

# Republic of Kiribati



## EARLY CHILDHOOD DEVELOPMENT

SABER and NSA-ECD  
Country Report  
2014

### Policy Goals

#### 1. Establishing an Enabling Environment

While an ECCE policy exists in Kiribati, the overall ECD system in Kiribati is poorly defined in legislation, with minimal funding investment and no coordinated multisectoral collaboration. The system must be strengthened to ensure implementation of policy and efficient provision of services at the local level.

#### 2. Implementing Widely

Health and birth registration tracking demonstrate good implementation. However, coverage levels for other ECCE services (education, nutrition, etc.) are either inadequate or not tracked, particularly for children from the poorest families and those living in rural areas. Service delivery in all sectors should be expanded to ensure all children are provided the opportunity for optimal development.

#### 3. Monitoring and Ensuring Quality

Data collection within all relevant sectors needs to be improved to monitor access and quality of all ECD services. In education, minimum quality service standards for ECD services with a clear monitoring system should be developed. Mechanisms must be put in place in local communities to ensure that service providers coordinate efforts and meet quality standards.

### Status

Latent



Emerging



Latent



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Systems Approach for Better Education Results



WORLD BANK GROUP

*This report presents an analysis of the Early Childhood Development (ECD) subsector, including programs and policies that affect young children in the Republic of Kiribati. This was a collaborative effort between UNICEF and the World Bank Group; it combines the World Bank Group's SABER-ECD framework,<sup>1</sup> which includes analysis of early learning, health, nutrition, and social and child protection policies and interventions in Kiribati, along with regional and international comparisons, as well as the regionally developed UNICEF National Situational Analysis–ECD, which takes a greater in-depth look at the following system components, which have been highlighted by the Pacific Region as priority components for quality Early Childhood Care and Education (ECCE) implementation: policy, legislation, and governance; human resources; curriculum, child assessment, and environment; performance monitoring and assessment; and community partnerships. This report has been formally endorsed by Ministry of Education, Kiribati (please see Annex 1 on page 33).*

### The Republic of Kiribati and Early Childhood Development

**The Republic of Kiribati** (Kiribati) is an island state located in Oceania in the South Pacific Ocean, northeast of Australia, north of Fiji, and east of Papua New Guinea. Kiribati is a nation of mostly island villages scattered over 3,860 thousand square kilometers of sea with a landmass of more than 811,000 square kilometers divided into 33 atoll islands. The Kiribati 2010 Census<sup>2</sup> shows the number of citizens at 103,058, of which approximately 16,442 (16 percent) are age five years of age and below. Kiribati has a GDP per capita of \$6,200 (2012 estimate, CIA World Fact Book) and ranks 121st in the UNDP Human Development Index.

Kiribati is dedicated to improving the education sector. In 2008, the Ministry of Education (MOE) drafted the Kiribati Early Childhood Care and Education (ECCE) Policy, which was formally endorsed by Cabinet in 2010. The ECCE policy, targeting ages three to five, calls ECCE a “national responsibility” with a mission “to culturally nurture young children in a loving and caring environment to enhance through interactive play the fullest potential of their physical, intellectual, social, emotional and spiritual growth in line with trends and development” (p. 1). Within the Ministry of Education, early childhood education (ECE) is recognized as a community-based system based on partnerships between Island Councils, churches, communities, and private enterprises. The current focus of funding and resources has targeted the improvement of lower primary education since 2010. This has left very limited support—financing, human capacity, and resources—to dedicate to ECCE services.

The responsibility of comprehensive ECD services for young children from birth to five years of age does not lie with MOE alone. Further efforts are needed across health, nutrition, and social and child protection to ensure adequate provision of comprehensive ECD services, including for young children from birth to age three in close collaboration with Ministries of Finance and Economic Development, Internal Affairs, Health and Medical Services, and Women, Youth, and Social Development. Additionally, across all sectors, including education, national policies should be better aligned with ground-level service delivery, with strengthened monitoring. Table 1 provides a snapshot summary of ECD indicators for Kiribati compared to other Pacific Island Countries.

**Table 1: Snapshot of ECD Indicators in Kiribati with Regional Comparison**

	Kiribati	Solomon Islands	Fiji	Samoa	Tonga	Vanuatu
Infant mortality (deaths per 1,000 live births)	38	23	15	17	13	12
Under-five mortality (deaths per 1,000 live births)	47	27	17	20	16	14
Moderate and severe stunting (under age five) (2007)	No data	33%	3.4% (2004)	No data	No data	20%
Maternal mortality ratio (deaths per 100,000 births)	250 (2005) 2 (2011) 8 (2013) <sup>a</sup>	100	34	29	140	150
Gross preprimary enrollment rate (2010)	33.7% <sup>b</sup>	49%	No data	38%	21%	59%
Birth registration 2000–2010	94%	No data	No data	48%	98%	26%

Source: UNICEF Country Statistics 2010, UNESCO Institute for Statistics.

a. Kiribati MDG Report 2007; Kiribati Tracking Progress in Maternal and Child Survival A Case Study Report 2013; Medical MNCH Record—Statistics Report 2013.

b. For 2011, Kiribati MOE Digest of Education Statistics, 2011. The Preprimary Net Enrollment Rate (NET) in 2011 was determined by UNICEF to be 80.5

<sup>1</sup> SABER-ECD is one domain within the World Bank Group initiative Systems Approach to Better Education Results (SABER), which is designed to provide comparable and comprehensive assessments of country policies.

<sup>2</sup> “REPORT on the Kiribati 2010 CENSUS OF POPULATION and HOUSING Vol 1: Basic Information and Tables,” National Statistics Office, Ministry of Finance, Republic of Kiribati. <http://www.mfed.gov.ki/wp-content/uploads/2011/05/Census-Report-2010-Volume-1.pdf>.

## Systems Approach to Better Education Results—Early Childhood Development (SABER-ECD)

SABER-ECD collects, analyses, 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.

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.

### 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 Ensuring 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 ECD.

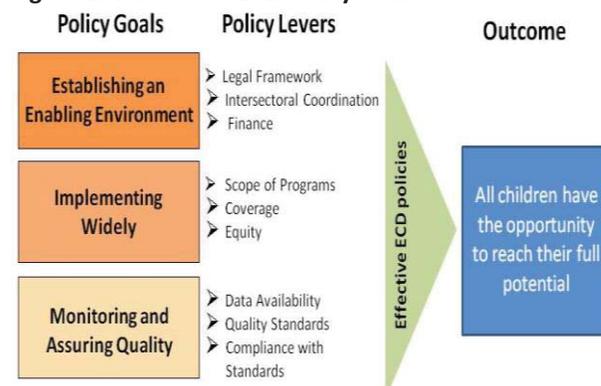
Strengthening ECD policies can be viewed as a continuum; as described in

Table 2, countries can range from a latent to advanced level of development within the different policy levers and goals.

**Box 1: A Checklist to Consider How Well ECD Is Promoted at the Country Level**

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?	
<b>Health care</b>	<ul style="list-style-type: none"> <li>Standard health screenings for pregnant women</li> <li>Skilled attendants at delivery</li> <li>Childhood immunizations</li> <li>Well-child visits</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>Breastfeeding promotion</li> <li>Infant and young child feeding promotion</li> <li>Salt iodization</li> <li>Iron fortification (food fortification)</li> <li>Vitamin A and deworming supplementation (under five)</li> </ul>
<b>Early learning</b>	<ul style="list-style-type: none"> <li>Parenting programs (during pregnancy, after delivery, and throughout early childhood)</li> <li>Child care for working parents (of high quality)</li> <li>Free preprimary school (preferably at least two years with developmentally appropriate curriculum and classrooms and quality assurance mechanisms)</li> </ul>
<b>Social protection</b>	<ul style="list-style-type: none"> <li>Services for orphans and vulnerable children</li> <li>Policies to protect rights of children with special needs and promote their participation/access to ECD services</li> <li>Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.)</li> </ul>
<b>Child protection</b>	<ul style="list-style-type: none"> <li>Mandated birth registration</li> <li>Job protection and breastfeeding breaks for new mothers</li> <li>Specific provisions in judicial system for young children</li> <li>Guaranteed paid parental leave of least six months</li> <li>Domestic violence laws and enforcement</li> <li>Tracking of child abuse (especially for young children)</li> <li>Training for law enforcement officers in regard to the particular needs of young children</li> </ul>

**Figure 1: Three Core ECD Policy Goals**



**Table 2: ECD Policy Goals and Levels of Development**

ECD policy goal	Level of development			
	Latent 	Emerging 	Established 	Advanced 
Establishing an Enabling Environment	Nonexistent legal framework; ad hoc financing; low intersectoral coordination	Minimal legal framework; some programs with sustained financing; some intersectoral coordination	Regulations in some sectors; functioning intersectoral coordination; sustained financing	Developed legal framework; robust interinstitutional 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 Ensuring 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

## National Situational Assessment–Early Childhood Development: NSA-ECD

UNICEF’s NSA-ECD tool was developed by UNICEF Pacific to meet the needs of the Pacific Island Countries. The Pacific Region’s Ministry of Education’s ECCE Directors met in March 2012 to begin the development of *Pacific Guidelines for the Development of National Quality Frameworks for ECCE—Programming for Ages Three to Five*. This meeting identified five system components important to the Pacific Region for quality ECCE, with associated issues:

1. Policy/Legislation and Governance
2. Human Resources
3. Curriculum, Child Assessment, and Environment
4. Performance Monitoring and Assessment
5. Community Partnerships

The NSA-ECD tool was created by UNICEF Pacific in collaboration with the World Bank Group to address in particular how the system components nos. 2–5 are being implemented. Component no. 1, Policy/Legislation and Governance, is addressed in the instruments of SABER-ECD, which is an initiative of the Human

Development Network of the World Bank Group. To seamlessly merge the NSA-ECD results into the World Bank Group’s SABER-ECD report framework, NSA-ECD findings for system components have been incorporated into the end of the SABER-ECD report, under the heading “Situational Analysis of ECD Implementation.”

### 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.*<sup>3</sup> *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.*

<sup>3</sup> Britto, Yoshikawa, and Boller 2011; Vargas-Baron 2005.

### Policy Lever 1.1: Legal Framework



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

**No national policies are in place to promote appropriate dietary consumption for young children and pregnant women.**

In the 2007 Meeting of the Ministers of Health for the Pacific Island Countries, ministers identified protein-energy malnutrition, vitamin mineral deficiency, and breastfeeding as nutritional issues to be addressed in the Pacific Region. They agreed on the need for salt iodization and flour fortification. Although the Policy on Breastfeeding and Infant Feeding Practices was adopted (1998), neither this nor any other policy addresses comprehensive nutritional support for young children.

A School Food Policy (2013) strengthens a guideline on nutritious and safe food and drinks sold within school compounds; however, this does not directly apply to community-based preschools. This is a new policy, and so no current data are available on its effectiveness. It is unknown how many children under the age of five might be either stunted or severely stunted. According to Kiribati's "Tracking Progress in Maternal and Child Survival: A Case Study Report" (2013), 66 percent of children have received Vitamin A supplements through biannual distribution.

There are also no data on the number of children and women aged 15-49 years who may be suffering from anemia. Iodine deficiency disorders in pregnant women or infants are the leading cause of preventable intellectual impairment and mental retardation. However, no policy is in place to support the importation of iodized salt and fortified flour.

In Kiribati, data from UNICEF's Multiple Indicator Cluster Survey (MICS), 2006–2010, show that 69 percent of children under six months old are exclusively breastfed.

Establishing regulatory frameworks to encourage breastfeeding can be an effective strategy to reduce infant mortality rates and promote healthy development. Kiribati promotes breastfeeding for all children through the 1998 Kiribati Policy on Breastfeeding and Infant Feeding Practices. It does not, however, set regulatory measures in this area, and the government has not adopted the International Code of Breast Milk Substitutes, a global health policy framework adopted by the WHO.

**The provision of free preprimary education is not mandated by national law.** Rather than providing free preprimary education services, Kiribati encourages local communities to take ownership of preschools in their communities. The Kiribati Early Childhood Care and Education Policy (2010) states kindergarten is for children aged three to five years. However, the provision and guarantee of ECCE is not reflected in the Kiribati Education Act, and aside from the support to ECCE teacher training and professional development, no other systematic provision or backing for ECCE exists within MOE's Education Sector Strategic Plan (2012–2015).

**Although provision is made for health care for pregnant women and young children, there are no national policies or regulations.** Article 24 of the Convention of the Rights of the Child (CRC), ratified by Kiribati in December 1995, establishes the right to health care, which includes the government's provision of sufficient health services.

According to interviews, health care for young children is free of charge in Kiribati. However, no health policy explicitly states that health care services are free, and although interviews reported that children are required to have well-child visits, no written policy or regulations stipulate this.

The Ministry of Health and Medical Services (MHMS) operates an Expanded Program of Immunization (EPI), although no official policy was made available for review. Although the rate of immunizations for the DPT3 vaccine is an impressive 99 percent of one-year-old children, other immunization rates vary considerably.<sup>4</sup>

<sup>4</sup> BCG, 65 percent; Hep B1, 41 percent; Hep B2, 31 percent; Hep B3, 17 percent; Pent 1, 92 percent; Pent 2, 96 percent; Pent 3, 96 percent; Oral

Polio 1, 92 percent; Oral Polio 2 and 3, 95 percent; measles/rubella, 81 percent.

Few policies exist to ensure adequate health care for pregnant women. Although 71 percent of pregnant women have benefited from at least four antenatal visits, and interviews stated that antenatal visits and skilled delivery are free, no policy explicitly states this. Interviews stated that standard health screenings and referrals are provided for HIV and sexually transmitted diseases (STDs) in pregnant women, but no policy or strategic plan is in place for prevention of mother-to-child transmission (PMTCT) of HIV. Screening for HIV and STDs among pregnant women is not required or standard. The rate of HIV among pregnant women is not known, nor is the percentage of exposed infants receiving antiretroviral for PMTCT.

**National policies exist that protect pregnant women and new mothers.** Although Kiribati has not ratified the International Labor Organization Maternity Protection Convention, policies support pregnant women and new mothers (National Condition of Service, Breastfeeding and Infant Feeding Practice Policy).

The Kiribati government provides 12 weeks maternity leave (six weeks before and six weeks after birth), and new mothers are paid their full salary during this time; however, this benefit is provided only to public sector workers who have completed at least six months' service, and only for the first two pregnancies. There is no paternity leave. When public sector workers return to work after maternity leave, they are guaranteed breastfeeding breaks and facilities, job protection, and protection from employment discrimination. Table 3 illustrates parental leave policies in Kiribati compared with some other Pacific Islands Countries.

**Table 3: Regional Comparison of Parental Leave Policies**

Kiribati	Solomon Islands	Fiji	Tonga	Vanuatu
12 weeks maternity leave at full salary, but only for public sector employees. No maternity leave after second child.	12 weeks at minimum 25% of wage	12 weeks at 17% of wage, 547 days unpaid; paid by employer	No parental leave guaranteed for all workers; 12 weeks at 100% wage for government workers only, paid by government	14 weeks at minimum 66% of wage; paid by employer (new legislation: costs will be shared proportionally across employers)

Source: ILO 2012.

**Kiribati has started to recognize the importance of child protection issues, although as of yet no official policy provides child protection.** The Ministry of Women, Youth, and Social Development's (MWYSD) "Elimination of Gender Violence Based Program" addresses gender-based violence, although it should be noted that this does not necessarily equate to family violence or to child abuse and neglect. The Children, Young People and Families Welfare System Policy Background Paper (April 2012) provides the rationale/justification for the design and development of a welfare system in Kiribati. This background paper, developed with the Child Protection Working Group, defines "child" as a person below the age of 14 years and defines "child protection" as the "the laws, policies, administration and services designed to prevent and respond to all forms of child abuse, violence, neglect and exploitation" (p. 3). This paper focuses mainly on coordination and collaboration among families, the Social Welfare Division, and police, and the Judiciary toward resolution of child protection cases, including prevention, awareness, and response. This background paper provides a list of "next steps," including the development of child protection policies for service providers.

As Kiribati considers the development of child protection policies and other "next steps" per the background paper, it is recommended that social protection issues including children with disabilities and orphans or other vulnerable children are addressed in the policy, because they are often at increased risk for child abuse and neglect because of their increased vulnerability. It is also recommended that a child protection policy include all children from birth to age 14 years, because infants and toddlers are at increased risk of abuse and neglect compared to older children.

**Kiribati's Birth Registration Act has been effective.** The CRC states that all children have the right to protection from being deprived of their identity. The Birth, Death, and Marriage Registration Policy has been in place since 1977, with a rate of 94 percent. There is no outreach system in place to reach those not yet registered, and it is not possible to determine registration rates by socioeconomic status and geographic location.

### Key Laws, Regulations, and Documents Governing ECD in the Republic of Kiribati

- Kiribati Early Childhood Care Policy (2010)
- Kiribati Early Childhood Curriculum (2010)
- Education 2009–2012 budget
- Salary scale
- Birth, Death and Marriages Registration Act (1977)
- Children, Young People and Families Welfare System Policy (year unknown)
- Memorandum of Understanding: SafeNet—A Gender Based Violence Referral Network
- Policy on Breastfeeding and Infant Feeding Practices of Kiribati (1998)
- Policy on Baby Friendly Hospital Initiative 2010
- Policy on Home Visit during Postnatal Period
- Teacher Professional Development Framework
- Digest of Education Statistics (2011)
- Ministry of Education Sector Strategic Plan 2012–2015
- Kiribati National Conditions of Service (May 2012)
- SafeNet—A Gender-Based Violence Referral Network, Memorandum of Understanding (June 2012)
- Children, Young People, and Families Welfare System Policy: Background Paper (April 2012)
- School Food Policy (2013)

**of service delivery.** Although Kiribati has an ECE policy, it has not been costed and questions surround its quality.

One interviewee noted that the central government has no responsibility in the design or implementation of ECD policy and that “at present ECD is the responsibility of the communities.” No clear system is in place to oversee collaboration and coordination for achieving ECD multisectoral services, and no regulated system is in place for ECD goals for education, health, social protection, or child protection.

### Limited coordination meetings are held between the different implementing state and nonstate actors to collaborate to promote the provision of quality ECCE.

Current ECE service providers include churches, Island Councils, and one privately owned ECE center. Although a Kiribati Early Childhood Care and Education Association is in existence, it is informal and no documentation (agendas, minutes) was available for review. The preschool association does not include representation of other sector stakeholders.

Given that all preschools are community or church managed, potential is seen for partnerships between communities and the Kiribati government. However, no formal agreement exists between MOE and communities, nor are there clearly defined expectations and accountability of MOE’s and communities’ roles and responsibilities.

### Policy Lever 1.2: Intersectoral Coordination



*Development in early childhood is a multidimensional process.<sup>5</sup> 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, nonstate actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with nonstate actors are also essential.*

**Kiribati does not have a multisectoral strategy. No coordination of ECD is made across sectors at the level**

### Policy Lever 1.3: Finance



*Although legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources 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 benefits.<sup>6</sup> Not only do investments in ECD generate high and persistent returns, they can also enhance the*

<sup>5</sup> Naudeau et al. 2011; Neuman 2007; UNESCO-OREALC 2004.

<sup>6</sup> Hanushek and Kimko 2000; Hanushek 2003; Valerio and Garcia 2012; WHO 2005.

*effectiveness of other social investments and help governments address multiple priorities with single investments.*

**The level of public expenditure on ECD is minimal; the funds that are available for health services are not coordinated or reported across all sectors.** Within Kiribati, no funding support or budget is set for ECD services. Various interviews confirmed this, including the following comments:

- “Please note that ECD is not yet included in Ministries’ budget.” (MOE)
- “Expenditure cannot be reported as there are no provisions in the budget specifically for ECD aged children and pregnant women.” (MHMS)

Since it was reported that no public expenditure is currently made on ECD, it should also be noted there currently are no criteria for the allocation of funding for health, nutrition, ECE centers, or child protection services.

Total public expenditure on education in 2011 was \$A17,158,020.00 and in 2012 was \$A18,638,444. Of that, none was allocated or spent on ECD.

Aside from the public expenditure provided for education, the following operating budgets were provided for:

- EPI—\$A106,079
- Safe Motherhood (counselling, antenatal visits)—\$A60,000

**The level of ECD finance is inadequate to meet the needs of the population.** With the absence of ECD reflected in the Education Act and other legislation, no law has established the minimum level of public funding for ECD or the maximum that families could be charged. According to interviews and the ECE policy, the only criteria that would be used for the allocation of ECE funding are “that schools should have a classroom and storage. This criterion is also used for the certification of schools.”

Preschools owned by Island Councils do not charge tuition and are seen as public or state schools; private preschools charge tuition. For all preschools, additional fees families are responsible for include uniforms, meals,

salary contribution, and transport costs. It is not clear how Island Councils run their preschools because they do not charge tuition nor do they receive any funding support from government.

Although many health services (antenatal check-ups, labor and delivery, contraceptives, immunizations, growth monitoring, and antibiotics/treatment for upper respiratory tract infections, pneumonia, tuberculosis, and PMTCT/HIV/AIDS) are reported to be free, the only amount clearly allocated for maternal and child health care within the reviewed budgets for health was for EPI. It was reported during interviews that there is “no such service” for well child-visits, emergency services, maternal depression, and family support. Malaria is not found in Kiribati, and so bed nets are not needed; however, nets could decrease the threat of dengue fever, also carried by mosquitoes.

The lack of formal funding support for ECD is demonstrated most clearly in ECE teacher remuneration. A law mandates a minimal wage. Primary teachers earn a wage ranging from \$A4,164 to \$A6,166, spanning an 11-year incremental scale. Administrators earn a salary ranging from \$A9,000 to \$A10,170, spanning a four-year incremental scale. However, ECE teachers are not included in the minimum wage scale, and their salaries (paid by Island Councils, communities, and/or privately), with no regulations on minimum salary, are typically \$A20 per month (\$A5 per week)—well below the national poverty indicator of \$A16.09 per week per person, or \$A112.80 per week per household. This means that ECD teachers are earning less than one-third of the poverty threshold. Extension Health Service Workers’ salaries are also compensated by Island Councils and are dependent on how much the Councils can pay; no funding allocation or salary regulations are in place, and so it is assumed that they are in the same salary situation as ECE teachers.

Table 4 illustrates overall public and out-of-pocket health expenditures.<sup>7</sup>

**Table 4: Regional Comparison of Select Health Expenditure Indicators**

	Kiribati	Solomon Islands	Fiji	Samoa	Tonga	Vanuatu
Out-of-pocket expenditure as a percentage of all private health expenditure	1.9 <sup>a</sup>	54%	66%	63%	68%	57%
Out-of-pocket expenditure as a percentage of total health expenditure	16.5 <sup>b</sup>	4	20	8	13	5
Government expenditure on health as a percentage of GDP	10.7 <sup>a</sup>	8.0	3.4	5.7	4.1	4.8

Source: WHO Global Health Expenditure Database 2010.

a. <http://data.worldbank.org/indicator>

b. KIRIBATI, Tracking Progress in Maternal and Child Survival A Case Study Report, 2013.

## Policy Options to Strengthen the Enabling Environment for ECD in Kiribati

### Legal Framework

➤ **Develop a legal framework for ECD, including clear policies and implementation and enforcement mechanisms**

In the absence of a legal framework defining the importance of ECD, as well as the exclusion of ECE in the Education Act, Kiribati has not yet committed to making ECD a clear priority of government. In the absence of a legal framework, no clear definition has been made of responsibility for ECD services. An example of the

ambiguity this causes in policy includes the current draft language policy; it states ECE is for ages four to five, and that teachers should provide instruction in the mother tongue 95 percent of the time; however, the ECE policy states the ages are three to five, and although use of the mother tongue is encouraged 95 percent of the time as well, no monitoring and enforcement are done. When interviewed, the consultant providing technical assistance services for the language policy draft claimed that MOE has no responsibility over ECE and three-year-olds are not considered.

Meanwhile, two-year-olds are often enrolled in community ECE preschools as well. This has created a clear discrepancy in how ECE is defined and practiced, as well as possibly contradicting the importance of mother tongue use in the earliest years and a clear educational framework from ECE bridging to primary. The confusion within MOE as to whether early childhood services begin at age three or four should be clarified and reflected in all current and future policies and legislation. Ensuring comprehensive ECD services are reflected in the Education Act would be the first step to providing the legal framework needed to clarify responsibilities for services as well as define a clear strategic plan with concrete enforceable regulations and a monitoring system for improved ECD services.

An effective legal framework that will have a true impact on ECD must establish a system that mandates the provision of services that will protect mothers and young children. Having policies in place to monitor the quality of and coordinate with community preschools is critical.

### Intersectoral Coordination

➤ **Consider ways to establish intersectoral coordination for ECD services, examining the roles and needs of service providers and beneficiaries**

A stronger multisectoral approach for ECD services in the country would benefit the outcomes for young children across all sectors. To provide comprehensive services to young children, it is crucial to mobilize and coordinate

<sup>7</sup> 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.

resources in the education, health, and protection sectors. A multisectoral framework could serve as a model for a revised ECCE policy at the national level. However, activities under a proposed multisectoral framework will need to be clearly coordinated at the level of service delivery. Guidelines for integrated service delivery across health, nutrition, social protection, and education could be established to ensure children receive integrated services.

## Finance

➤ **Increase financial investment in ECD to promote Kiribati's social and economic development. Develop mechanisms to track spending.**

Finance for ECD services within Kiribati is extremely limited. Funding of and investment in ECD is poor, with challenges in adequately tracking funds. An increase in ECD spending within the MOE as well as across other sectors is recommended, using a transparent budget process. To efficiently provide comprehensive ECD services to the children of Kiribati, the health and education sectors should coordinate budgets and develop a methodology for quantifying ECD investments. If each ministry reports disaggregated spending by ECD age group, the government could better capture and monitor ECD services across sectors and identify the most cost-effective interventions.

An improved targeting mechanism to better address equity issues could ensure that all children have access to preprimary education regardless of, for example, ethnicity, geographic isolation, or gender. One option is the provision of small community grants to areas with low preschool access to cover preschool costs, including teacher salaries. A larger intersectoral approach to ECD could link the small-scale community grants provided by MWYSD to MOE-created ECD center minimum quality standards (to be addressed in the sections Policy Goal 3 and ECD Implementation); this would provide a structured way for communities to seek funding for the improvement of their ECD centers and help them meet government registration—and improvement—requirements. Linking requirements with funding opportunities is important to provide financial incentives for expanding access of community-based provision.

## 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 and 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 2 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.*

**ECD programs are limited in scope.** Data are limited on the scope and service provision of many of ECD programs, including education, health, nutrition, and protection sectors. Existing interventions target children from birth to 60 months, as well as pregnant women and mothers. These programs focus on one sector, rather than taking a multisectoral or comprehensive approach to children's development. Figure 3 presents the availability of ECD interventions in Kiribati, which all function within one sector.

Figure 2: Essential Interventions during Different Periods of Young Children's Development

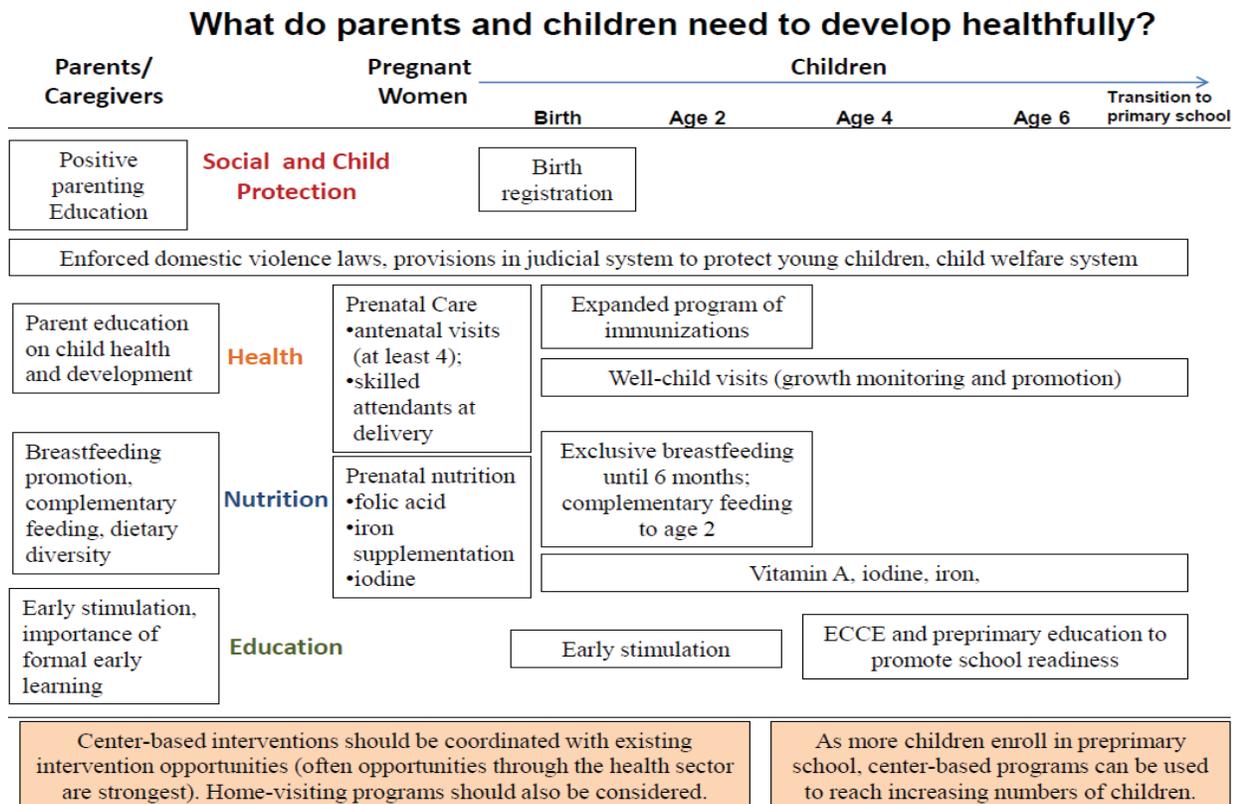
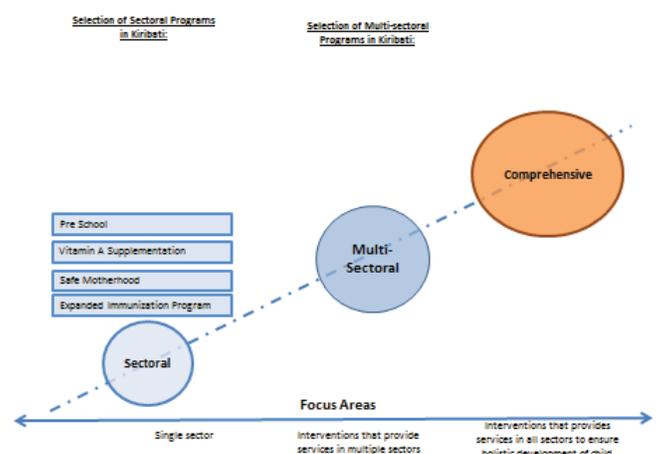


Table 5 demonstrates the limited range of ECD programs in Kiribati. Data collection and analysis determined that the health sector is established and implementing at scale regarding prenatal health care and immunizations, although no procedures are established for well-child visits and no services for maternal depression.

The majority of children aged 36–60 months who attend ECD services go to preschools run by Island Councils (5,128 beneficiaries), while 12 children aged 6–60 months attend a church day care center, 30 children attend a private play center, and 40 families participate in home care giving program. However, no program is available nationally, and with only 33.7 percent gross enrollment, coverage is insufficient.

Figure 3: Scope of ECD Interventions in Kiribati by Target Population and Sector



A Vitamin A supplementation program for children aged 6 to 59 months reached 21,718 children (66 percent). There is a “Skin to Skin” breastfeeding promotion program conducted at birth, which provides an early initiation into breastfeeding. There are no programs for MOE.

antipoverty or special needs/orphans and vulnerable children (OVC) intervention and no comprehensive system is in place to track the individual needs of children. Although a pilot parenting program is in place, it is provided within MOH activities and not aligned with

**Table 5: ECD Programs and Coverage in Kiribati**

ECD Intervention	Scale				
	None	Pilot programs	At scale in some regions	Scaling nationally	Universal coverage
<b>Health</b>					
Prenatal health care					X
Comprehensive immunizations for infants					X
Childhood wellness and growth monitoring <sup>8</sup>					X
Mosquito bed net distribution programs for young children and pregnant women	X				
Maternal depression screening of services	X				
<b>Education</b>					
Publicly provided early childhood care and education			X		
Publicly subsidized early childhood care and education	X				
Privately provided early childhood education		X			
Community-based early childhood care and education			X		
<b>Nutrition</b>					
Micronutrient support for pregnant women	X				
Food supplements for pregnant women	X				
Micronutrient support for young children				X	
Food supplements for young children	X				
Complementary feeding programs	X				
Breastfeeding promotion programs				X	
Feeding programs in preprimary schools	X				
<b>Parenting</b>					
Parenting integrated into health/community programs		X			
Home visiting programs to provide parenting messages				X	
<b>Antipoverty</b>					
Cash transfers conditional on ECD services or enrollment	X				
<b>Special Needs</b>					
Programs for OVCs	X				
<b>Comprehensive</b>					
A comprehensive system that tracks individual children’s needs	X				

Source: SABER-ECD Policy Data Collection Instrument and SABER-ECD Program Data Collection Instrument.

<sup>8</sup> Although growth monitoring and promotion are provided, no systematic well-child visits are provided.

**Policy Lever 2.2: Established 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.

It should be noted that the overall policy level determination of “established” is due to the averaged scoring of all the included sectors in this report and was inflated based on scoring from the high health and birth registration indicators, as well as the fact that other indicators were unknown.

The level of access to essential ECD health interventions is relatively high. As displayed in table 6, compared with young children in other countries in the region, Kiribati has made great strides in their birth registration rates and immunizations, and a skilled attendant attends four out of every five births. Pregnant women receive antenatal care at a rate of 71 percent. Care is provided for sick children; 51 percent of children below five years of age suspected of having pneumonia receive antibiotics, and 62 percent of children below age five with diarrhea receive oral rehydration and continued feeding support. The use of insecticide-treated nets (ITNs) is not tracked because malaria is not a concern in Kiribati.

The percentage of HIV+ pregnant women and HIV-exposed infants receiving antiretrovirals for PMTCT is unknown.

**Table 6: Level of Access to Essential Health and Protection Interventions**

	Kiribati	Solomon Islands	Fiji	Samoa	Vanuatu
Percentage of one-year-old children immunized against DPT (corresponding vaccines: DPT3β)	99%	79%	99%	87%	68%
Rate of births attended by skilled attendants	80	70	99	81	74
Percentage of children below five years of age with suspected pneumonia receiving antibiotics	51	23	Not available	Not available	48
Percentage of pregnant women receiving antenatal care (at least once)	71	65	100	93	84
Percentage of children less than five years of age sleeping under ITNs	Not available	40	Not available	Not available	56
Birth registration rate 2000–2010	94	Not available	Not available	48	26

Source: UNICEF Country Statistics 2007 and 2011.

The level of access to nutrition interventions is difficult to assess. Stunting early in life can lead to detrimental effects in a child’s physical, cognitive, socioemotional, and linguistic development. Table 7 shows the level of access to essential ECD nutrition interventions for young children and pregnant women in Kiribati and other Pacific Island Countries. Breast milk is considered the best method to ensure an infant’s intake of all the nutrients and calories for proper growth and development. WHO and UNICEF recommend continuous and exclusive breastfeeding until a child is six months of age. The Policy on Breastfeeding and Infant Feeding Practices encourages exclusive breastfeeding, and 69 percent of mothers exclusively breastfeed their children.

Vitamin A supplementation program covered 66 percent of children in 2013. The percentage of iodized salt consumption is unknown, as well as the rate of anemia. It is also unknown how many children are born with low birth weight; and, although growth monitoring was reported to be in place, the number of children below age five who may be moderately or severely stunted is unknown as well. If the government is to promote the

optimal development of young children in Kiribati through the prevention of malnutrition, data collection on the access to these essential nutrition interventions must be improved to determine the effectiveness of interventions.

**Table 7: Regional Comparison of Level of Access to Essential Nutrition Services for Young Children and Pregnant Women**

	Kiribati	Solomon Islands	Fiji	Samoa	Vanuatu
Children below five with moderate/severe stunting	Not available	33%	3.4% <sup>a</sup>	Not available	20%
Infants exclusively breastfed until six months of age	69	74	40	51	40
Infants with low birth weight	9	13	10	10	10
Prevalence of anemia in pregnant women	Not available	51	56	33	57

Source: UNICEF Country Statistics 2007; WHO Global Database on Anemia 2005. a. As of 2004.

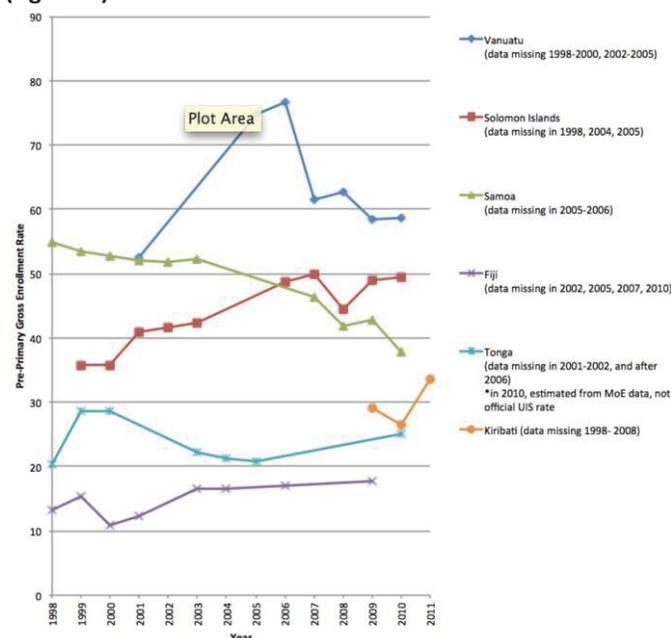
**The level of access to ECCE is low.** About one-third of the children in Kiribati have access to ECCE. In 2011 the gross enrollment rate, which reflects the total enrollment as a percentage of total population of the respective appropriate age for school level, was 33.7 percent for ECCE, and the gross enrollment rate for primary education was 90 percent.<sup>9</sup> The net enrollment rate, which reflects the percentage of all children with the official ECCE age that are enrolled, was 82 percent for primary education; according to UNICEF analysis based on the 2010 Kiribati Census, the net enrollment rate (NER) data for preprimary were 80.5 percent. It is important for countries to collect data on both rates, because discrepancy between gross enrollment rate (GER) and NER illustrates any difference between the percentages of all children of any age attending preprimary school compared to the percentage of children attending preprimary school at the appropriate age. The clear discrepancy between GER and NER (33.7 percent and 80.5 percent, respectively) shows that strengthened oversight of ECD services within MOE could improve monitoring of enrollment and completion ECD rates.

<sup>9</sup> MOE, Digest of Education Statistics 2011.

Figure 4 displays available enrollment data for Kiribati, the Solomon Islands, Vanuatu, Samoa, Fiji, and Tonga for 2006–10 and reveals that Kiribati has maintained below average gross enrollment rates compared to its neighboring countries.

Because ECE is absent in Kiribati’s Education Act, Education Sector Strategic Plan, and other legislation, no formal strategy is in place on increasing the access to and enrollment in ECD services.

**Figure 4: Gross Preprimary Enrollment Rates in Pacific Islands (Age 3–5)**



Source: UNESCO Institute for Statistics 2010.

### Policy Lever 2.3: Established 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.<sup>10</sup> One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

It should be noted that the overall policy level determination of “established” is due to the averaged scoring of all the included sectors in this report and was inflated based on scoring from the high overall

<sup>10</sup> Engle et al. 2011; Naudeau et al. 2011.

achievements of birth registration, as well as the fact that other indicators were unknown.

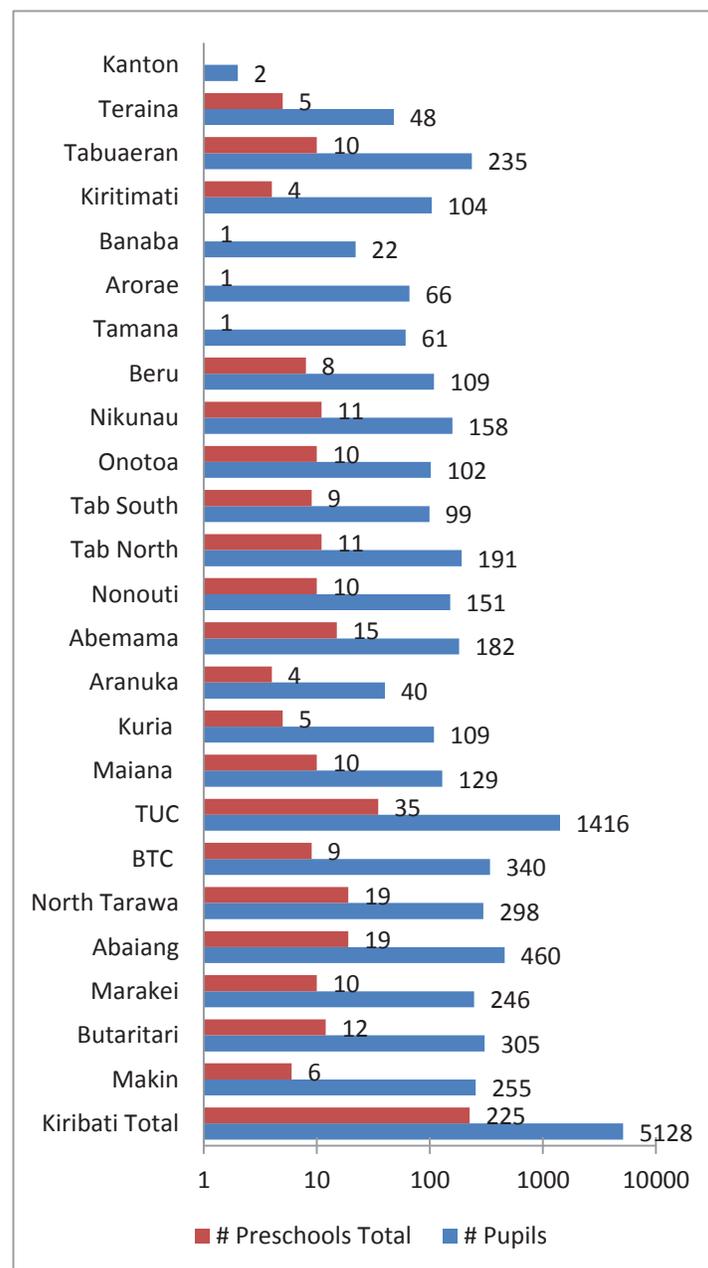
Some disparities in access to education, health, and social protection interventions exist, although this is difficult to assess because of data constraints. Data from the UNICEF Multiple Indicator Cluster Survey (MICS) show how access to ECD services can vary by socioeconomic status and geographical location. Available data in Kiribati that disaggregate outcomes by characteristics such as socioeconomic status and geographical location are limited.

Pregnant women from the richest quintile are 17 percent more likely to have a skilled attendant present at the time of their delivery compared with those in the poorest quintile (93 percent and 76 percent, respectively). Pregnant women in urban areas are 7 percent more likely to have their births attended by a skilled health worker than those in rural areas (84 percent to 77 percent). Data on underweight prevalence in children below age five and use of improved sanitation facilities are unavailable based on geographic location, so it is difficult to gauge if disparities exist between urban and rural areas. Greater attempts to collect data in a way that can identify disparities will help in future targeting of interventions for the most disadvantaged.

Little difference is seen in access to preschool by gender. Data on preschool access by other characteristics are not available. Boys and girls have equal access to ECCE services in Kiribati. The gross enrollment rate of ECCE for girls in 2011 was 34 percent and for boys was 33 percent (KEMIS 2011). Kiribati currently does not track preschool attendance according to urban-rural location or socioeconomic status. However, data on the number of children attending preschool as well as the number of ECCE centers are collected by island (figure 5).

Limited data are available to reveal equity in access based on special needs. Kiribati recently completed research on the status of education for children with disabilities, although it is unknown how it will translate into the Education Sector Strategic Plan. The current ECE Policy does not address children with special needs.

Figure 5: Number of Children and Number of Centers by Island, 2010



Source: Data from MOE.

## Policy Options to Implement ECD Widely in Kiribati

### Scope of Programs

➤ **Expand the types of ECD programs to promote all facets of children’s development. Collaborate between sectors to improve efficiency and children’s outcomes.**

Despite the existence of some ECD programs in Kiribati, the multiple sectors in Kiribati could improve

collaboration to provide comprehensive programs to better address the complex nature of child development. It is important to ensure that differentiated interventions are available to target different stages of children's development. Additionally, more programs that reach parents and caregivers would promote an optimal environment for children to learn and grow. A complete mapping of all ECD programs in the country across all sectors, including areas of overlap and potential collaboration, would be a cost-efficient first step to ensure a larger scope of ECD program implementation as well as improved coordination across sectors.

### Coverage

➤ **Consider ways to expand coverage for services, particularly nutrition interventions.** Current coverage of services is high in the health sector, but weak in the nutrition, education, and child protection sectors. It is recommended that MHMS and other sectors develop a strategy that will promote improved coverage to nutrition services for young children. An initial activity should be the collection and analysis of currently unavailable nutrition-related data to determine the impact of existing activities as well as any targeted interventions that might be needed.

The effectiveness of existing policies for provision of health and protection services can be improved (see tables 6 and 7). Also, the current coverage level for preprimary education is inadequate.

### Equity

➤ **Tailor interventions to target those who are most disadvantaged.** Coordination of efforts at the level of service delivery will be useful for reaching poor families and children, especially those living in rural areas or squatter communities, who currently are not receiving equitable access to essential ECD services. Expanded coverage and targeting mechanisms in the health, social protection, and education sectors would ensure that the hardest-to-reach children are guaranteed access to existing interventions. For example, given that there is a low presence of skilled birth attendants in rural areas, it might be worth exploring whether there is a correlation in access to these two interventions; women in rural areas with poor access could be simultaneously targeted with both interventions.

## Policy Goal 3: Monitoring and Ensuring Quality

### ➤ Policy Levers: Data Availability • Quality Standards • Compliance with Standards

*Monitoring and Ensuring 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.*

#### Policy Lever 3.1: Data Availability



*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.*

**Limited administrative and survey data are available across education, child protection, health, and nutrition interventions.** The UNICEF MICS survey collects household data on outcomes and access to interventions in health, nutrition, water and sanitation, education, and child protection. MICS was the primary source for the majority of the health and nutrition indicators discussed in sections 2.2 and 2.3. No system is in place that comprehensively collects data on health, nutrition, social protection, or child protection services. The following indicators are important pieces of a strong data collection and evaluation system and are currently not collected in Kiribati: usage (although health has some data, all sectors could improve), training service providers on ECD and child development issues (health, nutrition, social protection, child protection sectors), and holistic child outcomes (all sectors). When asked for data on the health facilities usage regarding ECD issues, it was reported, "Collection of data is lacking not just within the Ministry of Health alone but with all Ministries."

Although survey data provide one valuable source for effective policy making, a need is also seen for administrative data collection and availability. The education sector in Kiribati formally collects data only on

**Table 8: Availability of Data to Monitor ECD in Kiribati**

Administrative data	
Indicator	Tracked
Special needs children enrolled in ECCE (number of)	No
Children attending well-child visits (number of)	No
Children benefiting from public nutrition interventions (number of)	No
Women receiving prenatal nutrition interventions (number of)	No
Children enrolled in ECCE by subnational region (number of)	No
Average per child-to-teacher ratio in ECCE	No
Is ECCE spending in education sector differentiated within education budget?	No
Is ECD spending in health sector differentiated within health budget?	No
Survey data	
Indicator	Tracked
Population consuming iodized salt (%)	No
Vitamin A supplementation rate for children 6–59 months (%)	✓
Anemia prevalence among pregnant women (%)	✓
Children below the age of five 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 (%)	No

early childhood GER and percentage of new entrants into primary school who attended ECD programs within the Kiribati Education Management Information System (KEMIS). However, the Senior Education Officer (SEO) responsible for ECE informally collects data on the following: number of preschools, number of teachers and qualifications, number of students, and number of toilets. However, the SEO’s data on ECE are not included in the formal KEMIS system, and the data are not used for future planning purposes.

Administrative data are not available that allow for comparison of access by socioeconomic status, special needs, or rural versus urban regions in any sector. Table 8 illustrates the series of key indicators collected to track the provision of services to promote young children’s development.

The current ECE policy has no legal standing within formal legislation, and so there is no way to enforce the limited standards currently included in the ECE policy.

**Data are not collected to measure child development outcomes.** It is important to measure child development outcomes to monitor how children are developing in the physical, cognitive, linguistic, and socioemotional domains. Data on these child outcomes can inform policy makers on how existing ECD services may be impacting children’s developmental domains and which areas may need more support. Currently in Kiribati, no data on child development outcomes are collected, because developmental outcomes for young children aged three to five have not been established. As the ECD system within Kiribati becomes more established and ECD monitoring is strengthened, the country could consider a system that tracks individual children’s development outcomes throughout the early childhood period.

**Box 2: Chile Crece Contigo: The Biopsychosocial Development Support Program**

**Summary:** One of the key accomplishments in a program in Chile called *Chile Crece Contigo* is the ability to provide timely, targeted service delivery. A core element that makes this possible is the “Biopsychosocial Development Support Program,” which tracks the individual development of children. The program commences during the mother’s initial prenatal check-up, at which point an individual “score card” is created for the child. Each of the primary actors within the *Chile Crece Contigo* comprehensive service network—including family support unit, public health system, public education system, and other social services—has access to the child’s file and is required to update it as the child progresses through the different ECD services. If there is any kind of vulnerability, such as inadequate nutrition, the system identifies the required service to address this issue. Through the integrated approach to service delivery and information system management, these services are delivered at the right time and in a relevant manner, according to each child’s need.

**Key considerations for Kiribati:** It is not expected for Kiribati to create such a comprehensive multisectoral tracking system. However, strengthened multisectoral linkages under a legislative framework could provide an umbrella under which different ECD-related services could collaborate and coordinate implementation; child monitoring could be streamlined across all relevant sectors. This could be a first step toward providing monitoring of a child’s overall development across health and education. Longer-term planning could then identify how services could provide a responsive system that tailors to the individual child’s need.

**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 policy makers*

*hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children.*<sup>11</sup>

**Early learning development standards have not been established; an ECCE curriculum exists.** Early learning development standards, also known as child development outcomes, define indicators in all areas of development. Areas are identified by the country; examples include developmental indicators in physical development, cognition/intellectual, social/emotional, cultural/spiritual, and language. These standards have not yet been defined within the Kiribati context, thus data are not collected on child development outcomes. Although the current ECCE Curriculum provides a general description of the areas of development, it does not include clearly developed outcomes for children to learn. It also does not align with the primary school curriculum.

The Kiribati ECCE Policy Statement states that there is a need for national ECCE curriculum uniformity, which shall be used as a guideline for teacher planning. The Kiribati ECE Curriculum uses a thematic approach and stresses the importance of play. However, it has not been disseminated across all ECE teachers, and it is not available for the ECD community teachers in their mother tongue.

**Minimum training requirements are in place for ECCE professionals.** The MOE’s ECCE policy establishes requirements for teachers, summarized in table 9.

**Table 9: Teacher Training Requirements**

ECCE teacher classification	Minimum requirements
Paraprofessional; aide	Completion primary school
ECE teacher	Approved formal ECCE training: <ul style="list-style-type: none"> <li>• Vocational training, six-month course (ATPC)</li> <li>• USP ECCE program</li> <li>• KTC ECCE program</li> </ul>
Year 1 primary	Certificate or tertiary degree in ECCE

Under the ECCE policy, at least one teacher in an ECCE center must hold a recognized ECCE-teacher qualification.

In the past, Kiritabi Teachers College (KTC) offered preservice training on ECCE, although they no longer do. A preservice practicum is required in an ECCE setting. This includes one week of observation, two weeks of teaching, and one week of assessment. Although a six-hour in-service training on development, nutrition, sanitation, and resource making is scheduled to occur every three years, no funding has been allocated for this activity. MOE’s Sector Strategic Plan 2012–2015 states “the Ministry will also give priority to providing training and professional development to ECCE teachers in line with ECCE policy endorsed by Government in 2009”; however, no funding or strategic plans are in place to support the upgrading of ECCE teacher qualifications. KTC is responsible for regulating preservice training for ECCE teachers, yet they no longer provide an ECCE training program, and currently no mechanism is in place for enforcement.

**Established infrastructure and service delivery standards for ECCE exist, although they are not regulated.** The ECCE policy states the child-to-teacher ratio should be a minimum of 20:1 and a maximum of 30:1, depending on the age of children. Although it is commendable that a standard child-to-teacher ratio has been established, the international standard ratio to strive for is 15:1. MOE states that preschools should operate a minimum of two to four hours daily for school hours.

The ECCE policy has some infrastructure standards and requirements for building facilities, equipment, and learning resources for ECCE centers to be child friendly, safe, and healthy, although no monitoring is done for compliance. An “Application for the Establishment and Registration of ECCE Centres” is required by the local Island Council, which asks enrollment, staff qualifications, the language of instruction, land title, building description, facilities description, timetable, program, and fees to be charged. Regarding facilities, the policy states that buildings can be traditional, permanent, or semipermanent, with windows and adequate light, and be “1.5 square metres per child indoors and 2 square metres per child outdoors.” The

<sup>11</sup> Bryce et al. 2003; Naudeau et al. 2011; Victoria et al. 2008; Taylor and Bennett 2006.

policy states that hand-washing facilities should be available as well as one toilet for every 20 children.

According to the SEO in charge of ECCE, the only way to enforce compliance with standards is through issuing certification: “This does not state in the policy but preschools were advised that they should have a classroom and storage place if they want their school to be certified.” Regarding inspections, “There are no inspections but the policy states that each island should establish a Governing Committee to ensure that all ECCE centers on the island comply with the Ministry of Education ECCE policy. The Committee is also responsible for reporting any issues, activities, school needs and current situations of the centres on the islands to the Council and the Ministry of Education.” However, no system is in place to recommend the closure of an ECCE center due to any noncompliance; no ongoing monitoring or system takes place that rewards quality improvement (for example, steps in accreditation).

### 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.*

**According to administrative data, ECCE centers generally do not meet basic minimum standards.** Comparing the basic standards set by the ECCE Policy Statement to the available data provided by MOE for review, standards are not being implemented. KEMIS does not yet collect or report on ECCE data.

There are 360 ECCE teachers in Kiribati. During interviews, it was reported that 35 teachers completed primary, 263 completed lower secondary, 61 teachers completed upper secondary, and one teacher completed a general tertiary level. However, the breakdown of teacher certification as provided by the SEO in charge of ECE in table 10 does not match what was reported during the interviews.

**Table 10: Teacher Qualifications**

Certification level	No. teachers
None	35
Workshop	24
C/9	8
Form 3–5	42
Form 6–7	12
Unrelated/not ECCE (primary, secondary education, business, other)	20
KTC training (no longer active) <sup>a</sup>	16
USP training <sup>a</sup>	20
ECCE vocational training/certificate/six-month course (ATPC, Baha’i, Catholic) <sup>a</sup>	84
BA <sup>a</sup>	4
Unknown	95

a. Approved formal training per ECCE policy; 124 teachers.

Data have not been reported in KEMIS and are not disaggregated by gender and island. The distinction as to the type of training (provisional certificate, certificate, diploma, degree) that an ECCE teacher has is unclear among the various classifications listed above. Information of this kind could be useful for tracking future training needs as well as researching the impact of different teacher training over time on student performance. Analysis of the number of teachers who have achieved formal ECCE training per the National ECCE Policy is 124 (34 percent).

The ECCE policy states that child-to-teacher ratio should be a minimum 20:1 and a maximum 30:1, with a national average ratio in 2010 of 5,128 children to 360 teachers (a ratio of 14:1). However, this national average is somewhat deceptive, because it is unclear the number of certified teachers per classroom. In addition, some islands have disturbingly high ratios (such as Makin, with a ratio of 43:1).

**ECCE center infrastructure is often deficient and perhaps unsanitary.** Turning to infrastructure, the ECCE policy requires one toilet for every 20 children per ECCE center and hand-washing facilities. Of the 225 ECCE centers accounted for by MOE, there are only a reported 38 toilets in total—which means 17 percent of ECCE centers have access to a toilet, or 135 children for every toilet. No provision is made in the policy for access to a safe drinking water supply. These data demonstrate that ECCE centers do not meet compliance with minimum

standards, nor do they meet basic health and sanitation requirements.

No monitoring system is in place in Kiribati to determine compliance of current standards found in the ECCE policy. Therefore, it is unknown whether buildings meet standards for amount of space and other structural elements of ECCE centers. Considering the low number of toilets in ECCE centers, and the fact that only 20 centers (0.08 percent) have met the required “classroom and storage space” needed to be formally registered with MOE, it can be concluded that most ECCE centers are noncompliant.

In the future, the compliance of all infrastructure standards should be monitored. The child-to-teacher ratio, infrastructure, WASH (water, sanitation, and hygiene) facilities, and other basic standards are only a few proxy measures for the quality of learning that occurs in ECCE centers, and it is difficult to ascertain how well preschools comply with other quality standards.

**Because of a lack of clear legislation regarding ECD, there is no clear ownership of ECD services within government, and no clear responsibility for promoting and monitoring the quality of education and care provided in community preschools.** Aside from the acknowledgment that ECCE teachers need training, no other reflection is made of ECCE within MOE’s Education Sector Strategic Plan (2014–2015). Local Island Councils are reported to be responsible to inform MOE of problems, but no tools are in place to support Island Councils on what and how to monitor, nor is there a reporting structure with clear follow-up steps and responsibility.

## Policy Options to Monitor and Ensure ECD Quality in Kiribati

### Data Availability and Compliance with Standards

➤ **Expand the types of data collected.** Administrative data are important for tracking usage of ECD services, as well as identifying those families most in need of services. Data that allow for disaggregation by background characteristics are crucial to gauge the status of Kiribati’s most vulnerable citizens. Individual child development outcomes should be tracked. This will allow for identifying children in need of services, as well

as monitoring their development and the impact of ECD programs as they expand in the country.

➤ **Establish mechanisms to monitor and enforce existing standards, possibly through Island Councils.** No Minimum Quality Service Standards (MQSS) have been established for ECD service implementation and no monitoring and compliance mechanism to oversee quality standards. As previously stated, the current ECCE policy does not provide clear, research-based minimum standards for quality implementation. The data currently collected by KEMIS are based on self-recording by ECCE centers; however, the data cannot be validated in the absence of monitoring. Financial support for MQSS development should be prioritized, and monitoring of ECCE services should be fully reflected in MOE’s budget as overall, ongoing program support.

Preschool Management Committees (or Island Councils) are a logical and invaluable resource that is currently underutilized by MOE. Supporting the development and implementation of these committees would be extremely valuable. Additionally, providing technical assistance to these community organizations would better equip them to evaluate and report how well local ECCE centers meet the standards outlined by MOE. This improved support to Preschool Management Committees/Island Councils could help create mechanisms to enforce quality-learning environments in ECCE centers across Kiribati. Box 3 provides examples of strategies to implement these mechanisms, based on international experience of promoting community empowerment management of ECD services.

Improved coordination for the development of and strengthening Preschool Management Committees (including the Island Councils that run island ECCE centers) could provide MOE an invaluable opportunity to enforce compliance with quality standards. These community-operated committees are currently responsible for hiring and paying teachers as well as monitoring and maintaining school infrastructure. Once MOE provides strong guidance and oversight through MQSS development (in partnership with communities) and training for ECCE implementation, formal partnerships with MOE could place these Management Committees in charge of ongoing monitoring standards

for not only formal ECCE center licensure, but ongoing quality assurance as well.

## Quality Standards

➤ **Begin to develop Minimum Quality Standards for child outcomes.** Identified Early Learning and Development Standards (or other defined child development outcomes) could be used for monitoring purposes, as well as provide a potential multisectoral tool for use with child protection activities through parenting support as well as link with MHMS growth-monitoring activities.

➤ **Examine the reasons why most teachers do not meet teacher qualification requirements and take steps to address those issues.** In the Kiribati ECCE policy, MOE has accepted the responsibility of teacher training. However, with only 34 percent of ECCE teachers meeting teacher qualifications, a significant need for training is seen. It may be that training is not accessible or affordable, or that no incentives are in place for meeting the requirements. Considering the need for MQSS as well as child development outcomes, it would be best to develop these additional policy issues (as well as previously noted strengthening of the ECCE policy and development of a multisectoral framework) to include in teacher training. In addition, strengthening the implementation of the curriculum in its teacher training modules will be a useful strategy to promote effective teaching and address the multiple domains of children's development within the context of child development outcomes at the level of service delivery.

If MOE adjusted their KEMIS to track the type of training a teacher receives, then not only can ongoing training be targeted in a more sustainable way, but MOE could also track the impact of type and level of teacher certification on student performance over time.

Although the ECCE policy states the minimum and maximum class size ratio, MOE should mandate ratios that are specific to age groups, with smaller ratios for younger children. For children four to five years old, the maximum class size ratio should be 15:1, but for children two to three years old, smaller class sizes of 6–12:1 would be more suitable due to their age and differing needs.

### Box 3: Relevant Lessons from International Experiences in Monitoring and Ensuring Quality: *Community Management of ECD Services*

**Example from Mexico:** The government of Mexico created the Quality Schools Program (*Programa Escuelas de Calidad*) in 2001 to promote community participation in schools and allow local stakeholders to address the needs of the schools. The national government provides school grants to local committees to improve school quality. Committees are also provided technical assistance in designing, implementing, and monitoring their quality improvement plans. Parents increased their participation and supervision of the schools and teachers after participating in this program.

**Example from Indonesia:** Introduced in 2007 by the Indonesia Ministry of Home Affairs, the National Community Empowerment Program in Rural Areas provides community planning and block grants to increase demand for maternal and child health services and preprimary education. Communities are mobilized to expand ECED services, including parental education, nutrition counselling, and access to preprimary education. The Indonesian program has positively impacted health and education outcomes for young children and could serve as an exemplary first step in Kiribati in strengthening and coordinating quality ECD services across sectors.

**Key Points for Kiribati:** In initial phases, Kiribati certainly does not need to create a system as advanced as that in Mexico, or even Indonesia. However, providing communities the tools and guidance to develop and/or strengthen Preschool Management Committees/Island Councils with some financial and technical support could not only support improved Monitoring and Ensurance of Quality, but also result in a more transparent and efficient use of public resources. Research shows that through increasing accountability of local stakeholders, school-based management (SBM) can be a relatively low-cost strategy for making public spending more efficient. If SBM reform is to take place in Kiribati, it will be important to rigorously evaluate the progress of the system to ensure that impact is truly achieved.

### Comparing Official Policies with Outcomes

The existence of laws and policies alone does 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. Table 11 compares ECD policies in Kiribati with ECD outcomes.

**Table 11: Comparing ECD Policies with Outcomes in Kiribati**

ECD Policies	Outcomes
<b>Nutrition</b> ❖ Policy on Breastfeeding and Infant Feeding Practices (1998)	Rate of exclusive breastfeeding until the age of 6 mo.: <b>69 %</b>
<b>Health</b> ❖ Expanded Program of Immunization Policy	Children immunized with DPT (1 year old): <b>99 %</b>
<b>Child Protection</b> ❖ Birth, Death and Marriages Registration Act (1977)	Birth registration rate: <b>94 %</b>
<b>Education</b> ❖ Pre-primary education is not mandatory	GER pre-primary enrolment rate: <b>33.7%</b>

### Preliminary Benchmarking and International Comparison of ECD in Kiribati

Table 12 presents the classification of ECD policy in Kiribati 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. The levels of development across the three policy goals in Kiribati range from “Latent” to “Emerging.”

**It should be noted that the overall policy level determination of “established” is due to the averaged scoring of all the included sectors in this report and was inflated based on scoring from the high overall achievements of birth registration, as well as the fact that other indicators were unknown.**

Table 13 presents the status of ECD policy development in Kiribati alongside a selection of OECD countries, and its neighbors, the Solomon Islands, Tonga, and Vanuatu. 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. SABER-ECD assessment of policies and programs in neighboring Pacific Island Countries is currently being conducted, and regional comparisons of ECD policy goals and levers are forthcoming.

**Table 12: Benchmarking Early Childhood Development Policy in Kiribati**

ECD policy goal	Level of development	Policy lever	Level of development	
Establishing an Enabling Environment	Latent ●○○○	Legal Framework	●○○○	
		Intersectoral Coordination	●○○○	
		Finance	●○○○	
Implementing Widely	Emerging ●●○○	Scope of Programs	●○○○	
		Coverage	●●●○	
		Equity	●●●○	
Monitoring and Ensuring Quality	Latent ●○○○	Data Availability	●○○○	
		Quality Standards	●●○○	
		Compliance with Standards	●○○○	
Legend:	Latent ●○○○	Emerging ●●○○	Established ●●●○	Advanced ●●●●

**Table 13: International Classification and Comparison of ECD Systems**

ECD policy goal	Policy lever	Level of development						
		Vanuatu	Australia	Solomon Islands	Sweden	Turkey	Tonga	Kiribati
Establishing an Enabling Environment	Legal Framework	●●○○	●●●●	●○○○	●●●●	●●○○	●●○○	●○○○
	Coordination	●●○○	●●●●	●○○○	●●●●	●●○○	●●○○	●○○○
	Finance	●○○○	●●●●	●○○○	●●●●	●●○○	●●○○	●○○○
Implementing Widely	Scope of Programs	●●○○	●●●○	●○○○	●●●●	●●○○	●●○○	●○○○
	Coverage	●●○○	●●●●	●○○○	●●●●	●●○○	●●○○	●●●○
	Equity	●●○○	●●●○	●○○○	●●●●	●●○○	●●○○	●●●○
Monitoring and Ensuring Quality	Data Availability	●●○○	●●●○	●○○○	●●●●	●●○○	●●○○	●○○○
	Quality Standards	●●○○	●●●○	●○○○	●●●●	●●○○	●●○○	●●●○
	Compliance with Standards	●●○○	●●●○	●○○○	●●●●	●●○○	●○○○	●○○○
Legend:	Latent ●○○○	Emerging ●●○○	Established ●●●○	Advanced ●●●●				

## Situational Analysis of ECD Implementation

### ➤ System Components : Policy, Legislation, and Governance; Human Resources; Curriculum, Child Assessment, and Environment; Performance Monitoring and Assessment; Community Partnerships

UNICEF’s NSA-ECD tool was developed by UNICEF Pacific to meet the needs of the Pacific Island Countries. The Pacific Region’s Ministry of Education’s ECCE Directors met in March 2012 to begin the development of *Pacific Guidelines for the Development of National Quality Frameworks for ECCE—Programming for Ages Three to Five.* This meeting identified five system components important to the Pacific Region for quality ECCE, with associated issues:

1. **Policy, Legislation, and Governance** encompasses strategy and regulation on how to support ECCE.
2. **Human Resources** depicts who will work with young children, what qualifications and training they need, and how they will be compensated.
3. **Curriculum, Child Assessment and Environment** describes how the children will be taught, what they are learning, and the best learning environments for young children.

4. **Performance Monitoring and Assessment** illustrates how quality will be defined and monitored; this includes who provides oversight, what will be monitored, and how often monitoring should take place.
5. **Family and Community Partnerships** portrays the relationship between government (oversight provision) and family and communities (ECCE center ownership and implementation).

The NSA-ECD tool was created by UNICEF Pacific in collaboration with the World Bank Group to address in particular how the system components nos. 2–5 are being implemented. Component no. 1, Policy/Legislation and Governance, is mostly addressed in the instruments of SABER-ECD, which is an initiative of the Human Development Network of the World Bank Group; some additional analysis regarding implementation is provided below. To seamlessly merge the NSA-ECD results into the World Bank Group’s SABER-ECD report framework, NSA-ECD findings for system components have been incorporated into this SABER-ECD report.

The following section reflects the ECCE situation analysis in Kiribati per UNICEF Pacific’s identified system components strategy with the Pacific Region. The “ratings” system of the components is for summary purposes only and should not be seen as an official ranking compared to baseline or to other countries.

**Table 14: Summary of ECD Implementation of System Components in Kiribati**

ECD system component	Level of development		Implementation	Level of development
Policy, Legislation, and Governance	Latent ●○○○		Access	●○○○
			Quality	●○○○
Human Resources	Latent ●○○○		Access	●○○○
			Quality	●○○○
Curriculum, Child Assessment, and Environment	Latent ●○○○		Access	●○○○
			Quality	●●○○
Performance Monitoring and Assessment	Latent ●○○○		Access	●○○○
			Quality	●○○○
Community Partnerships	Latent ●○○○		Access	●○○○
			Quality	●●○○
Legend	Latent ●○○○	Emerging ●●○○	Established ●●●○	Advanced ●●●●

## ECD System Component: Latent Policy, Legislation, and Governance ●○○○

There is no ECD multisectoral policy. Kiribati's ECCE Policy Statement (2010) has been in place for more than three years, with no expected date for review/renewal. The Pacific Region has recently recommended the importance of addressing certain quality indicators within country ECCE policies; these indicators are meant to strengthen the environment for quality implementation. These indicators, and whether the current ECCE Policy Statement in Kiribati includes them, are described in table 15.

**Table 15: Quality indicators—Environment for Access**

Indicators	Found in existing ECCE policy
References/links to Convention on the Rights of the Child (CRC)	No
Emphasizes the use of vernacular with young children	✓
Addresses community partnerships	No
Addresses parent involvement and provides suggestions, recommendations	No
Addresses child protection	No
Addresses education in emergencies	No

The ECCE policy is not costed and in fact states, "There are no direct costs to Government. This policy simply determines an operating framework for others to provide ECCE" (p. 9). Government is acknowledged to "provide suitable trainings/workshops ... as available funds permits. The MOE, through project funds will assist ECCE centres by providing adequate teaching and learning resources, a uniform curriculum, and ECCE Policy" (pp. 9–10). However, the policy does not clearly define what "adequate" resources mean, or state what resources will be provided by the government. The policy does not clearly state community responsibilities regarding costs. There are no guidelines in the ECCE policy regarding remuneration, which can be clearly seen in the below-poverty level wages ECCE teachers receive. Currently the expectation of government is that parents are responsible to pay for all costs related to ECCE implementation and teacher salaries.

Kiribati does not have a strong system in place for the ongoing governance of ECCE center performance. Of 225 ECCE centers, only 46 (20 percent) have been inspected, and of those 46 only 20 met the minimum requirements

and were registered with MOE. No grants system is in place for local communities to apply for and receive funds to improve their ECCE centers.

Support for young children under the age of five years with disabilities is very limited. There is no formal encouragement for families to enrol their young child with special needs into their local ECCE center, and the infrastructure and learning environments are not child friendly for those with special needs. There is one "disabled school," although it serves children of all formal schooling levels with age of entry typically age six, the first year of primary.

## ECD System Component: Latent Human Resources ●○○○

Human resources are an area of great need throughout ECCE delivery. Issues include both remuneration and training, and gaps in capacity include ECCE community-based teachers as well as both within MOE and communities and Island Councils responsible for implementation.

Turning to MOE staff, the greatest need is ensuring there is dedicated staff in place whose sole responsibility (100 percent of time and attention) is ECCE to strengthen the subsector. Currently, only one SEO is responsible for ECCE within MOE, who is also responsible for primary and inclusive education; this person has also been sent on monitoring visits to secondary schools during exams as well. In addition to the lack of funding, there is also lack of time and dedicated human resources to develop and implement a quality monitoring system, in addition to the training needed.

Island Councils and communities are not professionally competent to support ECCE and need capacity building before ECCE implementation can be expected to improve, including tools such as minimum quality service standards.

ECCE teachers face significant challenges that impact their ability to do their work. Although the ECCE policy states that vernacular should be used in the ECCE classroom, teachers are not provided training or support on the use of the mother tongue or mother tongue literacy; no classroom resources (for example, books, charts) are available in the mother tongue. The majority of training that is available to ECCE teachers is through

preservice training; in-service training is limited and unfunded. Training topics include Cognitive/Social/Emotional development, nutrition, sanitation, and resource making.

During interviews, teachers reported that they have not been trained on the ECCE Curriculum; of the 10 ECCE centers visited on South Tarawa, only two used the National ECCE Curriculum, five have not received the curriculum, and the remaining three centers use their own curriculum.

In addition to training ECCE teachers on the Curriculum, other training needs identified include a need for training in First Aid, education in emergencies/disaster risk reduction, positive and appropriate ways to discipline young children, child-centered methodology, and resource making.

Regarding classroom implementation, although ECCE teachers in the outer provinces use the mother tongue, pressure is seen in the ECCE centers closer to Tarawa to use English as the primary language. Although the ECCE Curriculum promotes parents as partners in the ECCE center, ECCE teachers do not receive training on how to strengthen parent involvement or encourage teacher-parent collaboration.

Staff have received no support or training on working with young children with disabilities. No ECCE staff have been trained or system in place to for the identification of child development delays.

Anecdotally, ECCE teachers reported that the main challenges they face are supporting young children’s participation in reading and writing activities, their short attention span, and their ability to follow directions and instructions.

**ECD System Component: Latent Curriculum, Child Assessment, and Environment** ●○○○

As previously discussed, Kiribati has an Early Childhood Curriculum. The group responsible for the drafting of the curriculum included retired and current ECCE teachers as well as retired KTC ECCE trainers. Quality Curriculum Indicators were defined by the Pacific Regional Council for Early Childhood Care and Education in *Pacific Guidelines for the Development of National Quality Frameworks for ECCE—Programming for Ages Three to*

**Table 16: Quality Indicators—Curriculum**

	Does the curriculum framework:		Provide practical suggestions and resources?	
	Yes	No	Yes	No
Include early learning standards/ outcomes?		X		X
Articulate clear learning outcomes that promote child-centered learning?		X		X
Promote reflection by teachers?		X		X
Promote learning through play?	X		X	
Promote integration of learning areas rather than subjects in isolation?	X			X
Promote the use of locally available/made resources?	X		X	
Promote participation of parents/community in children’s activities?	X		X	
Promote preservation of culture and language?	X		X	
Promote importance of identity formation?		X		X
Promote healthy eating and living habits?	X		X	
Promote inclusivity and accommodate for diversity?		X		X

*Five.*” As table 16 demonstrates, half of the quality indicators were reflected in Kiribati’s Early Childhood Curriculum, with practical resources and examples for teachers to understand how to promote such topics. Although the ECCE policy claims, “the medium of instruction in ECCE centres shall be Kiribati” (p. 6), the ECCE Curriculum does not promote the use of vernacular, nor does it provide resources or examples on how to do so.

The Early Childhood Curriculum highlights teaching through themes (such as me, my family, my preschool, my home) and using learning areas to organize the classroom (art and craft, blocks, dramatic play, science, library, manipulative play, music, outdoor play, etc.). Some learning areas include examples of materials and activities, although no linkages are made between the

learning area activities and the themes to be highlighted. The curriculum also does not identify the expected child learning outcomes, nor does it address how activities, learning outcomes, and center experiences might be adjusted based on the children’s age. No way is given to monitor child development.

The Kiribati Early Childhood Curriculum does not provide minimum standards<sup>12</sup> for resources that should be in the classroom so teachers, communities, and Island Councils would explicitly know what resources they would be expected to have and use in the ECCE program.

The Early Childhood Curriculum does have the section “working in partnership with parents, families, and community,” which includes suggestions on how to involve parents in the ECCE center while also meeting parents’ needs. This section could be strengthened by adding how ECCE teachers could support parents with a positive parenting support component, as well as how parents could support their child’s learning at home.

Most ECCE centers have not been trained on the National Early Childhood Curriculum, however, and so no uniform approach is found: Each church preschool program has its own curriculum, and the privately owned preschool develops their own curriculum. The quality of these curriculums could not be assessed, although the ECCE policy makes it clear that government desires a uniform curriculum. As previously noted, child development outcomes have not been determined within the context of Kiribati, so the ECCE Curriculum does not link to any clear child development indicators to monitor child development and learning.

**ECD System Component: Latent Performance, Monitoring, and Assessment ●○○○**

No ECCE monitoring and evaluation system is in place, nor is there clear ownership of responsibility for monitoring by government or communities. The only data collected by KEMIS and reflected in the Education Statistics Digest is on ECE GER (derived from 2005 Census data) and percentage of new entrants into primary school who have attended ECE, as reported by primary schools. As reported in interviews, the SEO in charge of

ECCE (who is also in charge of Inclusive Education) is responsible for overseeing teacher certification, center registration, and teacher incentives.

The National ECCE Policy includes a section on “administration of ECCE centres” (p. 9), which says a national coordinating body based at the MOE shall be established, but it is unclear if this has happened, and if so, what this body’s responsibilities are. Outer Island Councils are to establish Governing Committees, which are responsible to supervise all preschools, ensure that all preschools comply with the ECCE policy, and communicate and report issues back to MOE. However, no clear system is in place to support this process, such as specific monitoring tools, a schedule of monitoring and reporting to MOE, how follow-up is done and by whom, and how accountability will be maintained. Table 17 clearly demonstrates the gap in monitoring of ECD services.

**Table 17: Monitoring System and Implementation**

How much is monitoring and evaluation (M&E) a comprehensive part of the ECCE policy?	Yes	No
Are purpose and priorities for monitoring and assessment clearly defined at national levels?		X
Is there a mechanism to use results to inform changes?		X
Are M&E results shared with all ECCE stakeholders?		X
Do M&E include self-evaluation, to promote ownership and engagement in promoting high quality?		X
Do tools for M&E ECCE services already exist?		X
Can tools be utilized and/or adapted for improved M&E?		X
Do tools incorporate inputs and processes, as well as outcomes of ECCE provision?		X

Although ECCE centers are to complete an application for the establishment and registration of ECCE centers with MOE, as previously mentioned, only 20 of 225 centers have been registered with MOE. In addition to the low initial registration of centers, they are not monitored on an ongoing basis for the maintenance and upgrading of quality implementation (such as temporary registration), and no system is in place for center registration renewal. Registration requirements are minimal (classroom and storage space), do not match the policy’s stated

<sup>12</sup> It should be noted that these suggested standards would be a definition of what would be minimally expected in the program and linked with a monitoring and observation tool.

requirements (such as toilets, WASH facilities, size of classrooms), and do not meet quality standards as defined by the Pacific Regional Council for Early Childhood Care and Education in *Pacific Guidelines for the Development of National Quality Frameworks for ECCE—Programming for Ages Three to Five*.

No teacher monitoring system is in place for quality performance. Although the ECCE policy states that teachers are responsible for maintaining program planning records, timetable, register, attendance, children’s progressive records, enrollment forms, etc., no monitoring is done to ensure accountability; of the potential indicators identified by the Pacific Region as being important to monitor, MOE does not provide oversight for any of them (table 18). No expectations of ECCE teacher behavior or conduct are defined.

**Table 18: Monitoring of Teacher Performance**

Indicators	Monitored: Yes / No	
	Yes	No
Attendance records		X
Planning books		X
Parental involvement/engagement		X
Child portfolios		X
Classroom environment		X
Health and safety		X
Teacher-child interactions		X
Classroom/curriculum implementation; teacher performance/methodology		X
Classroom/building infrastructure		X

In addition to the lack of human capacity and tools available for monitoring, the lack of available funding for monitoring activities severely affects the implementation of monitoring. A clear commitment of government to support human capacity, the development of tools and a monitoring system, and funding for monitoring of ECCE quality improvement will be required for any quality guarantee.

**ECD System Component: Latent Community Partnerships ●○○○**

Partnerships with communities are essential for ECCE, not only for the success of quality implementation, but to foster a sense of ownership and accountability as well. A healthy partnership needs clear definition of what is expected of all parties involved, as well as accountability measures to ensure all parties meet their respective

roles and responsibilities. There is no Memorandum of Understanding (MOU) between government, Island Councils, communities, and churches that could clarify and hold accountable all parties involved toward improvement for quality ECD implementation. For example, current land allocation for ECCE centers is determined by community arrangement with churches and/or villages. However, without formal agreement between communities and ECCE centers, programs are at risk of having the property taken away at any time. Communities are not held accountable for paying ECCE teachers a realistic wage.

The ECCE policy addresses the importance of the use of vernacular in ECCE centers. During interviews, parents and community members reported that the languages used are Te Kiribati and English. When asked why they think parents do *not* send their children to ECCE, parents and community members shared the perception that parents cannot afford the fees for participation, transport, uniforms, etc. For ECCE centers led by Island Councils, the reply was that parents do not realize the importance of education.

When asked what “school readiness” means, although mothers mentioned the concept of loving school, the majority of interviewees addressed academic issues rather than an understanding of holistic development in all developmental areas that help prepare young children to succeed in school. What is telling is the reply by ECCE teachers, who mentioned that school readiness is achieved when children “can hold pencils,” which demonstrates a clear disconnect between teacher attitudes and the principles of holistic development as stated in the ECCE policy and curriculum. Table 19 provides an overview of how “school readiness” was interpreted.

**Table 19: How “School Readiness” Was Defined in Community Dialogues**

Parents	Moms—love of school, willing to go by themselves and don't need mom accompanying them. Dads—reading and writing (their names).
ECCE teachers	Can hold pencils.
Primary 1 teachers	Can hold pencil, respond to questions/instructions, can speak and listen well, can come to school without parents.
Head teachers	Same as P1, but did not mention coming without parents.
General community members	Can write their names

Although interviews were a small sample and cannot be extrapolated to everyone, it can be assumed that greater awareness on “school readiness” could help people increase their understanding of the importance of ECCE, and how to support the transitions between ECCE and primary by clarifying any assumptions of what children should learn while in ECCE.

Community involvement with their ECCE center varied. Parents defined their support financially in terms of fees they pay (fees plus contributions for teacher salaries) as well as providing local materials like mats, string, and thatch. Island Councils provide the funds for teacher salaries. Community interviews found that aside from fees, parents contribute to the ECCE centers by cleaning the classroom and compound, or participating and supporting special functions.

## Options for Improved System Component Implementation in Kiribati

### Policy, Legislation, and Governance

➤ **Develop a legal framework for ECD, including clear policies and implementation and enforcement mechanisms.** To strengthen ECD services in Kiribati, it is important for ECD to be reflective in the appropriate highest forms of legislation, with supporting policies and plans for governance developed for proper legislative implementation. The current ECCE policy, as written, has no legislative power behind it, nor does it have any governance oversight. The inclusion of ECD services within the Education Act at a minimum would provide the necessary formal legislation. A multisectoral National

ECCE Framework with a costed multiyear strategic plan would provide Kiribati with a comprehensive plan to address all five system components and provide a link across all relevant ECCE activities and support mechanisms.

Clear linkages can be made between ECCE and the upcoming work on a draft Inclusive Education policy, so that the most disadvantaged children with disabilities can be identified at the earliest ages and provided intervention and support for their development before they reach the age of five years. ECCE has a natural association with social welfare; increased parental and community understanding of child development can lead to improved parenting practices and stronger child protection activities. Stronger legislative and financial support for the registration and monitoring of ECCE centers will help ensure ECCE activities are maintaining quality implementation. Increased investment in ECCE by Kiribati could address those issues related to implementation gaps.

To strengthen the monitoring system for ECCE, a National ECCE Framework should include the development of Minimum Quality Service Standards (MQSS) which can address areas such as ECCE infrastructure (safety and security of buildings, WASH facilities, outdoor playgrounds), classroom resources, and teacher performance (curriculum implementation and child-friendly methodology, monitoring of child outcomes). These MQSS could then be linked to the community grants scheme with MWYSD, so grants are targeted to those ECCE centers most in need of financial support to bring their programs up to the minimum level of standards as defined by MOE; this would ensure a system of equity in the grants so that funds go to communities that need them most.

### Human Resources

➤ **Improve capacity development for ECCE: Staffs need more capacity development and investment in human resources dedicated to ECCE.** The current MOE staffing situation of one person at the central level responsible for ECCE oversight, who also has responsibilities with primary and inclusive education, is not sufficient enough to provide the ECCE subsector with the dedicated time and attention that is needed for ECCE improvement in Kiribati. MOE should dedicate one staff person whose sole responsibility will be for ECCE to guide the issues addressed in this report.

In addition to staffing requirements within MOE, Kiribati needs to reengage KTC in training for ECCE. Reengaging KTC to provide ECCE teacher training would help ensure ongoing training sustainability for ECCE service delivery and could provide a multisectoral approach to providing ECD-related training modules for other sectors working with ECD. Modules should be developed that are not only directed for ECCE center implementation but can also be developed for other sectors to be included as well (for example, child development for health workers, child development and social protection, etc.). Funding for ongoing in-service training should be an integral part of MOE's budget support for ECCE.

Island Councils need strengthened capacity building in ECCE, including training in ECCE management to support communities on how to improve their ECCE centers and training on child development, ECCE methodology and curriculum, and quality ECCE implementation, so they understand what and how they are observing ECCE teachers and centers for. It is recommended that there be at least one local education officer dedicated to ECCE per office, with other education officers trained in ECCE as well to provide "back up" support. Support with facilitating the center registration process, observing and certifying ECCE teachers, and monitoring oversight should be provided to all ECCE centers, regardless of whether they are private, public, or run by Island Councils or churches; this would ensure consistent quality assurance for all service delivery.

One aspect related to human resources is feeling that the work one is doing is valued and important, with compensation for the work being done (whether by money, in-kind support, community recognition, or other form of incentive). ECCE teachers deserve to be paid and recognized for their work, although it is unrealistic to expect MOE to absorb all ECCE teachers within their salary structure. ECCE teacher salary support (what would be appropriate minimum salary requirements) could be determined by MOE for those communities who are most disadvantaged and least likely able to pay the salaries. Another possible option is to institute a policy of a sliding fee scale for school fees, so families pay what they can afford and MOE pays the difference. This could provide equity to the salary scale scheme while ensuring

ECCE teachers in the most disadvantaged communities are paid and can increase the shared responsibility between MOE and communities. MOE is encouraged to explore other ECCE salary options as well, such as linking salary with MWYSD community grants.

## Curriculum, Child Assessment, and Environment

➤ **Review and update the Kiribati ECCE Curriculum, with child development outcomes and linked to MQSS.** It can be strengthened with the inclusion of a child assessment system<sup>13</sup> to monitor children's ongoing holistic development,<sup>14</sup> which could then be used multisectorally for a variety of purposes, such as parenting support and child protection activities, simple monitoring during well-child visits in clinics, and ongoing classroom observations by ECCE teachers. Defined child development outcomes would also provide the ECCE Curriculum with structure and linkages between how young children learn as well as what they should be learning, to achieve school readiness for entering primary school. Once the curriculum is revised, intensive, comprehensive training should be provided for all teachers and those managing ECCE centers.

The development of Minimum Quality Service Standards for ECCE will help MOE feel confident that all ECCE centers regardless of arrangement (public, private, church-run, Island Council-run, etc.) are implementing ECCE at an equal or better standard. MQSS should be comprehensive and include a structure for child outcomes monitoring (that monitoring is being done; the actual child outcomes monitoring tools would be a separate tool), curriculum implementation, classroom infrastructure, and indoor/outdoor learning and play environments (including a list of minimum resources, learning materials, and furniture that should be found in every ECCE center), as defined by MOE.

## Performance Monitoring and Assessment

➤ **Develop and implement a comprehensive monitoring system.** The development of an MQSS system (linked to infrastructure standards for initial center registration and professional assessment report form for initial teacher certification) that is monitored on an ongoing basis will help ensure that ECCE centers have

<sup>13</sup> It should be noted that children in ECCE should *not* be tested.

<sup>14</sup> This would not be limited to emerging literacy and numeracy, but include all areas of development including socioemotional, physical, language, and learning to know.

not only achieved MQSS but also maintain these standards over time. MQSS can be adapted for equity so that standards between urban/rural, primary-attached/community-based centers are relevant and achievable to the communities and local context; for example, infrastructure and WASH facility standards could provide multiple options for communities to choose from, which would all achieve the MQSS within their standard.

MQSS linked to a school or community grants scheme could help MOE target grants to communities and ECCE centers most in need of support. In addition, an accreditation system in which centers are remonitored every few years to check maintenance of MQSS with levels of incentives based on MQSS achievement could encourage communities to continually strive to improve their center (with potential loss of center registration if MQSS are not upheld). A comprehensive monitoring system with complementary accreditation system would need to be costed.

## Community Partnerships

➤ **Utilize communities as the potential for strong ECCE implementation and quality assurance.** Developing a formal MOU between MOE and communities would clearly define what government versus communities are responsible for and could be a way to strengthen accountability by each side.

Communities would need strong initial training and engagement to understand their roles and responsibilities. MOUs could link with existing Parent Teachers Associations, Island Councils, or School/Community-Based Management systems, which can be adapted for local community-run ECCE centers. A strong community partnership and MOU could increase the shared responsibility with communities for implementing monitoring (if properly trained), limiting overall costs supported by MOE. This could also empower communities to take an increased role in supporting their ECCE centers to achieve and maintain MQSS.

MOE and other partners should also explore more informal parenting education support opportunities for pregnant women and families of young children aged five years and under. This could help target those

families who do not or cannot access ECCE centers. Informal parenting support could include topics such as child development, healthy eating and nutrition, well-child visits and the importance of growth monitoring and immunizations, positive parenting tips, and how parents can support the development of their young child. Strong community partnerships could facilitate the delivery and reinforcement of these opportunities.

## 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. The additional analysis of the Pacific-identified system components for quality ECCE ensures that analysis and recommendations are made in line with Pacific regional priorities, in alignment with the Pacific Island Forum's Pacific Education Development Framework.

This country report presents a framework to benchmark Kiribati's ECD system; each of the nine policy levers and five system components are examined in detail, and policy options to strengthen ECD are offered.

This report is intended to serve as a first step for decision making within the government of Kiribati to improve the ECD system. Now that some areas in need of policy attention have been identified, the country can move forward in prioritizing policy options to promote healthy and robust development for all children during their early years. It will be important to ensure that the definition of short-term policy goals align with long-term policy options. A multisectoral costed National Quality ECCE Framework, developed in line with the formally endorsed<sup>15</sup> Pacific Regional Council for Early Childhood Care and Education's *Pacific Guidelines for the Development of National Quality Frameworks for ECCE—Programming for Ages Three to Five* will be essential for identifying and prioritizing actionable steps for the government of Kiribati and other stakeholders. A costed plan will also help ensure that adequate human talent and financial resources are available to meet the goals of the Kiribati ECCE policy. In prioritizing policy areas, the government of Kiribati should consider collaborating with other stakeholders, such as Island Councils, MWYSD, and private service providers. Given that ECCE centers are community-managed, implementation of an

<sup>15</sup> Endorsed by the Pacific Region's Education Ministers at the Forum Education Ministers Meeting, April 2, 2014, in Cook Islands.

improved ECD strategy will require coordination at the level of service delivery.

Table 20 summarizes the key policy options identified to inform policy dialogue to improve the provision of essential ECD services in Kiribati. It is critical that all relevant sectors mobilize their resources to strengthen the ECD system and ensure that adequate coverage in multiple domains is provided to all children. This will require further strengthening of the ECD system at both the national level and community level.

## Acknowledgments

This Country Report was prepared between UNICEF and World Bank Group by the ECD Specialist, UNICEF Pacific, in coordination with the SABER-ECD team at World Bank Group headquarters in Washington, DC, and the World Bank Group Education Team in Sydney. The report presents country data collected using the SABER-ECD policy and program data collection instruments, the UNICEF National Situational Analysis-ECD data collection instrument, and data from external sources. The report was prepared in consultation with the World Bank Group Human Development EAP team. For technical questions or comments about this report, please contact the SABER-ECD team ([helpdeskecd@worldbank.org](mailto:helpdeskecd@worldbank.org)) or UNICEF Pacific

**Table 20: Summary of Policy and Implementation Options to Improve ECD in Kiribati**

Policy dimension	Policy options
Establishing an Enabling Environment	<ul style="list-style-type: none"> <li>• Reflect ECD commitment in legislation</li> <li>• Develop concrete enforceable regulations through a multisectoral framework</li> <li>• Strengthen links between education, health, nutrition, and protection sectors</li> <li>• Increase financial and human resources investment in ECCE</li> <li>• Strengthen local education officers' capacity to understand and support ECCE implementation</li> <li>• Increase access to ECCE teacher training</li> </ul>
Implementing Widely	<ul style="list-style-type: none"> <li>• Improve coordination and collaboration to achieve ECCE results in all sectors</li> <li>• Improve targeted activities for the most disadvantaged families and children</li> <li>• Take an equity approach to supporting increased school and/or community grants and teacher salaries for communities most at need for ECCE center improvement support</li> </ul>
Monitoring and Ensuring Quality	<ul style="list-style-type: none"> <li>• Develop comprehensive MQSS for ECCE delivery</li> <li>• Develop a multisectoral tool that defines child developmental stages for children that can be used to monitor child development outcomes</li> <li>• Strengthen teacher training opportunities so access to training is increased</li> <li>• Improve monitoring and compliance mechanisms</li> <li>• Strengthen a system of Parent-Teacher Associations, Island Councils, or School/Community-Based Management Systems for all ECCE centers for enhanced community ownership; develop MOUs between community partnerships and MOE</li> </ul>

**Annex 1****MINISTRY OF EDUCATION****P.O.BOX 263 BIKENIBEU, TARAWA, REPUBLIC OF KIRIBATI****TELEPHONE:(686) 28091;****FAX(686) 28222****File Ref: 13/1****Date:19/08/15**

Chief of Education  
UNICEF, Pacific

Dear Ms Abrishamian

**Re: Endorsement of the ECE SITAN Report for Kiribati**

The following Early Childhood Education Situation Analysis (ECE SITAN) report for Kiribati is a step forward for our country in providing a research-based exploration of the current ECE situation. It is intended that the analysis will determine how best to move forward as we plan to improve ECE services in our country for the benefits of our youngest citizens. As previously stated in MOE's "Kiribati Early Childhood Care and Education Policy" (2010),

“Since ECCE policy is a national responsibility.... Set of standards for the kind of preschool learning environment (both indoor and outdoor) which is safe, hygienic, and enjoyable for ALL young learners of 3 to 5 years of age.”

This ECE SITAN identifies what areas we can still improve on and ensure our ECE programs are of quality. It looks at the systems for early childhood holistically for young children five years of age and younger, in health, nutrition, education and development, and child protection, and serves as a tool for advocacy on the need to increase investment and attention to the needs of our youngest children in Kiribati.

During 2014, MOE and other government institutions, with support from UNICEF Pacific, collected the data and contributed to the analysis. The partnership with World Bank led to using their Systems Approach for Better Education Results – ECD (SABER-ECD) tool, which looked at the policy environment, and developed a supplemental tool to conduct a national assessment for quality implementation on issues of policy, human resources, curriculum/child outcomes/environment, monitoring, and parent/community partnerships.

In combination, these two tools have provided us with a comprehensive picture of what is currently happening for young children in our country, and potential recommendations on how to strengthen our early childhood systems.

The support provided by UNICEF Pacific will now allow us to move towards evidence-based decision making. We would also thank World Bank for their partnership with UNICEF to use their SABER tool for our country ECE SITAN.

We look forward to using these results as we prepare future ECE legislation, strategic planning, and implementation to strengthen the ECE sub-sector within MOE and the Government of Kiribati.

Thank you very much.

Yours sincerely,



.....  
Ms Reetina Katokita  
Director (Policy, Planning & Development)  
**for** Officer In Charge  
Ministry of Education

## Acronyms

CRC	Convention of the Rights of the Child
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECE	Early Childhood Education
EIE	Education in Emergency
EPI	Expanded Program of Immunization
ITN	Insecticide-Treated Net
KEMIS	Kiribati Education Management Information System
KTC	Kiribati Teachers College
MHMS	Ministry of Health and Medical Services
MICS	Multiple Indicator Cluster Survey
MOE	Ministry of Education
MOU	Memorandum of Understanding
MQSS	Minimum Quality Service Standards
MWYS	Ministry of Women, Youth, and Social Development
NSA-ECD	National Situational Assessment–Early Childhood Development
PMTCT	Prevention of Mother-To-Child-Transmission [of HIV]
SABER-ECD	Systems Approach for Better Education Results–Early Childhood Development
SEO	Senior Education Officer
STD	Sexually Transmitted Disease
UNICEF	United Nations Child Fund

## References

- Britto, P., H. Yoshikawa, and K. Boller. 2011. “Quality of Early Childhood Development Programs: Rationale for Investment, Conceptual Framework and Implications for Equity.” *Social Policy Report* 25 (2): 1–31.
- Bryce, J., S. el Arifeen, G. Pariyo, C. F. Lanata, D. Gwatkin, J.-P. Habicht, and the Multi-Country Evaluation of Imci Study Group. 2003. “Reducing Child Mortality: Can Public Health Deliver?” *The Lancet* 362: 159–64.
- Engle, P. L., L. C. H. Fernald, H. Alderman, J. Behrman, C. O’Gara, A. Yousofzai, M. Cabral de Mello, M. Hidrobo, N. Ulker, and the Global Child Development Steer Group. 2011. “Strategies for Reducing Inequalities and Improving Developmental Outcomes for Young Children in Low-Income and Middle-Income Countries.” *The Lancet* 378 (9799): 1339–53.
- Hanushek, E. A., and D. D. Kimko. 2000. “Schooling, Labor-Force Quality, and the Growth of Nations.” *American Economic Review* 90 (5): 1184–1208.
- Hanushek, E. 2003. “The Failure of Input-Based Schooling Policies.” *Economic Journal* 113: 64–98.
- Naudeau, S, N. Kataoka, A. Valerio, M. J. Neuman, and L. K. Elder. 2011. “Investing in Young Children: An Early Childhood Development Guide for Policy Dialogue and Project Preparation.” World Bank Group, Washington, DC.
- Neuman, M. J. 2007. “Good Governance of Early Childhood Care and Education: Lessons from the 2007 Education for All Global Monitoring Report.” UNESCO Policy Briefs on Early Childhood. United Nations Educational, Scientific and Cultural Organization, New York.
- Taylor, C., and J. Bennett. 2006. *Starting Strong II: Early Childhood Education and Care*. Paris: Education Directorate of the Organisation for Economic Co-operation and Development.
- UNESCO-OREALC. 2004. “Intersectoral Co-ordination in Early Childhood Policies and Programmes: A Synthesis of Experiences in Latin America.” Regional Bureau of Education for Latin America and the Caribbean, United Nations Educational, Scientific and Cultural Organization.
- Valerio, A., and M. Garcia. 2013. “Effective Financing.” In *Handbook of Early Childhood Development Research and Its Impact on Global Policy*, ed. P. Britto, P. Engle, and S. Super, 467–83. New York: Oxford University Press.
- Vargas-Baron, E. 2005. *Planning Policies for Early Childhood Development: Guidelines for Action*. Paris: UNESCO.
- Victoria, B. H., L. Adair, C. Fall, P. C. Hallal, R. Martorell, L. Richter, and H. S. Sachdev. 2008. “Maternal and Child Undernutrition: Consequences for Adult Health and Human Capital.” *The Lancet* 371 (9609): 340–57.

**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 policy makers 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.

**The National Situation Analysis–Early Childhood Development (NSA-ECD)**, developed by UNICEF Pacific, is a tool complementary to the SABER, which provides the situational analysis of ECD implementation.

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

This work is a pilot product between UNICEF Pacific with support of the staff of World Bank Group. The findings, interpretations, and conclusions expressed in this work do not necessarily reflect the views of World Bank Group, its Board of Executive Directors, or the governments they represent. World Bank Group does not guarantee the accuracy of the data included in this work. The boundaries, colors, denominations, and other information shown on any map in this work do not imply any judgment on the part of World Bank Group concerning the legal status of any territory or the endorsement or acceptance of such boundaries.