarantee inclusive access to ECD health, education, and child and social protection services. Under Article 41 of the Code of Childhood and Adolescence, the GoC is responsible for meeting the educational needs of children with special needs. However, no policy exists to

guarantee cross-sectoral services and support to target children with special needs. The Decree on Comprehensive ECD for SISBEN 1, 2, and 3 (Article 10, Law N° 1295) states that children ages 0 to 6 years with special needs who cannot attend traditional ECCE centers should receive specialized attention in alternative locations. Limited information is available to suggest how many children with special needs are actually served in accordance with this policy.

Policy Lever 1.2: Intersectoral Coordination



Development in early childhood is a multi-dimensional process.⁶ In order to meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential.

Colombia has developed an explicitly stated multisectoral ECD strategy and implementation plan.

In 2010, the GoC introduced the Comprehensive ECD Strategy, "From Zero to Forever" (*de Cero a Siempre*). The national strategy, endorsed by all relevant sectors, is designed to ensure that every child in Colombia, particularly the most vulnerable, is guaranteed their Constitutional right to free healthcare and education in the early childhood years. From Zero to Forever (FZTF) includes a set of national and district-level actions to promote intersectoral work to promote comprehensive early childhood interventions.

In addition to the Decree for Comprehensive ECD (discussed in Section 1.1), other noteworthy political precursors have served as foundations for the shaping of the new intersectoral strategy (Box 5). In 2007, the National Social and Economic Policy Council (CONPES)

⁶ Naudeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007.

approved the National Public Policy on ECD (*CONPES Social Document N° 109*), which highlights the importance of ECD and outlines guidelines for an effective multi sectoral ECD system. The policy solicits

support from institutions across sectors, but it does not include specific steps for implementation.

The education sector has also made strides in recent years to facilitate improved coordination under the new strategy. In its Ten-year Plan for Education (2006-2015), the National Ministry of Education (MEN, *Ministerio Nacional de Educación*) developed an education policy for ECD. The plan outlines strategies to generate synergies with health, nutrition, and social protection sectors. In particular, the MEN outlines intentions to work in closer collaboration with the Colombian Family Welfare Institute (ICBF), a government institution that also manages ECCE services.

Box 5: Key Political Frameworks for Multisectoral ECD Strategy

- National Public Policy for Early Childhood (*Conpes Social Document N° 109*, 2007)
- Education Policy for Early Childhood/Ten-year Education Plan (2006-2015)
- National Plan of Development 2010-2014 (Law N° 1450)
- Formation of Intersectoral Commission (Law N° 4875, 2011)
- From Zero to Forever: Comprehensive ECCE Strategy (*to be finalized 2012*)

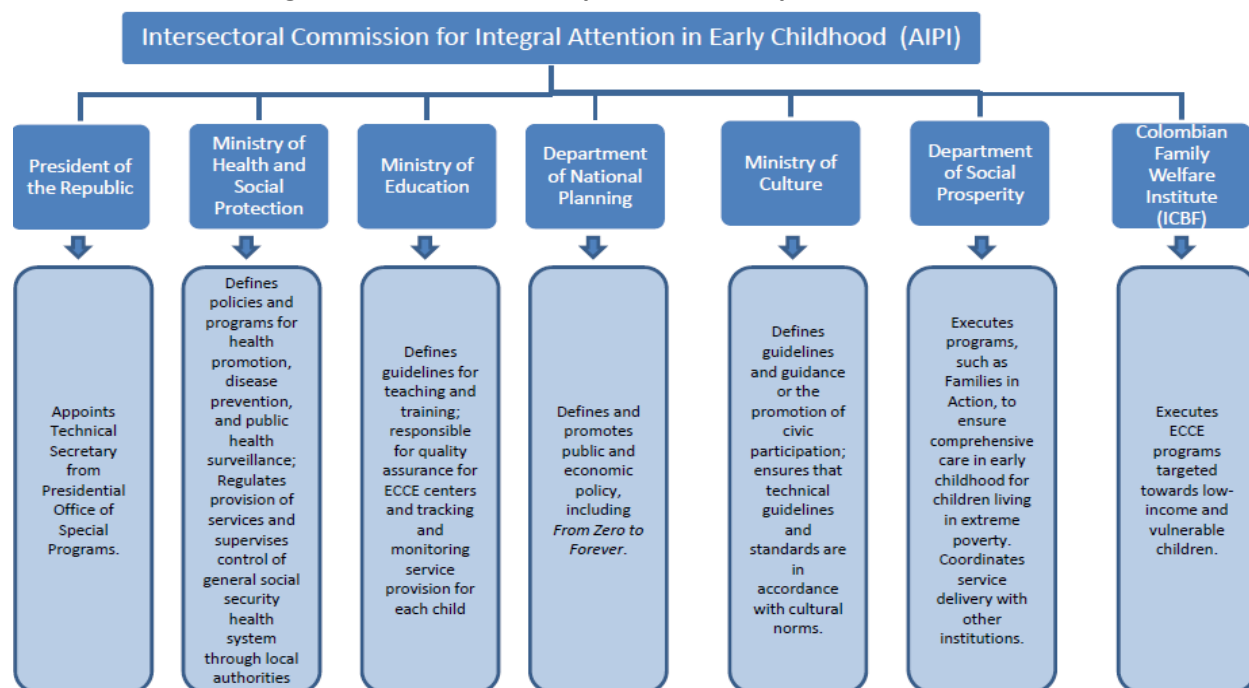
Finally, in the most recent National Development Plan (2010-2014), the GoC outlines clear actions for implementing the new FZTF strategy (Article 137, Law N° 1450, 2011). The development and multi-sectoral endorsement of these important political frameworks have provided key inputs to the new detailed strategy.

The Intersectoral Commission for ECD serves as an institutional anchor to coordinate ECD across sectors. The new FZTF strategy was developed with the support of the Intersectoral Commission on Comprehensive ECD, "CIPI" (*Comisión Intersectorial de Atención Integral en Primera Infancia*). The CIPI, legally established in 2011 (Law N° 4875, 2011), comprises delegates from the President's Office, MoSP, MEN, ICBF, Ministry of Culture (MoC), National Planning Department (DNP), and Social Prosperity Department (DPS). Figure 2 displays the institutional composition of the commission, as well as their institutional roles related to ECD. Each institution is responsible for overseeing ECD services within its respective sector. As an institutional anchor, CIPI is

responsible for setting ECD policies and standards and coordinating across various ECD service provision agencies. The commission meets monthly and is responsible for submitting biannual reports on the progress of ECD policy implementation and coordination

the National Senate and House of Representatives. A full-time officially appointed Technical Secretary from the Presidential Office of Special Programs provides operational support to improve coordination between the various institutions of the commission.

Figure 2: Institutional composition and responsibilities in CIPI



In addition to multisectoral coordination at the national level, the new strategy encourages coordination across sectors at the local level. To complement the efforts of CIPI, local governments are responsible for taking further action in accordance with the national ECD policy. In the Decree on Comprehensive ECD, the GoC states that department, municipal, and district governments should develop ECCE intersectoral plans based on the needs of the local population (Article 6, Law N° 1295). To locally implement the national government's plans for improved ECD, many municipalities have established technical committees. Like the national CIPI, these municipal committees comprise of representatives from across sectors. Figure 3 displays an example of a municipal technical ECD committee. The activities and regularity of meetings for these committees varies, depending on municipal regulations and priorities.

Figure 3: Institutional composition of Municipal Technical ECD Committees



The new strategy is intended to improve coordination at the point of service delivery. Before the introduction of the new ECD strategy, Colombia lacked cohesive coordination among and between sectors. In education, standards and methods for ECCE service delivery varied widely. While the FZTF strategy is still in its final stages of development, it is intended to create a more organized and coordinated system of policy implementation and service delivery. Previously, two government institutions separately managed ECCE services. Both the MEN and ICBF have been providing ECCE services for more than 30 years in Colombia. The MEN provided services through the Comprehensive ECCE Program, “PAIPI” (*Programa Atención Integral a la Primera Infancia*). ICBF provided services through child and family programming, including the Community Welfare Homes Program, “HCB” (*Hogares Comunitarios de Bienestar*), among others.

Under the FZTF strategy, ICBF and MEN have joined forces to coordinate service delivery throughout the country. In consideration of the institutional capacity of the two entities, CIPI called for a major shift in responsibilities of MEN and ICBF. The MEN will no longer be in charge of service provision and all ECCE services delivered through PAIPI will be gradually transitioned to ICBF. The new strategy bestows the MEN with full responsibility for regulation and quality control of all ECCE services (including both those from the previous PAIPI and HCB). ICBF will have a new role of managing and implementing all public ECCE services in the country. With the support of the MEN in monitoring and regulating, ICBF can focus its efforts on improved service delivery for all ECCE centers throughout the country. Further details of the re-delegation of institutional responsibility for ECCE services will be discussed in proceeding sections.

In addition to improved coordination among the education sector, the new FZTF Strategy incorporates the health, nutrition, and protection sectors to ensure access to comprehensive services. The National Development Plan states that the Intersectoral Commission must create mechanisms for the MoSP to integrate services within the larger initiative, including antenatal and childhood health, nutrition services, and child protection.

The Government is in the process of developing a menu of integrated ECD services. A major component of the FZTF strategy is an established list of specific ECD services that should be delivered to all young children. This Scheme for Comprehensive Services (*Ruta Integral de Atenciones*) spans from the prenatal period to 6 years of age and includes interventions related to the health, nutrition, socio-emotional development, cultural understanding, and protection of the child. The GoC is in the process of developing strategies for classifying which service providers offer each essential intervention in order to identify gaps in delivery.

Policy Lever 1.3: Finance

Established



While legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns, but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits⁷. Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

Transparent budget processes exist for ECD spending across all sectors. ECD budget planning is a coordinated effort between multiple government institutions in Colombia. The MoSP, MEN, MoC, DSP, and ICBF each have clearly delineated budgets for early childhood. The MoSP, MEN, and ICBF use specific criteria to allocate ECD budgets. Financial needs and allocations for ECD are discussed at the monthly meetings of CIPI. CIPI is responsible for coordinating both the implementation and coordination of finance for ECCE services. For example, for ECCE provider training activities, ICBF funds most of the activities and the MoC may finance some of the relevant cultural training materials. In addition to sectoral budgets dedicated to ECD, CIPI also has its own operating budget.

⁷ Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003

The Government is shifting overall budget allocations for ECD to achieve more efficient and coordinated efforts with the largest sum of spending by ICBF. Before the establishment of the FZTF strategy, both the MEN and ICBF separately financed ECCE services. In 2011, as part of the new strategy, the government started to create a more efficient system to finance and implement ECD services in Colombia. In the National Development Plan, the GoC shifted funding so that ICBF can prioritize finance for ECCE services (Article 136, Law N° 1450, 2011). The MEN is required to coordinate its new budget with the ICBF.

Table 3 displays national ECD budgets across sectors⁸. In 2011, the MEN initial education budget was \$126 million USD (\$226.800 million COP). In the following year, nearly three-fourths of the national early childhood budget was shifted from MEN to ICBF. In 2012, the ICBF early childhood budget has grown to \$809 million USD (\$1.4 billion COP). With an increased budget, ICBF will now be responsible for all ECCE service implementation and infrastructure. The MEN, with a smaller budget, will now be responsible only for regulating and designing pedagogical guidelines. In 2013, ICBF is expected to have an even larger proportion of ECCE spending, which will allow the institution to expand under the FZTF strategy.

Table 3: ECD budget across sectors in Colombia for 2011 and 2012⁹

| | 2011 | 2012 |
|---|-----------------|-----------------|
| National Ministry of Education (MEN) | US\$126,538,885 | US\$32,237,898 |
| Colombian Family Welfare Institute (ICBF) | US\$459,312,098 | US\$809,908,167 |
| Ministry of Health and Social Protection (MoSP) | US\$95,373,214 | Not available |
| Ministry of Culture (MoC) | US\$1,044,383 | US\$1,547,987 |

Source: MEN, MoSP, ICBF

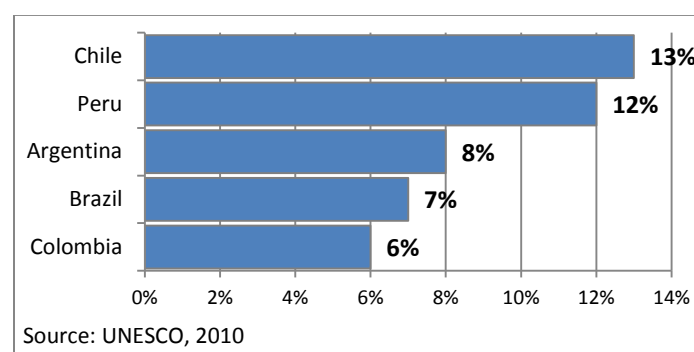
⁸ In the social protection sector, the DSP allocates a large portion of funding towards ECD health and protection services through the Families in Action program. However, the specific ECD budget is not available for this report.

⁹ Based on USD exchange rates: January 2012: 0.0005159959, January 2011: 0.0005221932

The level of public sector financial commitment to ECD is adequate. Approximately 15 percent of total government expenditures go towards education in Colombia (representing approximately 5 percent of GDP). Of the entire education budget, 6 percent is allocated to initial education (UNESCO, 2010). Figure 4 presents the percentage of education expenditures on initial education in selected Latin American countries. As of 2010, Colombia had the lowest proportion of its education spending allocated towards initial education.

While there is no set pay scale for ECCE providers, monthly pay for teachers ranges from USD 817 to 1,048 (COL 1,582,612 to 2,030,485), representing a relatively competitive pay in Colombia. The MEN transfers funding directly to service providers for teacher pay.

Figure 4: Percentage of education expenditures on initial education



The MoSP has an adequate budget for ECD health spending, particularly for low-income families. Table 4 compares several health expenditure indicators¹⁰ in Colombia with other countries in the region. Compared to other Latin American countries, the GoC spends a greater proportion of its GDP on health. One area for improvement in the health sector is compensation of community health workers, who currently are not paid by the GoC. Community health workers serve as valuable resources in promoting healthy child development.

¹⁰ Out of pocket expenditure is any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups. These expenditures are not ECD- specific.

Public ECD expenditures ease the burden of finance for low-income families. As demonstrated in Table 4, out of pocket health expenditures in Colombia are lower than other Latin American countries. The MoSP's subsidized healthcare system benefits 24 million people in the low-income population. The system is financed through general taxes. Many of the services of the subsidized system are essential services for young children and mothers, including prenatal controls, labor and delivery, prevention services, and control programs in maternal and childcare.

In the education sector services provided by ICBF and MEN, the GoC covers the majority of the cost of these services targeted to low-income families. For ICBF community-based services (traditional HCBs, see Box 3, Section 2.1), payment is not obligatory, but parents are asked to contribute to teacher salaries. ICBF requests the optional contribution to community ECCE service providers (Community Mothers) 58 percent of daily minimum wage (equating to approximately USD 182 per month). For family-based ECCE services (Family Environment Program, see Box 3, Section 2.1), parents are asked to contribute to providers' salaries based on a sliding scale.

Table 4: Regional comparison of health expenditure indicators

| | Colombia | Argentina | Brazil | Chile | Peru |
|---|----------|-----------|---------|---------------|---------|
| Out-of-pocket health expenditure as percentage of total expenditure on health | 20% | 30% | 31% | 33% | 40% |
| Out-of-pocket expenditure as percentage of all private health expenditure | 71% | 66% | 58% | 64% | 86% |
| General government expenditure on health as a percentage of GDP | 20% | 15% | 7% | 16% | 14% |
| Total expenditure on health per capita in 2009 (adjusted for purchasing power parity) | USD 569 | USD 1,387 | USD 943 | USD 1,172 | USD 400 |
| Percentage of routine EPI vaccines financed by government | 100% | 100% | 100% | Not available | 100% |

Source: WHO Global Health Expenditure Database, 2010; UNICEF Country Statistics, 2010

Policy Options to Strengthen the Enabling Environment for ECD in Colombia

Legal framework:

➤ **Create mechanisms to promote the provision of free healthcare to young children, such as establishing requirements for regular well-child visits.** Laws promote free and comprehensive healthcare for children, but without required well-child visits and mechanisms to enforce the provision of free healthcare. However, the general policies do not create mechanisms to promote adequate access to healthcare for young children. A policy that requires that children attend well-child visits on a regular basis could better ensure that all children in Colombia, even those not covered by Families in Action, receive appropriate health interventions in early childhood. Universal provision of health services in early childhood can ensure the prevention and treatment of leading causes of death for children below 5 years, including diarrhea and pneumonia.

➤ **At department and municipal levels, expand child protection interventions, such as specialized training in domestic abuse and exploitation for judges, lawyers, and law enforcement officers.** Legal frameworks should ensure protection and fair representation for the early childhood population. Policies must be designed to protect young children, given that they can be particularly vulnerable to exploitation. In Colombia, the endorsement of family advocates (*Defensores de Familia*) at district and municipal levels of government is commendable. The GoC could also consider creating other mechanisms in the judicial system to protect young children. This could include specialized training for judges and lawyers to ensure child-friendly courts; or child-accessible hotlines and training law enforcement officers to better identify cases of abuse or exploitation.

➤ **Develop an inclusive education policy to guarantee inclusion and equitable access to ECCE for children with special needs.** The GoC might consider adjusting policies to promote the participation of children with disabilities and special needs. The existing policy (Law N° 1295) is designed to ensure children with disabilities have access to specialized and appropriate ECCE, which may not exist in regular ECCE centers. The policy may, however,

unintentionally exclude these children from the ECCE system. Given that children living with disabilities can already be prone to discrimination or exclusion, an improved policy would better guarantee inclusion. Many countries have inclusive education policies for children with special needs, which protect their rights to participate in education with non-disabled children. Evidence suggests that inclusive education policies can be a cost-effective strategy to improve language and social skills of children with disabilities, promote diversity among all learners, and discourage social exclusion or negative attitudes towards children with special needs.¹¹

Intersectoral Coordination:

➤ **Finalize a costed implemented plan for FZTF strategy.** Finalizing a policy for the FZTF strategy will be a crucial step in creating an enabling environment for effective ECD in Colombia. The overall vision and detailed design of the strategy are praiseworthy, and the GoC will need to ensure that the intentions of the strategy are met. The National Plan of Development 2010-2014 and the Public Policy for Early Childhood from the National for Social and Economic Policy Council (CONPES 109) outline explicit criteria for the design of the new FZTF national ECD strategy. It will be important that all sectors play an active role in moving forward to implementing the new policy. The FZTF strategy requires substantive institutional changes, particularly in the education sector among ICBF and MEN. To ensure smooth and effective transition, the Intersectoral Commission will need to continue to have access to adequate financial, political capital, and human resources.

If achieved, the integration of service delivery models of the MEN and ICBF is likely to be more efficient and cost-effective. ICBF, which already has wider coverage and coordination at the point of service delivery, now has the opportunity to ensure that children receive essential services from other sectors. This will require constant coordination between ICBF and the MEN, as well as with other sectors.

➤ **Develop strategies to deliver all services outlined in *Ruta Integral*, including capacity building of Municipal Technical ECD Committees.** Given that essential ECD services are provided across multiple sectors, it is

important to establish a common plan of action for service delivery. The already established list of essential services (*Ruta Integral*) is a good step towards this common plan. The next step will be to create mechanisms to coordinate with ECCE service providers in order to guarantee that every child has access to all of the essential services.

Municipal Technical ECD Committees already exist in many municipalities in Colombia. Serving the role of local implementation the national government's strategy, these committees have the potential to ensure that children have access to all services outlined in the *Ruta Integral*. The GoC could better ensure its strategy is locally implemented by (a) ensuring that all municipalities have functioning technical committees; and (b) building the capacity of these committees to ensure local delivery of *Ruta Integral* interventions.

A next step the GoC could consider would be to conduct a needs assessment of the capacity of the municipalities. Once the level of capacity is better understood, a training plan for municipal technical committees could be developed. This training plan should entail that all municipal committees are familiar with basic child development principles as well as the evidence to support ECD as a municipal priority. Committees must be informed on the FZTF strategy and the *Ruta Integral*. Additionally, they must have the capacity to coordinate across municipal agencies, local stakeholders, and service providers. Peer learning from municipalities with effective ECD technical committees could be a good option for promoting best practices.

The Government of Cuba's ECD strategy, *Educa a Tu Hijo*, which is described in Box 8 (Page 21) is an exemplary case of ECD capacity building across all levels of government¹². *Educa a Tu Hijo* was successfully expanded largely in part due to capacity building at all levels of government. Initial training, which lasted approximately one year, involved inter-level capacity building whereby the national level trained the provincial level, the provincial level trained the municipal level, and the municipal level trained the local level. All levels, according to their needs and previous experience in ECD, were trained in basic child

¹¹ For additional information, UNESCO's *Policy Guidelines on Inclusion in Education* (2009) presents the importance of inclusive education as well as outlines steps for developing an effective policy.

¹² For additional information, see Tinajero, A., 2010. *Scaling-up Early Child Development in Cuba*. Brookings Institution & Bernard van Leer Foundation.

development principles as well as improving child development plans.

Finance:

➤ **Strengthen coordination mechanisms between ICBF and MEN.** Overall, the system for financing ECD is strong. Continued coordination and adequate levels of financial support will be necessary to effectively and efficiently implement the new FZTF strategy.

➤ **Ensure coordinated, sustainable, and adequate commitment to ECCE spending.** As illustrated in Figure 4, Colombia allocates the smallest proportion of its overall education budget to initial education. It will be important for public institutions, both at the national

and departmental levels, to commit to sustained financial support of the new FZTF strategy. Box 6 provides an example from Australia, where all state and territorial governments have agreed to maintain financial support to the preprimary education sector.

The CIPI should consider working with departmental and municipal governments to streamline Colombia's financial system. This will require improved accountability measures and clear and available expenditure data across sectors. As will be further discussed under Policy Goal 3, a unified information system that tracks both expenditures and ECD indicators will be of utmost value for the Colombian Government in tracking and sustaining investments in early childhood.

Box 6: Relevant lessons from Australia: sustainable financial investment¹³

Example from Australia: The National Partnership Agreement on Early Childhood Education

Education is the responsibility of the State and Territory governments in Australia. In the 2007/2008 academic year, nearly 70 percent of preschool eligible children attended, and six out of the eight jurisdictions had enrolment rates above 85 percent. However, enrollment was low for specific sub-groups within the population, especially Aboriginal children. To address this issue and increase enrollment across the country, in 2008, through the Council of Australian Governments, all state and territory governments in Australia jointly agreed to the National Partnership Agreement on Early Childhood Education. The National Partnership aims to provide all children with access to a quality early childhood education program by 2013, delivered by a four-year university-trained early childhood teacher, for 15 hours a week, 40 weeks a year, in the year before formal schooling. Prior to the National Partnership, Australia's investment in ECD was only 0.1 percent of GDP, which ranked 30th out of the 32 OECD countries, and well below the 0.45 percent of GDP average. To achieve quality, universal coverage, all parties agreed to increased, sustained financial investment, which was partially aided through additional funding of \$970 million (AUD) by the Commonwealth of Australia over a five-year period.

The Australian strategy calls for streamlined mechanism for management and finance at the national, state, and local levels. It requires effective accountability mechanisms, with clearly defined roles and responsibilities at each respective level. The Best Start Program in the State of Victoria is an example of a comprehensive ECD program with sustainable financing mechanisms. The program uses a decentralized approach and is co-financed by municipal and local governments, with contributions from regional stakeholders. The program's multi-pronged funding approach is effective largely due to strategic mapping, constant monitoring, and extensive evaluation methods at the local level.

Key lessons for Colombia:

- ✓ In order to expand coverage and effectively implement FZTS, commitment from both the national and departmental levels to maintain financial support to ECD will be essential.
- ✓ Similar to the Australian context, Colombia's decentralized system requires the development of a methodology to enforce efficient top-down expenditure allocation. In creating a sustainable system, definition of roles and accountability measures for financing and allocating funding for ECD services between the national, departmental, and municipal governments is essential.
- ✓ With improved availability of expenditure data and a unified information system to monitor FZTS progress across ECD indicators, (further discussed under Policy Goal 3), Colombia is more likely to sustain adequate finance levels and monitor its investments in ECD.

¹³ For more information, see Australia's National Partnership Agreement on Early Childhood Education: http://www.deewr.gov.au/Earlychildhood/Policy_Agenda/ECUA/Pages/EarlyChildhoodEducationNationalPartnership.aspx.

Policy Goal 2: Implementing Widely

- **Policy Levers: Scope of Programs**
 - Coverage • Equity

Implementing widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and child protection, and should target pregnant women, young children and their parents and caregivers. A robust ECD policy should include programs in all essential sectors; provide comparable coverage and equitable access across regions and socioeconomic status – especially reaching

the most disadvantaged young children and their families.

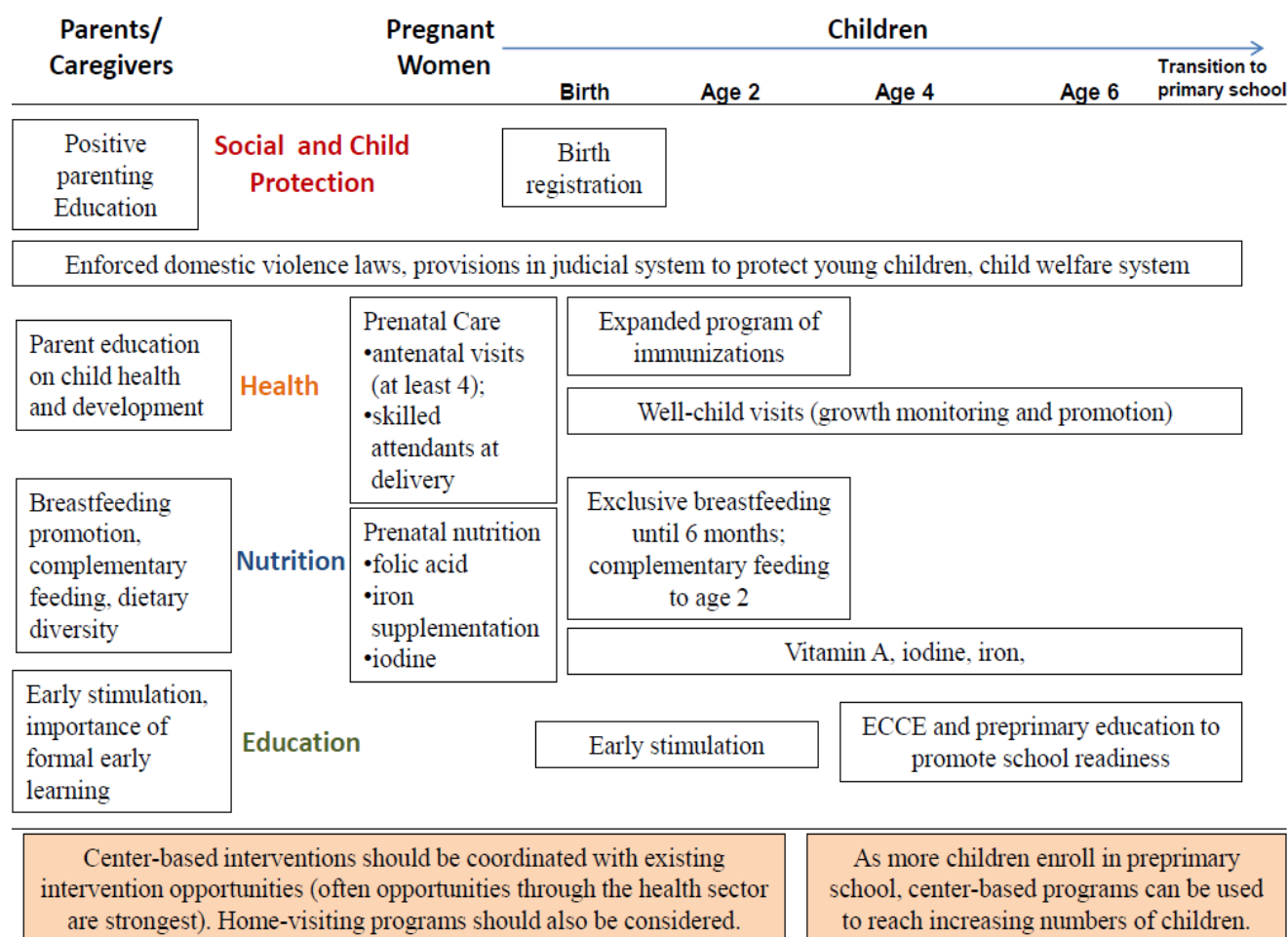
Policy Lever 2.1: Scope of Programs



Effective ECD systems have programs established in all essential sectors and ensure that every child and expecting mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 5 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

Figure 5: Essential interventions during different periods of young children's development

What do parents and children need to develop healthfully?



Programs cover a wide range of beneficiary groups and are established across all relevant sectors to meet the holistic needs of children. ECD Interventions exist in the education, health, nutrition, and child protection sectors and target a range of beneficiaries in Colombia. As presented in Figure 6 interventions in Colombia exist for all target beneficiaries. The differentiated interventions in the country not only reach infants and young children, but also pregnant women and caregivers. For example, ICBF manages programming for parents in the home-based and community-based training programs to teach families and caregivers how to provide quality care to young children.

Figure 6: Scope of selected ECD interventions in Colombia by major sector and target population

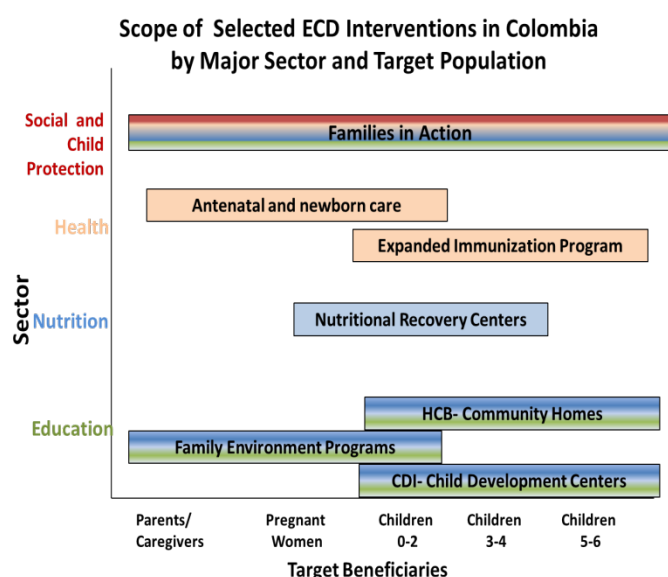


Figure 7 presents a selection of single-sector, multi-sector and comprehensive ECD interventions in Colombia. One noteworthy program in Colombia is the comprehensive Families in Action program. Internationally, comprehensive ECD programming relatively rare; Colombia should be recognized for this comprehensive social protection, health, and education initiative. The program provides conditional cash transfers to encourage them to access adequate health and education interventions for their young children. It also provides parenting education programming, including activities to address family violence. Since initiation of the program, school attendance and

vaccination coverage have increased and malnutrition rates have been reduced.

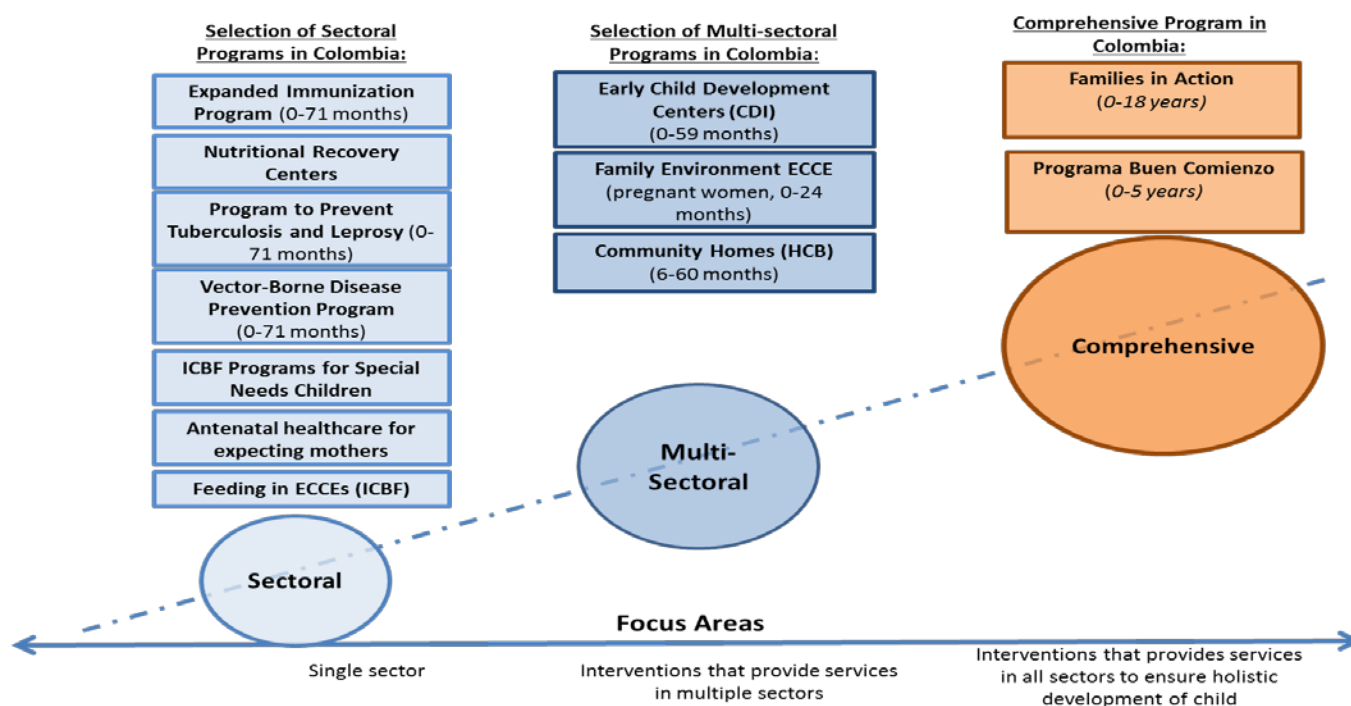
The education sector is undergoing transformation to more efficiently provide a wide scope of essential ECCE services. As previously discussed, both ICBF and MEN have been separately implementing ECCE programs in Colombia. Both the HCB (Community Homes) program of ICBF and the PAIPI (Comprehensive ECCE) program of MEN primarily target children below 6 years old from the lowest two wealth quintiles (SISBEN I and II) or children displaced by violence. Both the MEN and ICBF hire private third parties to provide services.

The HCB program, adopted by ICBF in the 1980's, currently has the widest ECCE coverage in the country reaching more than 1.3 million children in 2011. ICBF's HCB program has delivered a variety of single-sector modalities, including separate child care, health, and family education programs, as well as a comprehensive ECCE modality (*Hogares ICBF Integrales*). The MEN has implemented the PAIPI program at a smaller scale, reaching approximately 81,000 children in 2011. PAIPI services are education-focused, but also provide comprehensive care in health and nutrition. PAIPI services are delivered through center-, community-, and home-based modalities.

Under the FZTF strategy, the GoC is undergoing a shift in service provision. Rather than the varying service delivery models (between ICBF and MEN, there are more than 10 different modalities), all ECCE modalities will transition to three standard models: center-based, family/community-based or home-based. Box 7 reviews the FZTF's new service delivery model.

For each sector, a series of specific interventions are essential to support young children. Table 5 illustrates that ECD interventions exist across sectors, ranging from education, health, nutrition, parenting, special needs, and anti-poverty programming. While it is commendable that nearly all of the essential interventions exist in the multiple sectors of Colombia the scale of service delivery is also an important consideration. Table 5 also displays the scale of coverage of selected ECD programs in Colombia demonstrating that levels of access can vary. This will be discussed further in Section 2.2.

Figure 7: Selected ECD programs in Colombia



Box 7: Snapshot of the transitioning ECCE system in Colombia under new strategy

The FZTF Strategy creates a new model that replaces two previous systems of service provision. Eventually all public ECCE (previously MEN and ICBF managed) will transition to the following three standard modalities:

Center-Based

Early Childhood Development Centers- CDIs (*Centros de Desarrollo Infantil*): The Colombian Family Welfare Institute (ICBF) will manage CDIs for children below 6 years old. Community organizations are responsible for the operations of CDIs. The CDI program is intended to be a complementary effort to the actions of the family and community. CDIs are designed to provide intersectoral services, with teams of ECCE teachers, psychologists, social workers, nutritionists, and nurses.

Family -Based

Family Environment Programs (*Ambito Familiar*): The previous MEN Family-based PAIPs and ICBF family programs will transition to become part of the Integral Family Environment Program. Service provision is prioritized for children and families living in rural areas or with difficult access to institutional care settings. The program includes home educational meetings and group educational meetings in the community.

Community-based

Community Homes/HCB (*Hogares Comunitarios de Bienestar*): This child care program, based in the homes of local mothers, currently provides the highest level of coverage for children under 6 years old. It provides food supplements, nutritional controls, and protection components. The program is run by community mothers - operating in their place of residence - who receive training and support from ICBF and care for up to fifteen children from the local community.

Under the new strategy, where possible, some Community Homes will be transferred into Center-based CDIs, but the majority will remain in the homes of local mothers. According to the new strategy, all community mothers who manage the Community Homes program will receive additional training in order to provide better care for children. However, compared to CDIs and Family Environment Programs, these Community Homes programs, referred to as **traditional HCBs** in the remainder of the document, do not have a specific education component.

Table 5: ECD Programs and Coverage in Colombia

| ECD Intervention | Scale | | |
|---|---------------------------|---------------------------------------|---|
| | Pilot Programs | Number of Regions Covered (out of 33) | Approximate % of Eligible Population Covered |
| EDUCATION (STIMULATION AND EARLY LEARNING) | | | |
| State-subsidized comprehensive ECCE ¹⁴ <i>ICBF and MEN comprehensive care (Family and Center-based)</i> | | ALL | 18% |
| State-subsidized child care ¹⁵ <i>Traditional HCBs (no education component)</i> | | ALL | 34% |
| HEALTH | | | |
| Antenatal and newborn care <i>MoSP</i> | | ALL | <i>Data not available</i> |
| Integrated Management of Childhood Illnesses <i>MoSP</i> | | ALL | <i>Data not available</i> |
| Growth Monitoring and Promotion Programs <i>MoSP and PAIPI</i> | | ALL | <i>Data not available</i> |
| Immunizations <i>Expanded Immunization Program</i> | | ALL | 88% |
| NUTRITION | | | |
| Food supplements for children 0-71 months <i>Nutritional Recovery Centers and Ambulatory Nutritional Recovery</i> | | ALL | <i>Percentage not available</i> ¹⁶ |
| Breastfeeding promotion programs <i>ICBF Family-based Modality (previously FAMI)</i> | <i>Data not available</i> | | |
| Feeding programs in initial education schools <i>Feeding in ICBF programs</i> | | ALL | 100% ¹⁷ |
| PARENTING | | | |
| Parenting integrated into health/community programs <i>ICBF Family-based Modality (previously FAMI)</i> | Yes | 1 | 6% ¹⁸ |
| Home visiting programs to provide parenting messages <i>MoSP</i> | <i>Data not available</i> | | |
| SPECIAL NEEDS | | | |
| Programs for OVCs <i>ICBF Foster Homes (Hogar Sustito Internado)</i> | | 31 | <i>Data not available</i> |
| Interventions for children with special needs (physical) <i>Foster Homes (ICBF)</i> | | 27 | <i>Data not available</i> |
| Interventions targeted at children affected by HIV/AIDS <i>ICBF, Support Program</i> | | 18 | <i>Data not available</i> |
| Interventions targeted at children that have been sexually abused <i>ICBF; Support Program</i> | | 10 | <i>Data not available</i> |
| ANTI-POVERTY/COMPREHENSIVE | | | |
| Cash transfers conditional on ECD services or enrollment/intervention in variety of sectors- track individual children: <i>Familias en Accion</i> | | 33 | |

Source: SABER-ECD Program and Policy Instruments (Collected from MEN, ICBF, MoSP, DPS)

¹⁴ Includes Center-based, Home-based, and Community-based (See Box 7).¹⁵ As mentioned in Box 7, the majority of HCB models will remain basic child care programs in homes.¹⁶ In 2012, 38269 children ages 0-23 months received services from nutritional recovery centers; percentage of eligible population is unknown.¹⁷ Note, 100 percent of ECCE centers enrolled in school feeding receive food, but this does not imply that all eligible children are not benefiting from school feeding programs.¹⁸ 241,805 families participated in the Family-based modality, out of 4,291,149 members of eligible population

Policy Lever 2.2: Coverage



A robust ECD policy should establish programs in all essential sectors, ensure high degrees of coverage and reach the entire population equitably—especially the most disadvantaged young children—so that every child and expecting mother have guaranteed access to essential ECD services.

Initial education coverage in Colombia is inadequate, but gradually expanding. Despite the array of ECCE services in Colombia, enrollment rates are still relatively low. Figure 8 displays gross preprimary (Initial Education) enrollment rates in a selection of Latin America countries. These data reflect the number of children enrolled in preprimary (regardless of age) as a percent of the total ECCE age population. Despite an increase of ten percentage points in enrollment between 2007 and 2009, Colombia still falls behind in providing initial education access, compared to neighboring countries. In 2009, only 49 percent of children were enrolled in initial education.

The GoC has recognized the need to reach more children with ECCE services. As previously discussed, recent government efforts have been focused on targeting children from SISBEN 1-3. Figure 9 displays the proportion of children covered by comprehensive and HCB ECCE services out of all eligible low-income children below 5 years old. The GoC reports that 25 percent of the eligible population of children below 5 years of age receives comprehensive ECCE, including center-based and family-based; 42 percent are enrolled

in basic child care from the traditional HCB model (non-comprehensive); and 33 percent are not enrolled in any ECCE programs. Figure 10 reveals that level of coverage for ECCE (including MEN and ICBF services) increase by age group. For children ages 3 to 5 years old, the enrollment rates in ECCE are the highest, at approximately 30 percent.

Figure 9: Coverage of ECCE services

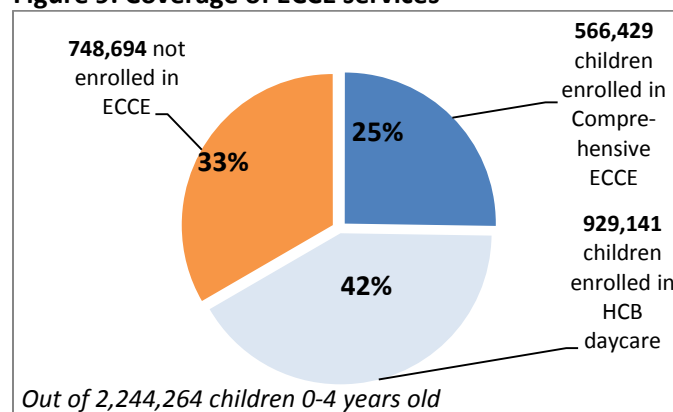


Figure 10: Enrollment in ECCE by age

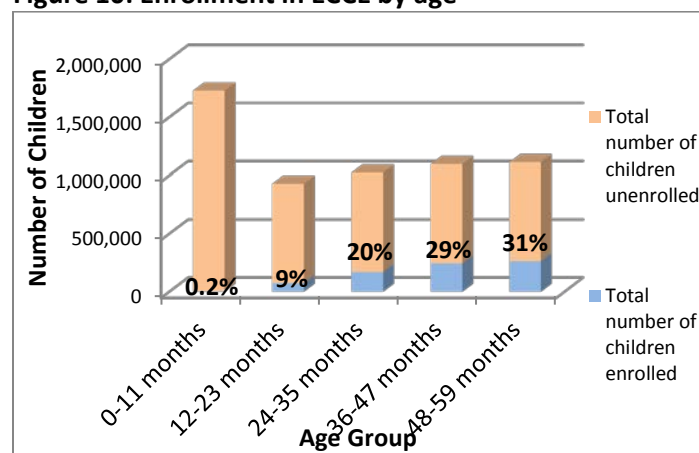
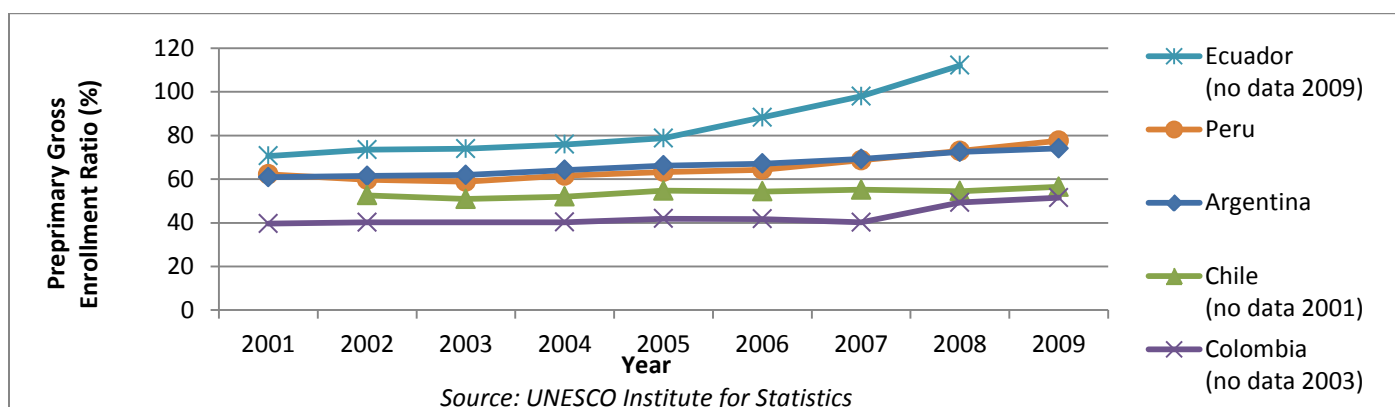


Figure 8: Gross preprimary enrollment rates (age 3-5) in Latin America



Colombia provides good coverage to essential child protection interventions. As demonstrated on Table 6, Colombia provides nearly universal coverage for birth registration¹⁹, with the second highest registration rate of countries in Latin America. In addition to guaranteeing the right to identity, the GoC also has an established child welfare system; a total of 15,556 new and existing cases of children below 6 years old are currently registered.

Table 6: Level of access to birth registration in Latin America

| | Colombia | Argentina | Brazil | Chile | Peru |
|--------------------|----------|-----------|--------|-------|------|
| Birth registration | 97% | 91% | 91% | 99% | 93% |

Source: UNICEF Country Statistics, 2010

Colombian children and mothers have adequate access to most health interventions, but coverage for selected interventions is still far from universal. Promoting healthy development of young children requires that ECD health services operate at scale. Table 7 compares coverage levels for essential ECD health services in Colombia and other Latin American countries. The Colombian national health system provides adequate coverage to many essential health services for young children. However, there remains room for improvement, particularly in expanding immunization coverage. As demonstrated in Table 7, DPT3B immunization rates in Colombia are lower than other countries in Latin America. Table 7 also reveals that children in Colombia have relatively low access to treatment for diarrhea and pneumonia. According to the MoSP, acute respiratory and diarrheal infections are among the leading causes of mortality for children below 4 years old. Compared to health services coverage for children, access to essential health interventions for pregnant mothers is moderately better. As presented in Table 7, nearly 90 percent of mothers have access to regular prenatal visits and nearly all births are attended by skilled attendants in Colombia.

Table 7: Level of access to essential health services for young children and pregnant women in Latin America

| | Colombia | Argentina | Brazil | Chile | Peru |
|---|----------|-----------|---------|---------|------|
| 1-year-old children immunized against DPT (corresponding vaccines: DPT3B) | 88% | 94% | 94% | 92% | 93% |
| Children below 5 with diarrhea receive oral rehydration/ continued feeding (2010) | 52% | No data | No data | No data | 66% |
| Children below 5 with suspected pneumonia taken to healthcare provider (2010) | 64% | No data | 50% | No data | 68% |
| Births attended by skilled attendants | 98% | 98% | 97% | 100% | 84% |
| Pregnant women receiving antenatal care (at least four times) | 89% | 89% | 91% | No data | 93% |

Source: UNICEF Country Statistics, 2010

Access to essential nutrition interventions in Colombia is inadequate. Table 8 displays the level of access of essential nutrition interventions in Colombia and other Latin American countries. Colombian children are not receiving adequate access to the nutritional services they need to grow and thrive. Of all infants below 6 months old, 43 percent of them are exclusively breastfed. This might suggest that the widely accepted practice can be further encouraged so that all children can benefit from breastfeeding. There remains room for improvement for overall nutrition of young children, as 13 percent of children below 5 years are moderately or severely stunted. Additionally, similar to other Latin American Countries, Colombia has a high prevalence of anemia in pregnant women.

Table 8: Level of access to essential nutrition interventions for young children and pregnant women in Latin America

| | Colombia | Argentina | Brazil | Chile | Peru |
|--|----------|-----------|--------|---------|------|
| Children below 5 with moderate/severe stunting (2006-10) | 13% | 8% | 7% | No data | 24% |
| Infants exclusively breastfed until 6 months of age (2010) | 43% | No data | 40% | No data | 68% |
| Infants with low birth weight | 6% | 7% | 8% | 6% | 8% |
| Prevalence of anemia in pregnant women (2010) | 31% | 25% | 29% | 28% | 43% |

Source: UNICEF Country Statistics, WHO Global Database on Anemia

¹⁹ Birth registration data based on UNICEF statistics, but these data have not been confirmed by in country sources.

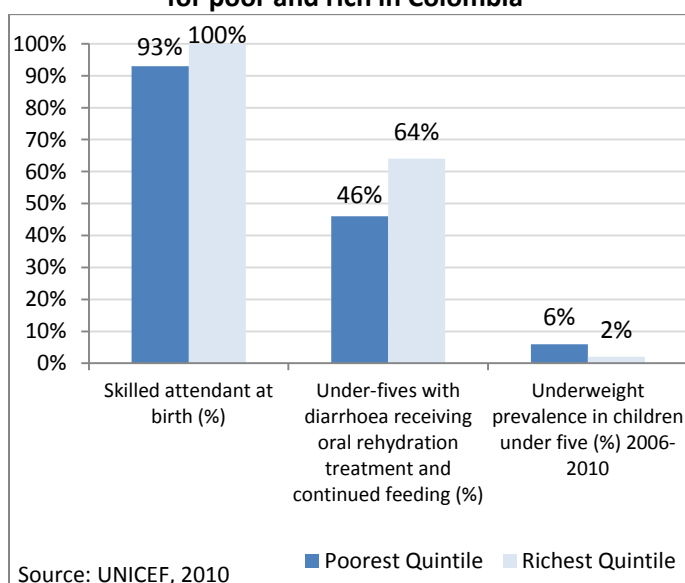
Policy Lever 2.3: Equity



Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services. One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

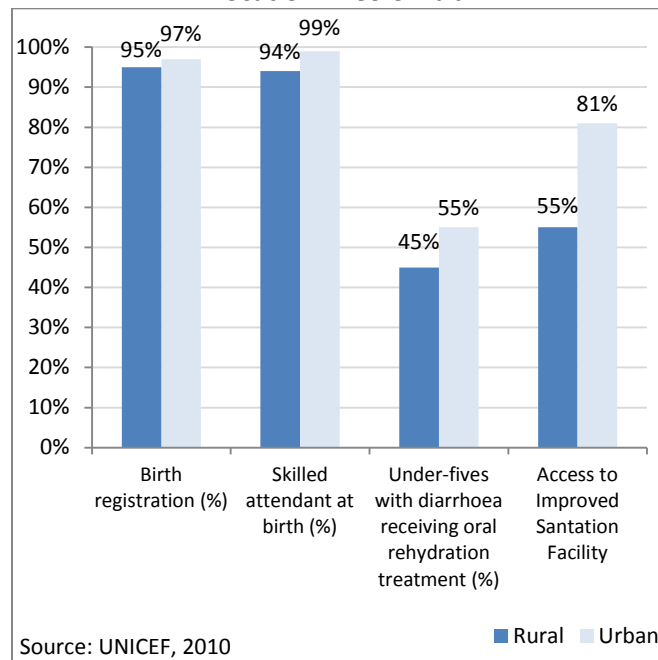
ECD services are not equitably provided to rich and poor families in Colombia. With new ECD policies targeting low-income children and families, the GoC has made strides in working towards equitable provision of ECD services. However disparities in access to services for young children and pregnant mothers still exist. Figure 11 compares the levels of access to selected health and nutrition interventions for the poorest and richest quintiles. In the richest quintile, 100 percent of mothers deliver their babies with a skilled attendant present, yet only 93 percent of mothers from the poorest quintile do. Disparities also persist for children's access to adequate nutrition and healthcare: 64 percent of rich children are treated for diarrhea while only 46 percent of poor children are. Additionally, the underweight prevalence in children below 5 years old is 4 percent higher for poor children.

Figure 11: Access to ECD services and ECD outcomes for poor and rich in Colombia



Access to essential ECD services is higher in urban areas than rural areas. Data from UNICEF also reveal that access to ECD services vary by geographical location in Colombia, as illustrated in Figure 12 Children and families living in urban areas have better access to birth registration and selected health interventions than those living in rural areas. When compared to international data on equity of ECD services, however, these differences are relatively small. The greatest disparity between rural and urban families is in access to an improved sanitation facility. Slightly more than half of rural families in Colombia have access to a basic toilet, while more than four-fifths of urban families do.

Figure12: Access to ECD services by rural/urban location in Colombia



Girls and boys have equitable access to ECCE services. While disparities persist sub-nationally, socio-economically, and between rural and urban regions, Colombia provides equitable access to ECCE services by gender. In 2011, 540,268 girls and 501,227 boys were attending ECCE centers.

Policy Options to Implement ECD Widely in Colombia

Scope of Programs

➤ **Ensure all essential interventions are available throughout the country through improved coordination at the point of service delivery.** Colombia has an excellent scope of ECD programs to cover all domains of child development. Despite a wide range of existing ECD interventions, the majority of them are not operating at scale. In integrating the former ICBF and MEN ECCE service delivery models, the GoC could consider developing mechanisms to ensure that all essential interventions are available throughout the country. The consolidation of modalities is likely to help provide a more comprehensive package of services to beneficiaries. However, at the local level, ICBF and the MEN should coordinate with the MoH, MoC, and DPS to guarantee that children receive all components of the *Ruta Integral*. These institutions are participating members of the CIPI at the central level, and it is recommended that the technical ECD committees in local governments play an active role in ensuring essential interventions in the *Ruta Integral* are available for children in the respective regions. Coordination between the health, nutrition, protection, and education sectors in local governments will be crucial. This coordination could include sharing coverage data and collaborating to identify gaps in service delivery.

Coverage & Equity

➤ **Facilitate enhanced capacity of local authorities to identify and address gaps in coverage.** While disparities in access to some essential services between the rich and poor and urban and rural areas do exist, they are relatively low when considering international comparisons. As discussed above, coordinating interventions at the point of service delivery can be an effective strategy to ensure that a comprehensive scope of services is delivered. While national frameworks can promote increased coverage, efforts at the municipal level are essential. Scaling up ECCE services cannot be achieved with national government's efforts alone. Department and municipal authorities will also need to take an active role in expanding coverage to larger populations. In Cuba, the Educate Your Child (*Educa a tu Hijo*) program has successfully been expanded across the country through national, provincial, municipal, and local management. While the Cuban context is in many ways unique, the success of this program still reveals transferable and valuable lessons. Countries like Ecuador and Brazil have replicated components of the Educate Your Child methodology. Box 8 provides a snapshot of how all institutions contributed to scaling up Cuba's ECCE program.

Box 8: Relevant lessons from Cuba: Scaling up ECCE

Example from Cuba: Educate Your Child program²⁰

The Educate Your Child (*Educa a Tu Hijo*) program, piloted in the 1980's, is a multisector, community-based early childhood program for families and young children. The program targets children ages 2-6 years old and their parents. Teams of ECCE and health professionals and local coordinating groups are responsible for implementing the program. The Educate Your Child program was expanded nationally during the 1990's. Cuba now provides universal coverage to preschool programs (including Educate Your Child and two other national programs).

The Educate Your Child program was expanded through national, provincial, municipal, and local bodies, where program management and coordinating groups were created at each level. Groups from all levels received training on child development essential services necessary for each stage of development. Preliminary training lasted approximately one year. The national level trained the provincial level, the provincial level trained the municipal level, and the municipal level trained the local level. The newly built capacity allowed coordinating groups to facilitate effective implementation at their respective levels. At the local level, coordinating groups were responsible for designing an awareness and promotion campaign, carrying out a census of all young children to establish a basic development profile, selecting and contracting service providers, and monitoring the program.

Key Lessons for Colombia:

- ✓ Departmental and municipal technical ECD committees already exist in many regions in Colombia and will play an integral role in implementing the FZTS strategy. These technical committees should receive adequate training in the *Ruta Integral*.
- ✓ Local authorities should also be trained in the *Ruta Integral* to promote adequate delivery of all essential services at the local level.
- ✓ As discussed in Policy Lever 1.3 (Inter-sectoral coordination), Colombia could learn from the Cuban strategy for inter-level capacity in which each level of government is trained by one level above in ECD management.

²⁰ Tinajero, A., 2010. *Scaling-up Early Child Development in Cuba*. Brookings Institution & Bernard van Leer Foundation.

➤ **For children already attending traditional HCB modalities, expand the scope of services (outlined in the *Ruta Integral de Atenciones*) by providing quality training to Community Mothers.** Currently, only 25 percent of eligible children receive comprehensive services. In focusing on improving access to ECCE, MEN and ICBF should not only target the one third of eligible low-income children with absolutely no access, but also work to expand the scope of services available to the 42% of low-income children who attend the traditional HCB programs. The child care, health and nutritional services the children receive in the traditional HCB programs are certainly beneficial. However, the GoC should consider mechanisms to provide all services outlined in the *Ruta Integral de Atención*, particularly the educational and psychosocial stimulation components.

The new strategy is already providing training to Community Mothers. To widen the scope of services covered in the HCB modalities, this additional training should include building Community Mothers' knowledge and capacity to promote child learning and development through quality educational and psychosocial stimulation activities.

➤ **Improve access to nutrition interventions by leveraging existing resources and networks in the health sector.** New early childhood policies targeting SISBEN 1-3 have focused on access to education for low-

income and vulnerable children. The GoC may also need to consider expanding this strategy in access to health and nutrition services. Access to nutrition interventions, such as programs to promote breastfeeding and parenting education about healthy eating, could be more available for families. Providing access to nutritional services, particularly improved access or knowledge about the consumption of foods with iron could lower anemia prevalence. Reducing anemia prevalence in pregnant women could also prevent intellectual impairment and mental retardation of children.

To expand access to essential nutrition interventions, particularly in poor and rural populations, the GoC could consider leveraging existing networks in these areas. Given that the Colombian health system already provides relative good coverage for many health interventions, including access to birth attendants and antenatal care, the CIPI could work with the MoH to attach essential nutrition interventions, such as nutritional education to the MoH's existing health interventions. Integrating nutritional education programs into existing health services could be an excellent opportunity to increase coverage in hard-to-reach areas. Box 9 discusses a nutrition program implemented by the Government of Senegal, where this has proven to be very successful.

Box 9: Relevant lessons from Senegal: Improving access to nutrition interventions in hard-to-reach populations

Example from Senegal: Coordinating service delivery across sectors

In 2002, the Nutrition Enhancement Program (NEP) was launched by the Government of Senegal to provide multisectoral support for nutrition and enhance nutritional conditions for children below five and pregnant and lactating women. It includes a community-based growth monitoring and promotion and community IMCI (Integrated Management of Childhood Illness) with maternal counseling, home visits, and cooking demonstrations. The project integrated nutrition interventions (i.e. growth monitoring and promotion) with existing health sector interventions (i.e. IMCI). The Ministry of Health and local development agencies already provided a relatively good scope of coverage of health interventions in local communities. Thus, the nutrition sector leveraged existing resources for delivering the NEP interventions. Due to the synergetic effect of bringing together the nutrition and health sectors, the NEP became a mechanism for delivering other essential health and nutrition services provided by existing programs (including insecticide-treated bed nets and vitamin A supplements). By 2012, the Government of Senegal expanded the community nutrition program to reach more than 60 percent of the target population.

Key Lessons for Colombia:

- ✓ Given that the MoH in Colombia already provides relatively good access to health services, including birth attendants and prenatal care, these health sector programs could be expanded to include nutritional components.
- ✓ Promoting feeding practices combined with the delivery of essential health services can be an effective strategy to promote the holistic development of children.

➤ **Support community-based nutrition/health education through training, materials, and compensation for community promoters.** Community-based nutrition promotion has been identified as one of the most cost-effective investments for a country's development.²¹ Outreach initiatives and information campaigns in local communities can promote positive parenting behaviors that will ensure healthy and well-nourished children. Through community-based education, parents will be more likely to access ECD services as well as promote healthy practices at home.

Providing education materials as well as training and support to local community workers could be a feasible and effective approach for the Government to ensure that poor and rural populations are accessing essential health and nutrition interventions. As mentioned in the previous recommendation, ICBF Community Mothers, could serve as an outlet for educating mothers on how to access ECD interventions. Similarly, health and nutrition education through community health workers could also be a cost-effective way for the MoH to expand coverage to hard-to-reach communities. Given their familiarity with the local context, community members can serve as a valuable resource to reach out to mothers and young children. In addition to education materials and training, as previously recommended in Policy Goal 1, compensating community health workers could be an effective strategy to complement the existing health system ECD services

Policy Goal 3: Monitoring and Assuring Quality

➤ **Data Availability: Quality Standards: Compliance with Standards**

Monitoring and Assuring Quality refers to the existence of information systems to monitor access to ECD services and outcomes across children, standards for ECD services and systems to monitor and enforce compliance with those standards. Ensuring the quality of ECD interventions is vital because evidence has shown that unless programs are of high quality, the impact on children can be negligible, or even detrimental.

²¹ Copenhagen Consensus, 2008. For more information: <http://www.copenhagenconsensus.com/Home.aspx>

Policy Lever 3.1: Data Availability

Established



Accurate, comprehensive and timely data collection can promote more effective policy-making. Well-developed information systems can improve decision-making. In particular, data can inform policy choices regarding the volume and allocation of public financing, staff recruitment and training, program quality, adherence to standards and efforts to target children most in need.

In the education sector, data on access to ECCE services have been separately collected and managed by ICBF and MEN. Currently, the MEN and ICBF have two completely separate systems to collect data on children's access to essential health and education ECD services. The MEN's Information System for Early Childhood-“SIPI”(Sistema de Información Primera Infancia) tracks a variety of basic indicators for each child enrolled in PAIPI, including age, gender, socio-economic status, indigenous status, and parental education. The comprehensive system also tracks health and protection outcomes, including whether each child: has vaccinations and childhood wellness and growth monitoring; is physically, linguistically, or mentally handicapped; is gifted; has been affected by conflict; or is enrolled in Families in Action or other social protection interventions. The internet-based management system tracks a child's history from when he or she enters PAIPI until primary school entry when basic education begins. ICBF has a different system to track children enrolled in HCB and other ICBF programs. The registry of beneficiaries-“RUB” (*Registro Único de Beneficiarios*) collects basic data on program participants. Additionally, a system called “Metrix” tracks anthropometric information to monitor early childhood nutritional status. Data are collected on a quarterly basis and submitted to the Directorate General of ICBF.

In both systems, information is reported on ECCE enrollment. The MEN's SIPI system is more comprehensive, tracking some information on child outcomes and teachers. In the integration of ICBF and MEN into a new ECCE model, the GoC will have important decisions to make on a new information system. Given that ICBF contracts third parties to operate the majority of ECCE centers, it does not have extensive data available for these centers. Once all centers transition under ICBF management, the challenge will be to

ensure that information from all ECCE providers is tracked and available.

The MoSP collects data on access, training of service providers, and basic child outcomes in health. The MoSP keeps individual records for each child's usage of health services. In preparation of this report, data were not available on the number of children and pregnant women receiving specific health interventions. The MoSP does, however, produce an annual public report documenting the overall health situation in the country. The report outlines child health indicators, including principal sicknesses and leading causes of mortality for children below 4 years of age. In addition to data collected by MoSP, the National Administrative Department of Statistics (DANE- *Departamento Administrativo Nacional de Estadística*) conducts a Quality of Life Survey (*Encuesta de Calidad de Vida*), which analyzes household socioeconomic conditions, including access to health and social security services.

Table 9 displays a series of key indicators that a country could track to monitor young children's development. These indicators are divided into both administrative and survey data (collected both by DANE and UNICEF). It is important to note that sometimes indicators tracked administratively are only partially available. For example, the MEN SIPI system tracks the number of special needs children enrolled in ECCE, while ICBF does not²². On the other hand, ICBF tracks the number of children benefitting from nutrition interventions provided by HCB. Ideally under the new strategy a new system that could consolidate these indicators can be created.

Table 9: Availability of data to monitor ECD in Colombia

| Administrative Data: | |
|--|---------|
| Indicator | Tracked |
| ECCE enrollment rates by region | X |
| Special needs children enrolled in ECCE (number of) | ✓ |
| Children attending well-child visits (number of) | ✓ |
| Children benefitting from public nutrition interventions (number of) | ✓ |
| Women receiving prenatal nutrition interventions (number of) | X |
| Children enrolled in ECCE by sub-national region (number of) | ✓ |
| Average per student-to-teacher ratio in public ECCE | ✓ |
| Is ECCE spending in education sector differentiated within education budget? | ✓ |
| Is ECD spending in health sector differentiated within health budget? | ✓ |
| Survey Data | |
| Indicator | Tracked |
| Population consuming iodized salt (%) | X |
| Vitamin A Supplementation rate for children 6 -59 months (%) | X |
| Anemia prevalence amongst pregnant women (%) | ✓ |
| Children below the age of 5 registered at birth (%) | ✓ |
| Children immunized against DPT3 at age 12 months (%) | ✓ |
| Pregnant women who attend four antenatal visits (%) | ✓ |
| Children enrolled in ECCE by socioeconomic status (%) | X |

²² Data is not available from either institution on the number of special needs children receive specialized attention in alternative locations outside of traditional centers (As mandated in the Decree on Comprehensive ECCE for SISBEN 1, 2, and 3 (Article 10, Law N° 1295)

Policy Lever 3.2: Quality Standards



Ensuring quality ECD service provision is essential. A focus on access – without a commensurate focus on ensuring quality – jeopardizes the very benefits that policymakers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children.

Under the new strategy, the MEN is responsible for providing regulation and guidance for all ECCE centers.

As previously discussed, the service delivery model for ECCE is undergoing a major transition. ICBF will become entirely responsible for all ECCE service provision. The MEN, which previously contracted third party providers for PAIPI, will no longer manage or fund service provision or infrastructure of ECCE centers.²³ Instead, it will take on a new role of regulating all centers. It also is responsible for establishing technical guidelines to ensure quality pedagogy and service provision. The MEN has recently developed a framework of established guidelines and standards agreed upon by the MoSP, ICBF, and DNP. The framework details quality components expected for both CDIs and Family Environment Programs. These components include expectations related to pedagogy, health and nutrition, family and community involvement, and ECCE service providers from multiple sectors.

Strategy promotes comprehensive child development, but clear standards for what children should learn and know are not yet established.

Currently, neither a national initial education curriculum nor established learning standards exist in Colombia. However, the MEN is in the process of reviewing and adjusting a document with regulations and guidelines for defining pedagogical criteria for ECCE, which is expected to be finalized in December 2012. The document reviews the communication, body, social, and cognitive dimensions of child development. It also considers pedagogical strategies for young children to promote development. Once finalized, this document could serve as an excellent foundation for a curriculum in both CDIs and

Family Environment Programs. With these guidelines, the MEN will have the opportunity to promote quality learning at the local level, as each department or municipality is responsible for building its own pedagogical approach.

The MEN and ICBF require that ECCE providers are qualified to meet the needs of young children.

In the new framework for service delivery expectations, the MEN establishes clear guidelines for teacher experience, qualifications, and child-to-teacher ratios. Explicit standards exist for CDIs, Family Environment Programs, and Home-based modalities. For example, in CDIs, all ECCE teachers are required to have a tertiary level of education and direct experience in ECCE. The MEN requires one teacher for every 10 children below 2 years old, and requires one teacher for every 20 children older than 3 years old. To provide support to teachers, the MEN states that there should be one teacher assistant (*auxiliares pedagógicos*) for every 10 children under 2 years old and one teacher assistant for every 30 to 40 children 2 to 5 years old. Separate standards exist for teacher assistants in CDIs, Family Environment, and Home-based modalities. Teaching assistants in CDIs must have a complete upper-secondary high school education. In Family and home-based programs, the standard is higher, requiring that teaching assistants have a university degree and direct experience working with young children.

The MEN requires that modalities provide in-service training to all ECCE providers based on an established training plan. This plan has been approved by CIPI, but has not yet been implemented. It includes training in first aid, breastfeeding, nutrition, sanitation, and domestic abuse prevention.

Standards also exist for ECCE providers to cover other components of ECCE services delivered through CDIs and Family Environment Programs. The MEN's framework for both modalities includes requirements for experienced professional service providers from other sectors, including coordinators, teachers, nurses or health workers, psychologists, and nutritionists. The MEN defines provider-to-child ratios for each professional. For example, for CDIs, there should be 1 psychologist/social worker for every 200 children.

²³ ICBF has previously had its own set of standards and regulations for ECCE services, but this section focuses on the current MEN standards, given that the MEN will now be responsible for setting standards.

Operations guide establishes standards for infrastructure and service delivery. In 2010, the MEN, with support of ICBF, developed an Operations Guide to promote the quality service delivery and operations at the local level. The MEN delivers training based on the operational guide to ECCE providers as well as local authorities responsible for regulating ECCE services (mayors, municipal secretaries of education, etc.). The guide provides specific criteria on the official requirements for infrastructure, teaching and learning materials, and general operations for service delivery. It also provides detailed responsibilities and activities for service providers, secretaries of education, regional ICBF directors, and local representatives from the health sector. Overall, the guide is an extremely valuable tool to communicate national quality standards at the local level.

Within the FZTF strategy, standards for infrastructure for CDIs and home-based modalities have also been established. These guidelines, which include minimum standards for windows, walls, floors, stairs, electricity, and doors, are designed to guarantee the safety and security for children.

Basic accreditation procedures exist for all ECCE service providers, but accreditation is not carefully monitored by the MEN. All providers of public ECCE services must meet quality standards to be able to operate. The MEN contracts a private auditing firm to evaluate whether service providers meet basic standards. However, the MEN does not manage all of the information collected by this auditing firm, nor does it verify whether all ECCE centers meet all quality service delivery standards are met.

A portion of municipalities and departments that meet stricter accreditation criteria receive special ECCE funding. In addition to the basic standards (verified by the auditing firm), municipalities and departments can opt to be evaluated for compliance with stricter criteria. Under a special fund to promote ECCE (*Fondo de Fomento a la Atención Integral de la Primera Infancia*), the MEN and a government institute that promotes education through education credits, ICETEX, provide an opportunity for municipalities and departments interested in being rewarded for meeting high quality standards. If municipalities or departments choose to be considered for the special funding, the MEN and ICETEX monitor their respective ECCE centers and award extra funding to local governments who meet certain requirements. ECCE

centers are visited and evaluated on an array of service delivery indicators, which are based on stricter and more specific standards than those outlined in the Operations Guide. Once municipalities and departments become part of the fund, they need to continue to meet higher criteria. Currently, 785 municipalities and 3 departments are part of this special fund as a result of applying for and meeting these regulations.

In moving forward, the ICETEX fund will no longer function and ICBF will be responsible for allocating funds to municipalities.

Policy Lever 3.3: Compliance with Standards



Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is critical that mechanisms are put in place to ensure compliance with standards.

Compliance with ECCE service provision standards is not well monitored. Despite clear standards for service provision outlined in the Operations Guide and new MEN framework for CDIs and Family Environment Programs, the level of compliance with these standards is mostly unknown. For example, the GoC does not collect data on the number of caregivers and educators with training. The MEN does contract an auditing firm to evaluate basic service provision. However, these evaluations do not comprehensively monitor all quality standards, such as teacher education level. Thus, while the MEN have established a minimum level of education and experience for ECCE providers, it does not have mechanisms in place to evaluate whether providers meet standards.

While data are available for some ICBF and MEN modalities, information does not exist for all ECCE service providers, nor does it necessarily reflect the up-to-date situation at the point of service delivery. Compliance with standards for child-to-teacher ratios and operating hours is unknown. Compliance is only partially monitored for infrastructure standards. Before transition to new strategy, in 2011, when the MEN was responsible for monitoring only the existing PAIPs, it reported that all 927 of the centers met infrastructure standards. ICBF, which manages 73,404 centers, has had a greater challenge in monitoring

compliance. It reports that all of the 1,111 ICBF centers meet infrastructure standards; but this does not convey whether other ICBF modalities meet these standards. Once many of these modalities are transferred under MEN supervision, ICBF and MEN will need to coordinate to not only monitor compliance with standards in more detail, but also at a dramatically larger scale.

Policy Options to Monitor and Assure ECD Quality in Colombia

Data Availability:

➤ **In order to measure impact and guarantee all children are provided services outlined in *Ruta Integral*, an online tracking system should be created to monitor and track service provision.** Perhaps one of the greatest challenges to the integration of MEN and ICBF under the new strategy is effective incorporation of the monitoring and data collection system. The SIPI, RUB and Metrix are not robust enough to support the FZTS strategy. The SIPI system of the MEN is more advanced, but also has been functioning at a significantly lower scale than that of ICBF. Additionally, it only collects information in the education sector. RUB monitors a larger number of beneficiaries, but only collects basic information. If the MEN is to monitor the entire ECCE service delivery system, as intended in the FZTF Strategy, it will need to strengthen its current M&E system.

The GoC has recognized the need to establish an improved Monitoring and Evaluation system that would help guarantee that eligible beneficiaries receive the appropriate services. In the National Development Plan (2010-2014), the GoC outlines the need to devise a strategy that links local and national level management across sectors of the new policy. It highlights the need to create diagnostic components and measuring instruments to monitor social spending in childhood. Given that there appears to already be political will and an existing web-based system operating at a smaller scale, an expanded internet tracking system could be feasible.

➤ **Improve coordination of sectors involved in data collection for ECD services.** Given that essential data inputs for comprehensive information on how the ECD system come from a variety of sources, mechanisms to

connect this information are crucial. Ensuring coordination and consistency of data from all sectors is crucial if the GoC is to measure the impact of its investments and guarantee that at the local level all children are provided the services outlined in *Ruta Integral*. Box 8 provides an example from Chile, where a comprehensive information system has already proven effective.

➤ **Collect and maintain data on child development outcomes.** In addition to tracking access to services, an expanded tracking system could monitor child development outcomes. SIPI already collects basic data on anthropometric outcomes, and whether a child is handicapped or gifted. It would be beneficial to track other domains of child development. Measuring cognitive, linguistic, physical, and socio-emotional development can help policymakers evaluate the impact of existing interventions and decide which interventions are most effective.

Quality Standards & Compliance with Standards:

Adapt Operations Guide and service provider training to reflect new FZTF strategy. The newly developed guidelines for CDIs and Family Environment Programs are detailed and encompass many components of service delivery. The challenge that ICBF and the MEN will now face is in finding mechanisms to make sure these standards are met. Specific strategies are needed to ensure that local entities effectively and efficiently deliver ECCE services. The MEN developed the Operations Guide before the GoC's introduction of FZTF and the restructuring of the modalities. The guide provides excellent details on service delivery standards, but it does not completely align to the new structures of service provision. Adapting this guide as well as complementary training workshops for all ECCE service providers is necessary to better reflect the goals of the new strategy. An updated operations manual is in the process of being designed. The GoT is encouraged to finalize this manual as soon as possible, as it can serve as a valuable tool for local implementation of the new strategy. Additionally, a finalized document with pedagogical guidelines will support departments and municipalities in regulating learning standards.

Box 10: Relevant lessons from international experience in ECD tracking system**Example from Chile: Online Registration, Monitoring, and Referral System**

The “Chile Grows with You” initiative-CCC-*(Chile Crece Contigo)* is a comprehensive child protection system to provide intersectoral support to children from 0 to 4 years. One innovative component of CCC is an online monitoring system that follows each child through the CCC system. The system tracks child’s eligibility for and receipt of services, as well as his or her developmental outcomes. It allows service providers and policymakers to monitor the delivery of benefits as well as evaluate program impact.

Key Lessons for Colombia:

- ✓ Given the SIPI system is already web-based, expansion to a more comprehensive tracking system should be feasible.
- ✓ If created in Colombia, a comprehensive online system could reduce bureaucratic complications, which would be valuable under the *FZTF* strategy, where a variety of governmental institutions are involved.
- ✓ This system could also support better monitoring of compliance with standards, as it tracks which children receive specific benefits and services.
- ✓ This tracking system is particularly beneficial for improved intersectoral coordination at the point of delivery, as it provides an accessible platform for health, education, and child protection service providers to be on the same page about child’s needs and receipt of services.
- ✓ An improved online system could improve targeting and triggers for at-risk children.

➤ **Consolidate system to monitor compliance with standards.** A consolidated system to monitor compliance with standards is needed. Previously, the MEN was responsible for monitoring compliance of standards for less than 1,000 ECCE centers. ICBF operates an additional 73,400 ECCE centers that will be transitioned under MEN regulations. The MEN will need to coordinate with ICBF to ascertain the reality at the point of service delivery. In addition to improving data availability, an expanded online tracking system could potentially support the MEN and ICBF in tracking compliance with standards (see Box 10).

➤ **Formalize the accreditation process by monitoring specific information to evaluate whether ECCE centers meet standards.** While accreditation procedures are in place for all service providers, ministries do not directly verify if centers are meeting standards. Previously, an external auditing firm monitored compliance with standards, but the fact that all centers currently meet standards might suggest that the auditing process is not as tight as it should be. The MEN and ICBF must identify an agency that will be responsible for monitoring and the accreditation process. Ideally, this agency will track whether each service provider meets the criteria on official requirements for infrastructure, teaching and learning materials, and general operations for service delivery (such as class size). It is recommended to establish a more formal licensing process in which service providers are officially approved by MEN to operate. Given that

guidelines already exist in the Operations Guide, it should be to monitor this list of standards to track whether centers meet specific requirements. The Operations Guide is already useful in communicating national quality standards. The GoC should consider using the Operations Guide as a tool for a more formalized accreditation process. In addition to identifying a monitoring agency, formalizing the accreditation process will require MEN to establish a process for granting certificates/licenses of accreditation, decide the length of time for which the license is valid, and ensure efficient and valid record keeping²⁴.

➤ **Incentivize high quality standards in an increased number of ECCE centers.** Previously, the Fund to Promote ECCE of the MEN and ICETEX rewarded municipal compliance with high quality standards. While this process will no longer continue, it would be beneficial for ICBF and MEN to develop a system for rewarding municipalities that have ECCE service providers which exceed minimum quality standards. Given that ICBF will be responsible for allocating resources to municipalities, a new system will need to be created to promote local government strengthening and coordination with ICBF. It is

²⁴ For more information on effective accreditation processes, please see *CARICOM Regional Guidelines: For Developing Policy, Regulation, and Standards in Early Childhood Development Services* (2008).

suggested to develop a new model to incentivize local governments to take responsibility for quality assurance measures.

Comparing Official Policies with Outcomes

The existence of laws and policies alone do not always guarantee a correlation with desired ECD outcomes. In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned. Above, Table 10 compares ECD policies in Colombia with ECD outcomes. Some policies result in desired outcomes better than others. As discussed

above, the GoC has developed policies that specifically target vulnerable children. As such, it is noteworthy to compare outcomes in initial education enrollment for the overall population versus the population in SISBEN 1, 2, and 3. As displayed in Table 10, Article 67 of the Constitution mandates one year of compulsory initial education, and the overall initial education enrollment rate is 48 percent. On the other hand, the Decree for Comprehensive ECCE for SISBEN 1, 2, and 3 mandates initial education for low-income children, and the initial education enrollment rate for this eligible population is 64 percent.

Table 10: Comparing ECD policies with outcomes in Colombia

| Policy | Outcomes |
|---|--|
| Ten-year Plan for Breastfeeding promotes breastfeeding for children below 2 years old | Rate of exclusive breastfeeding until 6 months: 43% |
| Scheme for Expanded Program on Immunization requires vaccines for children | Children with DPT (12-23 months): 88% |
| Statute of the Civil Registry mandates birth registration of all children | Birth registration rate: 97% |
| Colombian constitution states one year of initial education is mandatory for all children | Gross initial education enrollment (4-5 years): 48% |
| Decree on Comprehensive ECCE guarantees initial education for children in SISBEN 1-3 | Eligible vulnerable population receiving ECCE services (0-6 years): ²¹ 64% |

Preliminary Benchmarking and International Comparison of ECD in Colombia

On the following page, Table 11 presents the classification of ECD policy in Colombia within each of the nine policy levers and three policy goals. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges.

Table 12 presents the status of ECD policy development in Colombia alongside a selection of OECD countries. Sweden is home to one of the world's most comprehensive and developed ECD policies and achieves a benchmarking of "Advanced" in all nine policy levers.

Table 11: Benchmarking Early Childhood Development Policy in Colombia

| ECD Policy Goal | Level of Development | Policy Lever | Level of Development |
|--|---|-----------------------------|---|
| Establishing an Enabling Environment | <div><div></div><div></div><div></div><div></div></div> | Legal Framework | <div><div></div><div></div><div></div><div></div></div> |
| | | Inter-sectoral Coordination | <div><div></div><div></div><div></div><div></div></div> |
| | | Finance | <div><div></div><div></div><div></div><div></div></div> |
| Implementing Widely | <div><div></div><div></div><div></div><div></div></div> | Scope of Programs | <div><div></div><div></div><div></div><div></div></div> |
| | | Coverage | <div><div></div><div></div><div></div><div></div></div> |
| | | Equity | <div><div></div><div></div><div></div><div></div></div> |
| Monitoring and Assuring Quality | <div><div></div><div></div><div></div><div></div></div> | Data Availability | <div><div></div><div></div><div></div><div></div></div> |
| | | Quality Standards | <div><div></div><div></div><div></div><div></div></div> |
| | | Compliance with Standards | <div><div></div><div></div><div></div><div></div></div> |
| <div><div>Legend:</div><div><div><div></div><div></div><div></div><div></div></div><div>Latent</div></div><div><div><div></div><div></div><div></div><div></div></div><div>Emerging</div></div><div><div><div></div><div></div><div></div><div></div></div><div>Established</div></div><div><div><div></div><div></div><div></div><div></div></div><div>Advanced</div></div></div> | | | |

Table 12: International Classification and Comparison of ECD Systems

| ECD Policy Goal | Policy Lever | Level of Development | | | | |
|--------------------------------------|---------------------------|----------------------|-----------|-------|--------|--------|
| | | Colombia | Australia | Chile | Sweden | Turkey |
| Establishing an Enabling Environment | Legal Framework | | | | | |
| | Coordination | | | | | |
| | Finance | | | | | |
| Implementing Widely | Scope of Programs | | | | | |
| | Coverage | | | | | |
| | Equity | | | | | |
| Monitoring and Assuring Quality | Data Availability | | | | | |
| | Quality Standards | | | | | |
| | Compliance with Standards | | | | | |
| Legend: | | | | | | |

Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners to identify opportunities for further development of effective ECD systems. This Country Report presents a framework to compare Colombia's ECD system with other countries in

the region and internationally. Each of the nine policy levers are examined in detail and some policy options are identified to strengthen ECD are offered.

Table 13 summarizes the key policy options identified to inform policy dialogue and improve the provision of

essential ECD services in Colombia. If the FZTF strategy is effectively implemented and outcomes are regularly monitored and tracked, the GoC has the opportunity to

ensure that all young children have a strong start in life and are afforded the opportunity to reach their full potential.

Table 13: Summary of policy options to improve ECD in Colombia

| Policy Dimension | Policy Options and Recommendations |
|---|---|
| Establishing an Enabling Environment | <ul style="list-style-type: none"> • Create mechanisms to promote the provision of free healthcare to young children, such as establishing requirements for regular well-child visits • At department and municipal levels, expand child protection interventions, such as specialized training in domestic abuse and exploitation for judges, lawyers, and law enforcement officers • Develop an inclusive education policy to guarantee equitable access to ECCE for children with special needs • Finalize a costed implementation plan for <i>From Zero to Forever</i> strategy • Develop strategies to deliver all services outlined in <i>Ruta Integral</i>, including capacity building of Municipal Technical ECD Committees • Strengthen coordination mechanisms between ICBF and MEN on funding for ECCE • Ensure coordinated, sustainable, and adequate commitment to ECCE spending |
| Implementing Widely | <ul style="list-style-type: none"> • Ensure all essential interventions are available throughout the country through improved coordination at the point of service delivery • Facilitate enhanced capacity of local authorities in order to identify and address gaps in coverage • For children already attending traditional HCB modalities, expand the scope of service (outlined in the <i>Ruta Integral</i>) by providing quality training to Community Mothers • Improve access to nutrition interventions, such as breastfeeding promotion and parental education on healthy eating, by leveraging existing resources and networks in the health sector • Support community-based nutrition/health education through training, materials, and compensation for community promoters |
| Monitoring and Assuring Quality | <ul style="list-style-type: none"> • Create online tracking system to monitor and track service provision • Improve coordination of sectors involved in data collection for ECD services • Collect and maintain data on child development outcomes • Adapt Operations Guide and service provider training to reflect new <i>From Zero to Forever</i> strategy • Finalize a document with pedagogical guidelines to promote and regulate learning standards • Consolidate system to monitor compliance with standards • Formalize the accreditation process by monitoring specific information to evaluate whether ECCE centers meet standards • Incentivize high quality standards in an increased number of ECCE centers |

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Abbreviations and Acronyms

- CDI** Child Development Centers (*Centros de Desarrollo Infantil*)
- CIPI** Intersectoral Commission on Comprehensive Early Childhood (*Comisión Intersectorial de Atención Integral en Primera Infancia*)
- CONPES** National Social and Public Policy Council (*Consejo Nacional de Política Económica Social*)
- DANE** National Administrative Department of Statistics (*Departamento Administrativo Nacional de Estadística*)
- DNP** National Planning Department (*Departamento Nacional de Planeación*)
- DPS** Social Prosperity Department (*Departamento de Prosperidad Social*)
- ECCE** Early Childhood Care and Education
- ECD** Early Childhood Development
- EPI** Expanded Program on Immunizations
- GoC** Government of Colombia
- HCB** Community Welfare Homes (*Hogares Comunitarios de Bienestar*)
- ICBF** Colombian Family Welfare Institute (*Instituto Colombiano de Bienestar Familiar*)
- ILO** International Labor Organization
- MEN** National Ministry of Education (*Ministerio Nacional de Educación*)
- MoC** Ministry of Culture (*Ministerio de Cultura*)
- MoSP** Ministry of Health and Social Protection (*Ministerio de Salud y Protección Social*)
- PAIPI** Comprehensive ECCE Program (*Programa Atención Integral a la Primera Infancia*)
- RUB** Registry of Beneficiaries (*Registro Único de Beneficiarios*)
- SIPI** Information System for Early Childhood (*Sistema de Información Primera Infancia*)
- SISBEN** System for Selection of Beneficiaries of Social Programs (*Sistema de Selección de Beneficiarios para Programas Sociales*)
- UNRC** United Nations Convention on the Rights of the Child

The **Systems Approach for Better Education Results**

(SABER) initiative produces comparative data and knowledge on education policies and institutions, with the aim of helping countries systematically strengthen their education systems. SABER evaluates the quality of education policies against evidence-based global standards, using new diagnostic tools and detailed policy data. The SABER country reports give all parties with a stake in educational results—from administrators, teachers, and parents to policymakers and business people—an accessible, objective snapshot showing how well the policies of their country's education system are oriented toward ensuring that all children and youth learn.

This report focuses specifically on policies in the area of Early Childhood Development.

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