Federal Republic of Nigeria

EARLY CHILDHOOD DEVELOPMENT

SABER Country Report
2013

Policy Goals	Status
1. Establishing an Enabling Environment The Government of Nigeria has established national laws and regulations to promote the provision of ECD services. The National Policy for Integrated Early Childhood Development (IECD) is a multi-sectoral policy that comprises the education, health, nutrition, and child protection sectors. This Policy aims to create a strong enabling environment by putting in place coordinating mechanisms across sectors and at decentralized levels (i.e. national, state, local government area and community levels) to integrate, expand and universalize ECD interventions in various sectors. Sustained financial resources are essential to ensure that all young children in the country benefit from adequate ECD interventions to develop fully.	Emerging
2. Implementing Widely Nigeria has established state programs in most essential sectors of ECD addressing the needs of all target beneficiaries. Yet, coverage levels remain significantly inadequate in all areas of ECD interventions: education, health, nutrition, and child protection. A major barrier to increase access in ECD is the very low rate of birth registration in the country. High inequity in access by socioeconomic status and geographical (rural/urban) location persists. Targeted interventions are required to reach the most disadvantaged and underserved children.	Emerging
3. Monitoring and Assuring Quality Strong survey data exist, but administrative data are not available consistently. Child development outcome indicators are not collected in relevant sectors. While quality standards and requirements are well established for ECD service provision, compliance mechanisms are not enforced. Developing a comprehensive child development tracking system across sectors could enable inclusive and responsive monitoring of children's development.	Latent

Overview

This report presents an analysis of the Early Childhood Development (ECD) programs and policies that affect young children in Nigeria and recommendations to move forward. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework [1] and includes analysis of early learning, health, nutrition and social and child protection policies and interventions in Nigeria, along with regional and international comparisons. Data on ECD policies and programs were collected through the SABER-ECD exercise in Bauchi, Ekiti, Kwara, and Oyo states.

Nigeria and Early Childhood Development

The Federal Republic of Nigeria is the most populous country in Africa. Nigeria has a population of 162.5 million inhabitants, of which almost 44 percent are below 15 years of age. A lower-income country, Nigeria has a gross national income of $1,230 per person, with 54.7 percent of the population living below the poverty line. It is ranked 156th in the UNDP Human Development Index. Over the last decade, child mortality has significantly declined in Nigeria from 213 per 1000 births in 1990 to 143 per 1000 births in 2010. Yet, this rate remains remarkably high. Malnutrition is a significant public health problem in Nigeria, particularly for young children; 41 percent of children below the age of 5 are stunted and 14 percent are underweight. Less than 20 percent of Nigerian children aged 0-5 years have access to any form of organized childcare program or preschool education.

SABER – Early Childhood Development

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

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.

Snapshot of ECD Indicators in Nigeria with Regional Comparison	Nigeria	Guinea	Liberia	Mali	Sierra Leone
Infant Mortality (deaths per 1,000 live births)	88	81	74	99	114
Under-5 Mortality (deaths per 1,000 live births)	143	130	103	178	174
Births attended by a skilled attendant	39%	46%	4%	81%	51%
Gross Preprimary Enrollment Rate (36-59 months, 2010)	14%	14%	47%	3%	14%
Birth registration 2000-2010	30%	43%	4%	81%	51%

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

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

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?
Healthcare
• Standard health screenings for pregnant women • Skilled attendants at delivery • Childhood immunizations • Well-child visits
Nutrition
• Breastfeeding promotion • Salt iodization • Iron fortification
Early Learning
• Parenting programs (during pregnancy, after delivery and throughout early childhood) • High quality childcare, especially for working parents • Free preprimary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)
Social Protection
• Services for orphans and vulnerable children • Policies to protect rights of children with special needs and promote their participation and access to ECD services • Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.)
Child Protection
• Mandated birth registration • Job protection and breastfeeding breaks for new mothers • Specific provisions in judicial system for young children • Guaranteed paid parental leave of least six months • Domestic violence laws and enforcement • Tracking of child abuse (especially for young children) • Training for law enforcement officers in regards to the particular needs of young children

Three Key Policy Goals for Early Childhood Development

As presented in Figure 1, SABER-ECD presents three core policy goals that countries should address to ensure optimal ECD outcomes: *Establishing an Enabling Environment, Implementing Widely* and *Monitoring and Assuring Quality*. For each policy goal, a series of policy levers, upon which decision-makers can act in order to strengthen ECD are identified.[2] Improving ECD requires an integrated approach to address all three goals.

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

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

Figure 1: Three core ECD policy goals

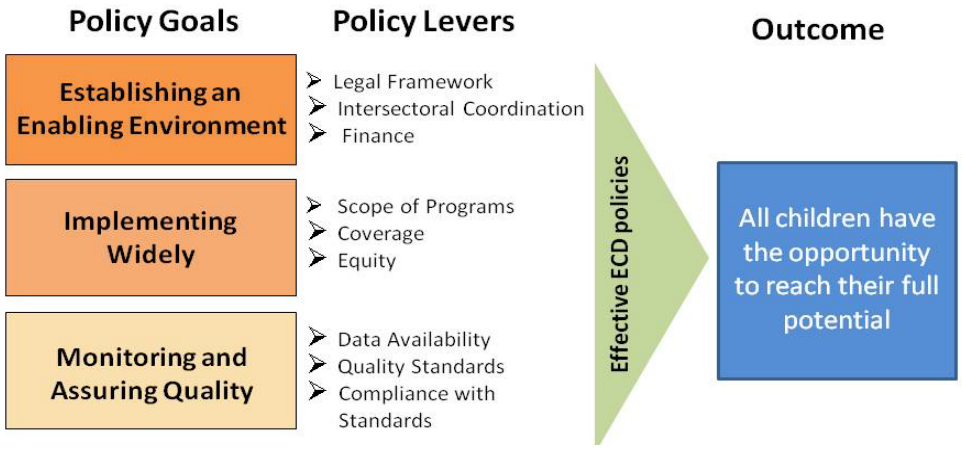


Table 1: ECD Policy Goals and Levels of Development

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

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. An enabling environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD; coordination within sectors and across institutions to deliver services effectively; and, sufficient fiscal resources with transparent and efficient allocation mechanisms.

Policy Lever 1.1: Legal Framework

Established

National laws and regulations promote appropriate dietary consumption for pregnant women and young children. Recognizing that iodine deficiency in pregnant women or young children can lead to cognitive impairments, the National Policy on Food and Nutrition in Nigeria mandates the iodization of salt and iron fortification of food staples. The policy also promotes control of micronutrient deficiencies, particularly Iodine Deficiency Disorder (IDD), Vitamin A Deficiency (VAD), and Iron Deficiency Anemia (IDA). In order to achieve the objectives set forth by the Policy, a National Committee on Food and Nutrition (NCFN) has been established. The NCFN is housed in the National Planning Commission and assists the Commission in assessing and enhancing various policies, as well as planning national programmes on food and nutrition matters. Focal points for the NCFN are appointed at the State and Local Government Area (LGA) levels to ensure proper implementation.

Implementation of regulatory frameworks to encourage breastfeeding can be an effective strategy to reduce malnutrition rates and promote healthy child development. Malnutrition is widespread in Nigeria. In accordance with the 2010 WHO recommendations on HIV and Infant Feeding, the Department of Family Health of the Federal Ministry of Health established a National Policy on Infant and Young Child Feeding in Nigeria (November 2010). The Policy promotes exclusive breastfeeding for the first six months of the child's life and timely introduction of appropriate and adequate complementary foods. The Policy also recognizes children with special needs and in different circumstances and thereby promotes a range of specific interventions to respond to the needs of: i) infants of HIV positive mothers, ii) sick infants, particularly with persistent diarrhea, iii) low birth weight infants, iv) motherless or adopted infants, v) infants and young children in emergency situations, and vi) infants of adolescent mothers. The Department of Family Health has further developed supplementary 'Guidelines on Infant and Young Child Feeding' to ensure optimal feeding of infants and young children, as well as prevention and reduction of Mother-to-Child-Transmission of HIV through breastfeeding. In addition, the National Agency for Food and Drug Administration and Control ensures that the procurement and distribution of breast milk substitutes adhere to international standards. Nigeria has adopted many provisions of the International Code of Marketing of Breast Milk Substitutes, a global health policy framework adopted by the WHO to serve as a minimum requirement to protect infants and young children.

National laws and regulations mandate the provision of free healthcare for pregnant women and young children. Nigeria's revised National Health Policy (2004) mandates the provision of healthcare for young children and pregnant women. The Federal Ministry of Health (FMoH) has further established specific health policies affecting young children and expecting mothers including: the National Policy on HIV/AIDs; the National Policy on Roll Back Malaria; the National Policy on Reproductive Health; the National Policy on Adolescent Health; the National Policy on Child Health; and the National Policy on Food and Hygiene.

The National Primary Healthcare Development Authority (NPHCDA) guarantees the right of young children and expecting mothers to receive appropriate interventions to prevent and treat childhood illness. Key health services provided free of charge include: labor and delivery; well-child visits; growth monitoring and promotion; antenatal checkups for pregnant women; diarrhea treatment; malaria treatment; treatment for upper respiratory tract infection; antibiotic treatment for pneumonia; treatment to prevent mother-to-child transmission of HIV/AIDS; anti-retroviral treatment for HIV/AIDS; and, tuberculosis treatment. The National Policy on Immunization mandates that all young

Table 2: Regional comparison of maternity and paternity leave policies

Nigeria	Liberia	Mali	Sierra Leone
12 weeks paid maternity leave at 50% salary for women working in the public sector; no leave for fathers.	90 days paid maternity leave at 100% salary for women; no leave for fathers.	98 days paid maternity leave at 100% salary for women; 3 days at 100% salary for fathers.	84 days paid maternity leave at 100% salary for women; no leave for fathers.

Source: ILO, 2012

children in Nigeria receive a complete course of childhood immunizations. Young children are also required to attend free periodic well-child visits and a referral system is in place to ensure that children and their families can be directed to additional services. Data collected through SABER-ECD indicate that healthcare for pregnant women is subsidized in Bauchi, Ekiti and Oyo states but not in Kwara. Pregnant women are also required to have health screenings for sexually-transmitted diseases (except in Kwara state).

National laws and regulations promote early learning. The Universal Basic Education (UBE) Act (2004) registers early childhood care and education (ECCE) as the first level of education and an integral part of basic education given to children 0-15. Preprimary education in Nigeria caters to children aged 1-5 years and is not compulsory. Preschool establishments include daycare centers for children aged 0-3 years and preprimary or nursery schools for children aged 3-5 years. The UBE Act has made provision for every existing public primary school to have a pre-primary school linkage to cater for children aged 3-5 years which, like primary school, children should be able to attend free of charge. The act does not include provisions for ECCE for 0-3 year olds. Federal and State Inspectorate Services, in collaboration with Universal Basic Education Commission (UBEC) and State Universal Basic Education Boards (SUBEB) have the legal mandate for the provision of basic education which includes pre-primary education.

National laws and regulations promote, to some extent, opportunities for new parents to provide care to newborns. Although Nigeria's Civil Service Law mandates the provision of parental leave, opportunities for mothers to provide care to their newborns and infants are limited. Women are entitled to 12 weeks of maternity leave, while no provisions are made for paternity leave. This leave policy applies to employees of the public sector only. Given the high proportion of people employed in the private and informal sectors in Nigeria, the vast majority of parents do not, in reality, benefit from paid parental leave. Box 2 provides insight and relevant lessons from the Swedish example.

National laws protect the rights of all children in Nigeria. In March 1991, the Government of Nigeria (GoN) ratified the United Nations Convention on the Rights of the Child (UNCRC), protecting the rights of all children in Nigeria. In 1994, the GoN inaugurated the National Child Rights Implementation Committee (NCRIC), with similar committees established at the State and Local Government Levels. Under the UNCRC, every child is guaranteed proper identification. Policies that mandate birth registration can be a critical first step to reach children with the services they need and protect them against exploitation. The GoN mandates that all births be registered through the National Population Commission (NPC) in the Child Right's Act (2003). Yet, only 30 percent of births are registered in Nigeria.

In line with the National Plan of Action (2006-2010) for Orphans and Vulnerable Children (OVC), the Federal Ministry of Women Affairs, Community Development and Social Welfare established the National Guidelines and Standards of Practice on OVC (2010). The guide aims to provide comprehensive and effective care, support and protection of OVC in Nigeria including: (i) guidance for the development and implementation of OVC interventions; (ii) minimum quality standards for OVC services and interventions; and, (iii) clearly articulated roles and responsibilities for all stakeholders at the different levels.

The GoN provides temporary housing, including alternative family care, for abandoned children. In Bauchi, the State Government runs the 'Motherless Babies Home' program where infants stay for a

Box 2: Relevant lessons from Sweden: protecting new parents with parental insurance

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

Key considerations for Nigeria:

- Adequate, sustainable financial support for all families during the early stage of child's life
- Additional benefits for families with children who have special needs

minimum of one month before being sent to foster families. In Kwara, the Child Reception Centre, established in 1992, provides temporary free housing for abandoned children aged 0-16. In Ekiti, the State Government established the 'Children Home Services' in 2010 to provide temporary care for abandoned children.

National Judicial Systems should take into consideration the need for specialized courts to ensure the protection of young children. Judicial systems should promote the right to a fair trial, and require that personnel involved in the administration of juvenile justice receive appropriate training. In Nigeria, the judicial protection of young children varies across states. While in Ekiti, Kwara, and Oyo the judicial systems promote training for judges and law enforcement officers, and the creation specialized courts and specialized child advocates, in Bauchi State these interventions do not exist.

Policies do not sufficiently protect the rights of children with disabilities. Although the National Policy for Integrated Early Childhood Development (IECD) promotes the provision of inclusive education for children with special needs, no policy exists to guarantee cross-sectoral services and targeted support for children with special needs. The GoN should give particular attention to children with special needs and develop strong regulations that provide targeted ECD interventions in health, education, and child and social protection services for children with special needs. Box 3 provides a list of key laws and regulations governing ECD in Nigeria.

Box 3: Key Laws and Regulations Governing ECD in Nigeria

- The Child's Right Act (2003)
- The United Nations (UN) Convention on the Rights of the Child (1991)
- The UN Optional Protocol on the Sale of Children and Child Prostitution and on Involvement of Children in Armed Conflict (2000)
- The African Charter on the Rights and Welfare of the African Child (1990)
- Adopted National Laws and Policies including: the Universal Basic Education Act 2008; Nigeria's Civil Service Law; the National Strategic Framework for Violence-Free Basic Education in Nigeria; National Policy on Infant and Young Child Feeding; National Policy on Food and Nutrition; National Policy on Immunization; National Policy on HIV/AIDs; National Policy on Roll Back Malaria; National Policy on Reproductive Health; National Policy on Adolescent Health; National Policy on Child Health; National Policy on Food and Hygiene.

Policy Lever 1.2: Intersectoral Coordination

Development in early childhood is a multi-dimensional process.[3] *In order to meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential.*

Nigeria has developed an explicitly stated multisectoral ECD strategy and implementation plan. Nigeria has a multisectoral ECD Strategy, the National Policy for Integrated Early Childhood Development (IECD), which targets children aged 0-5 and includes the sectors of education, health, nutrition, and child protection. The Policy aims to integrate, expand and universalize ECD interventions in various sectors for effective implementation and enhanced coordination. In Bauchi, Ekiti, Kwara and Oyo states, IECD implementation plans are in place but are not yet costed.

The Federal Ministry of Education serves as an institutional anchor to coordinate ECD activities across sectors. The MoE is the institutional anchor for ECD in Nigeria, and coordinates the activities of the National IECD Consultative Committee. The Consultative Committee includes representatives from the State Universal Primary Education Board (SUBEB), the Agency for Adult and Non-Formal Education (AANFE), the Ministry of Education (MoE), Science, and Technology (MoEST), the Primary Health Care Development Agency (PHCDA), and the Ministry of Women Affairs, Social Development, and Gender Empowerment (MoWASD&GE). As the institutional anchor, the MoE sets standards for ECCE providers, monitors access to ECCE services, coordinates across agencies responsible for ECD provision, provides learning materials, prepares budgets for ECCE activities, and liaises with donors, NGOs, and CBOs on intervention activities. Though the anchor reports to sub-national authorities, the Consultative Committee does not meet on a regular basis.

National, State, and Local Government IECD consultative committees are established to coordinate ECD across sectors. The IECD Policy clearly lays out coordination mechanisms at the national, state, local government area (LGA) and community levels to ensure effective delivery of ECD services. National, State and Local Government IECD Consultative Committees are established to coordinate IECD implementation, and comprise representatives from the Ministries of Education, Health, Women Affairs, Agriculture, Water Resources, Justice, Social Welfare, Labor, and the National Planning Commission and Information and National Orientation Agency. Figure 2 displays the composition of the National and State IECD committees, as well as their respective key institutional roles related at each level.

In addition to multisectoral coordination at the national and state levels, the IECD Policy encourages coordination across sectors at the local level. To complement the efforts of the National and State committees, local governments are responsible for taking action in accordance with the national IECD policy. Local IECD committees have been established and comprise representatives from across sectors and relevant leaders in local government. Figure 3 presents an example of the institutional composition of a local government IECD committee as outlined in the national IECD Policy. The activities for these committees vary depending on priorities of the local government.

[3] Naudeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007.

Figure 2: Institutional composition and responsibilities of National and State IECD Committees

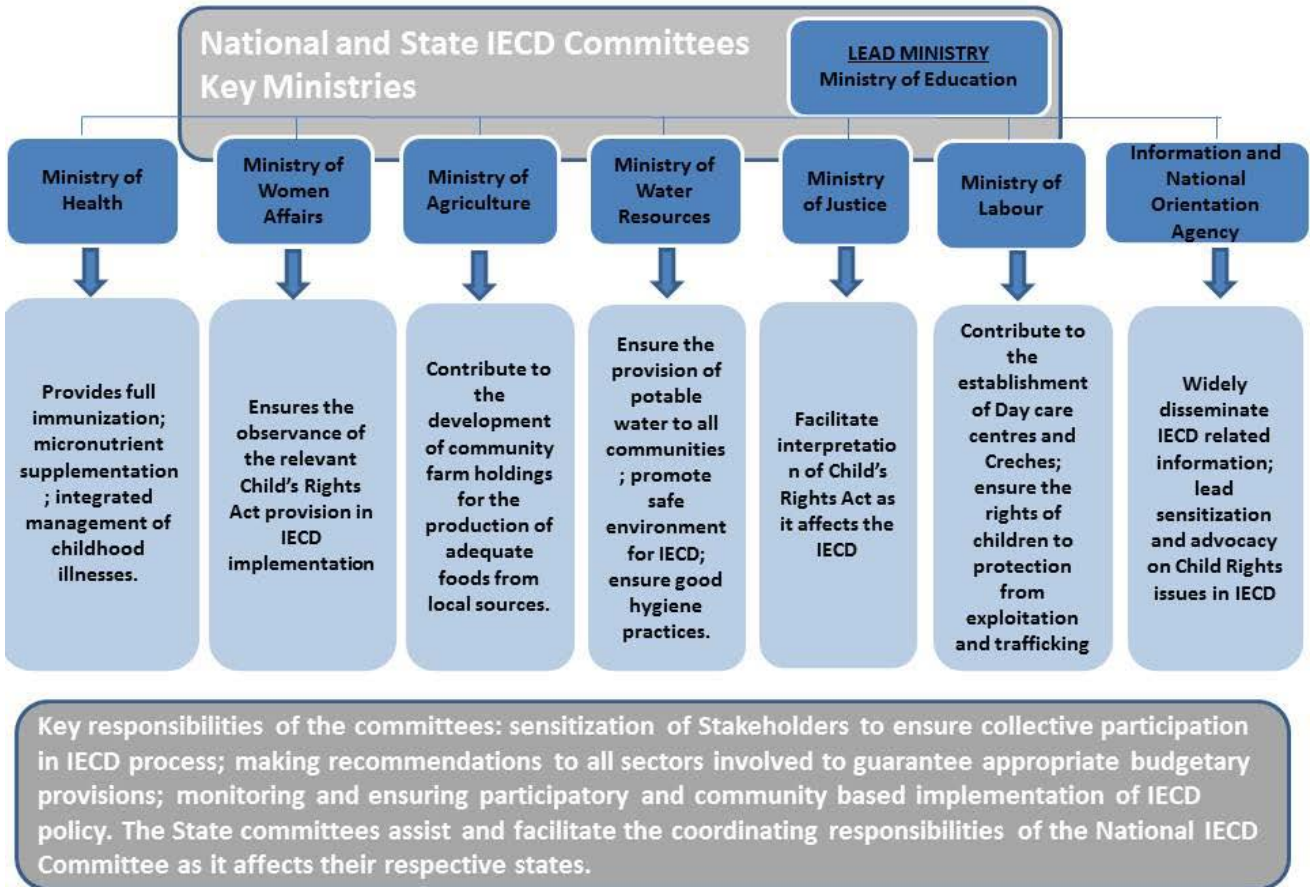


Figure 3: Institutional composition of a Local Government IECD Committee

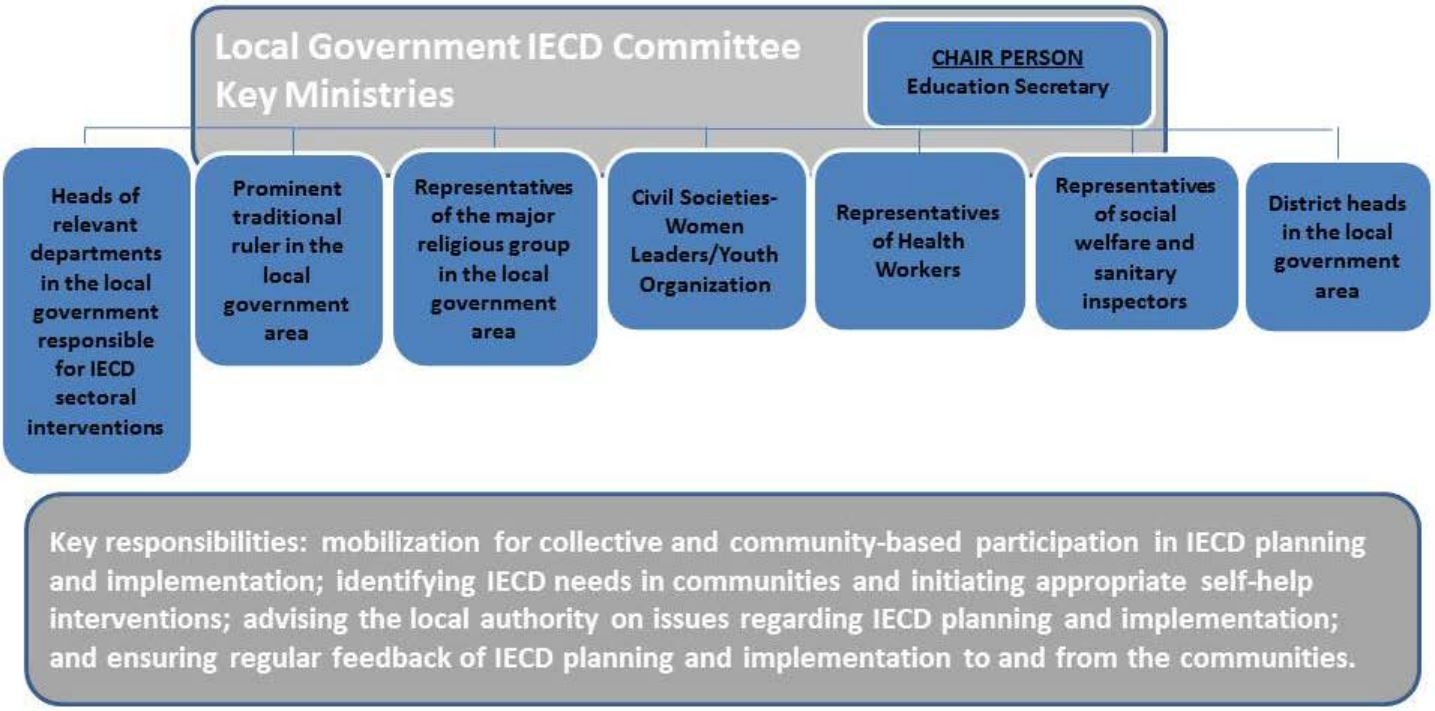


Table 3: Regional comparison of health expenditure indicators

	Nigeria	Guinea	Liberia	Mali	Sierra Leone
Out-of-pocket expenditure as percentage of all private health expenditure	95%	99%	52%	99%	90%
Out-of-pocket health expenditure as percentage of total expenditure on health	59%	88%	35%	53%	79%
General government expenditure on health as a percentage of GDP	5%	5%	12%	5%	13%
Percentage of routine EPI vaccines financed by government	71%	24%	6%	20%	No data

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

Policy Lever 1.3: Finance

Latent

While 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. [4] Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

Public sector funding is allocated for ECD in Nigeria but information on specific ECD spending levels is not available consistently. ECD budget planning is not a coordinated effort between the multiple government ministries in Nigeria. In the education sector, the Education for All Global Monitoring Report (2007) indicates that the GoN has allocated 5 percent of its UBE matching grant to the 36 States of the Federation and the Federal Capital Territory (FCT) for the provision of preprimary education for children aged 3-5 years. Yet, information systems do not allow identifying the level of ECD-specific spending and disaggregating and reporting public ECD expenditures by sector in an accurate and comprehensive manner. There are no explicit criteria in place for determining the ECD budget in any sector.

The burden of finance for ECD services remains a barrier to access. In the education sector, while preprimary school has officially been declared free as an integral part of the UBE Act, adequate resources are not made available to schools to sufficiently expand coverage. In some schools, Nigerian parents with children in public Early Childhood Care and Education (ECCE) centers are required to pay fees for uniforms, meals, transport costs, and parent-teacher association fees. Data on the cost of these fees are not available but it is reported that costs of services remain a barrier to access in ECCE in Nigeria.

Table 3 compares several health expenditure indicators in Nigeria with other countries in the region. Compared to other West African countries, out-of-pocket [5] expenditures for healthcare account for a relatively high proportion of total health expenditures in Nigeria (59 percent). The GoN spends a similar proportion of its GDP on health as Guinea and Mali (5 percent) but a smaller proportion than Liberia and Sierra Leone. The GoN finances a greater proportion of routine vaccines than any other country in the region presented here. In 2010, the GoN financed 71 percent of the cost of providing routine EPI vaccines to all young children.

Further information is required, including the level of government spending on ECD interventions in all essential sectors, in order to fully assess the public sector financial commitment to ECD as a whole.

[4] Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003.

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

Policy Options to Strengthen the Enabling Environment for ECD in Nigeria

Legal framework:

- **Create innovative mechanisms to promote birth registration in the country.** Policies that enforce birth registration can be a critical first step to reach children with the services they need to fully develop and protect them against exploitation. A major obstacle to improving ECD provision for Nigerian infants and children is the very poor state of birth registration in the country. All births are not captured in formal records as not all births occur in formal health facilities. A policy that requires that parents and families comply with birth registration regulations could better ensure effective planning and implementation of basic ECD interventions.
- **Establish mechanisms to promote the provision of adequate free healthcare interventions to young children and expecting mothers.** National laws and regulations promote a range of free healthcare services for young children and expecting mothers. Yet, the general policies do not create mechanisms to ensure adequate access to healthcare for young children and expecting mothers. Universal provision of health services in early childhood can ensure the prevention and treatment of leading causes of infant and child mortality, including diarrhea and pneumonia. Creating a policy that enforces that children attend regular well-child visits could better ensure that all children in Nigeria receive appropriate health and nutrition interventions in early childhood.
- **Develop strategies to deliver age-appropriate ECCE services to young children aged 0-3.** While the UBE Act aims to cater educational services to children 0-15, no provisions have been made targeting the 0-3 age cohort. Beyond private caregivers and communities, strategies should be put in place to ensure the role of UBEC/UBEB and SUBEBs in assisting on issues relating to the 0-3 year olds.

Inter-sectoral Coordination:

- **Finalize a costed implementation plan for IECD Policy at the state level.** Nigeria's achievement in transforming the ECD system from a single sector to a multi-sectoral approach is commendable, converging interventions in education, health, nutrition, care stimulation, and protection. While the IECD approach has been adopted and put in place at the state levels, the implementation plans are not yet costed in many states. The IECD Policy lays out coordination mechanisms at the national, state, local government area (LGA) and community levels to ensure effective delivery of ECD services. To ensure smooth and effective implementation of the Policy, the relevant bodies will need to have access to adequate financial, political, and human resources.
- **Establish a common plan of action for ECD service delivery at the state level.** Given that essential ECD services are provided across multiple sectors, it is important to establish a common plan of action for effective service delivery. An important first step is to develop an agreed list of essential services that will translate into a common plan of action. Clear guidelines on leading role, joint planning, resource mobilization, implementation and monitoring of services are required by all intervening sectors. Mechanisms to coordinate ECD service provision at the delivery level will be essential to guarantee that every child has access to all of the essential services.

Finance:

- **Strengthen ECD budget coordination mechanisms between the different sectors involved.** Although the multi-sectoral nature of ECD makes it difficult to clearly disaggregate public financing of ECD, effective implementation of the IECD policy necessitates a jointly coordinated budget planning process across ministries. The development of a common plan of action would lead towards more coordination and adequate levels of financial support necessary to effectively and efficiently implement the IECD policy.
- **Ensure that low-income and vulnerable children have access to key health and nutrition interventions.** Overall, out-of-pocket expenditure as a percentage of total health expenditures is high in Nigeria. For instance, there are out-of-pocket payments (formal or informal) for hospital care, which also apply to ECD services. It should be a priority for the government to provide sufficient funding for the basic services, particularly targeting the poor and most vulnerable.

Ensure coordinated, sustainable, and adequate commitment to ECD spending. It will be important for public institutions, both at the national, state, and LGA levels, to commit to sustained financial support of the effective implementation of the IECD policy. Box 4 provides an example from Australia, where all state and territorial governments have agreed to maintain financial support to the preprimary education sector. The National, State, and LGA IECD committees should consider working together to streamline Nigeria's financial system for sustained and coordinated ECD financing. This will require improved accountability measures and clear and available expenditure data across sectors.

Box 4: Relevant lessons from Australia: sustainable financial investments[6]

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

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

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

Key lessons for Nigeria:

- In order to expand coverage and effectively implement IECD, commitment from both the national and state levels to maintain financial support to ECD will be essential.
- Like Australia, Nigeria's decentralized system requires the development of a methodology to enforce efficient top-down expenditure allocation. In creating a sustainable system, it is essential to clearly articulate the roles and accountability measures for financing and allocating funding for ECD services between the national, State, and local government.
- With improved availability of expenditure data and a unified information system to monitor IECD progress across ECD indicators, (further discussed under Policy Goal 3), Nigeria could increase and sustain adequate financing and monitor its *investments in ECD.*

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

Policy Goal 2: Implementing Widely

➢ Policy Levers: Scope of Programs • Coverage • Equity

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

Policy Lever 2.1: Scope of Programs

Effective ECD systems have programs established in all essential sectors and ensure that every child and expecting mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 4 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.

Programs are established across all relevant sectors and cover a wide range of beneficiary groups. ECD Interventions exist in the education, health, nutrition, and child protection sectors and target a range of beneficiary groups in Nigeria. Figure 5 presents select ECD interventions that exist in all four states (Bauchi, Ekiti, Kwara and Oyo) for all target beneficiaries. The differentiated interventions in the states not only reach young children, but also pregnant women and parents; these programs are designed to meet the multisectoral needs of young children.

For each sector, a series of specific interventions are essential to support young children. While Figure 5 displays some of the major ECD programs in Nigeria, it does not portray the scale of programs. Table 4 shows that a range of ECD programs in Bauchi, Ekiti, Kwara and Oyo states are established across sectors, including education, health, nutrition, parenting and special needs. Many of these programs are provided by the state governments. Table 4 also displays the scale of coverage of selected ECD programs in these four states. While mostly all local government areas (LGAs) in the four states are covered, levels of access are generally reported to be limited. Limited coverage is also demonstrated by the insufficient data available. Levels of coverage will be further discussed in Section 2.2.

Figure 4: Essential interventions during different periods of a young child's development

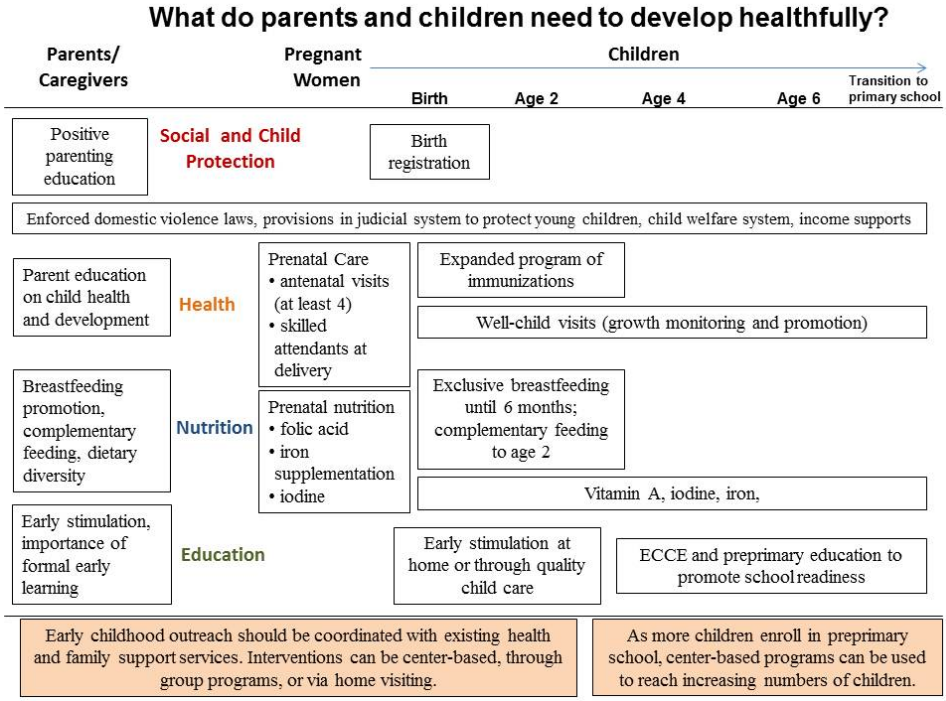


Figure 5: Scope of selected ECD interventions in Nigeria (Bauchi, Ekiti, Kwara, and Oyo states) by major sector and target)

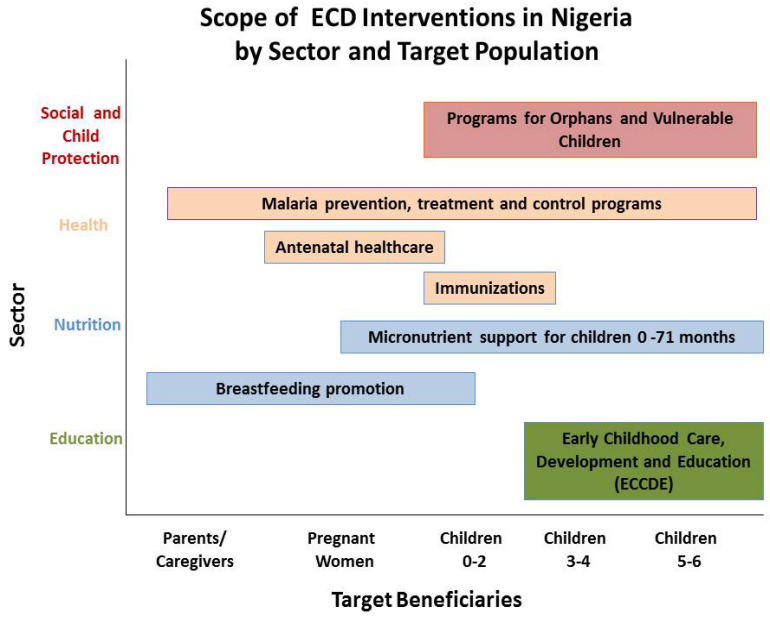


Table 4: ECD Programs and Coverage in Nigeria (Bauchi, Ekiti, Kwara and Oyo States)

ECD Intervention	Scale of coverage of ECD Interventions by State			
	Bauchi (20 LGAs in total)	Ekiti (16 LGAs in total)	Kwara (16 LGAs in total)	Oyo (33 LGAs in total)
EDUCATION (STIMULATION AND EARLY LEARNING)				
State-provided ECCE				
Number of Local Government Areas (LGAs) covered	**20**	**16**	**16**	**No data**
Approximate percentage of target population covered	**4%**	**No data**	**1%**	**No data**
Community-based ECCE				
Number of Local Government Areas (LGAs) covered	**No data**	**No data**	**16**	**No data**
Approximate percentage of target population covered	**No data**	**No data**	**0.1%**	**No data**
Non-state-provided ECCE				
Number of Local Government Areas (LGAs) covered	**15**	**16**	**No data**	**33**
Approximate percentage of target population covered	**No data**	**No data**	**No data**	**No data**
Subsidized childcare for schooling parents				
Number of Local Government Areas (LGAs) covered	**3**	**No data**	**No data**	**No data**
Approximate percentage of target population covered	**No data**	**No data**	**No data**	**No data**
HEALTH				
Antenatal health care *Antenatal care*				
Number of Local Government Areas (LGAs) covered	**20**	**16**	**16**	**33**
Approximate percentage of target population covered	**No data**	**No data**	**5%**	**No data**
Comprehensive immunizations for infants *Expanded Immunization Program*				
Number of Local Government Areas (LGAs) covered	**20**	**16**	**16**	**33**
Approximate percentage of target population covered	**No data**	**100%**	**4%**	**No data**
Growth Monitoring and Promotion Programs				
Number of Local Government Areas (LGAs) covered	**4**	**No data**	**16**	**No data**
Approximate percentage of target population covered	**No data**	**No data**	**5%**	**No data**
Mosquito bed net distribution programs for young children *Long-lasting insecticide treated nets (LLINs)*				
Number of Local Government Areas (LGAs) covered	**20**	**16**	**16**	**33**
Approximate percentage of target population covered	**No data**	**No data**	**0.5%**	**No data**
Mosquito bed net distribution programs for pregnant women *Long-lasting insecticide treated nets (LLINs)*				
Number of Local Government Areas (LGAs) covered	**20**	**16**	**No data**	**33**
Approximate percentage of target population covered	**No data**	**40%**	**No data**	**No data**

Table 4: ECD Programs and Coverage in Nigeria (Bauchi, Ekiti, Kwara and Oyo States) (*conclusion*)

NUTRITION				
Food supplements for children 0-71 months				
Number of Local Government Areas (LGAs) covered	**No data**	**No data**	**No data**	**No data**
Approximate percentage of target population covered	**No data**	**No data**	**No data**	**No data**
Micronutrient support for children 0-71 months *Vitamin A supplementation*				
Number of Local Government Areas (LGAs) covered	**20**	**16**	**16**	**No data**
Approximate percentage of target population covered	**No data**	**No data**	**38%**	**No data**
Food supplements for expecting mothers				
Number of Local Government Areas (LGAs) covered	**No data**	**No data**	**16**	**33**
Approximate percentage of target population covered	**No data**	**No data**	**No data**	**No data**
Breastfeeding promotion programs				
Number of Local Government Areas (LGAs) covered	**20**	**16**	**16**	**33**
Approximate percentage of target population covered	**No data**	**No data**	**22%**	**No data**
Feeding programs in preprimary schools	**No intervention**			
PARENTING				
Parenting integrated into health/community programs				
Number of Local Government Areas (LGAs) covered	**No data**	**No data**	**No data**	**33**
Approximate percentage of target population covered	**No data**	**No data**	**No data**	**No data**
Home visiting programs to provide parenting messages	**No intervention**			
SPECIAL NEEDS				
Programs for OVCs *Argarar Yuguda OVC program*				
Number of Local Government Areas (LGAs) covered	**20**	**16**	**16**	**33**
Approximate percentage of target population covered	**No data**	**No data**	**No data**	**No data**
Interventions for children with special needs (physical)				
Number of Local Government Areas (LGAs) covered	**20**	**16**	**16**	**No data**
Approximate percentage of target population covered	**No data**	**No data**	**2%**	**No data**
Interventions targeted at children affected by HIV/AIDS				
Number of Local Government Areas (LGAs) covered	**20**	**16**	**No data**	**No data**
Approximate percentage of target population covered	**No data**	**No data**	**No data**	**No data**
Cash transfers conditional on ECD services or enrollment/ Integrated Program which provides intervention in variety of sectors- track individual children	**No intervention**			

Policy Lever 2.2: Coverage

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

ECCE coverage in Nigeria is inadequate and access levels vary between states. Despite the inclusion of ECCE in Nigeria's UBE Act, which entitles all children to receive preprimary education, the level of access to preprimary education in Nigeria remains far beyond the targeted goal. The MoE's 4-year Strategic Plan for the Development of the Education Sector (2011-2015) indicates that only 39 percent of primary schools have ECCE sections attached. Out of the expected enrollment figure of 22 million in ECCE, only 2.02 are currently enrolled, thus excluding a large number of Nigerian young children. Table 5 displays the actual number of children reported to be enrolled in early child care centers (based on administrative data collected through the SABER-ECD exercise). These administrative data demonstrate the very low level of access to ECCE in all four states.

Figure 6 presents the gross and net enrollment levels by state based on household survey data, which generally reflect higher enrollment rates. Yet, large disparities exist between states and regions. While a larger number of children in the South are enrolled in preprimary school, the Northern region has significantly lower enrollment rates. Net enrollment rates vary from 2 percent in Sokoto State to 84 percent in Abia State.

Nigeria provides limited coverage for essential child protection interventions. As demonstrated in Table 6, only 30 percent of births are registered in Nigeria. Compared to some neighboring West African countries, Nigeria has the second lowest birth registration rate next to Liberia. As the largest populated country of the continent, with currently 162.5 million inhabitants, the low birth registration rate in Nigeria indicates that a very high number of births are not tracked in the system. Focused attention is required to establish an effective child registration system that guarantees all children a legal identity.

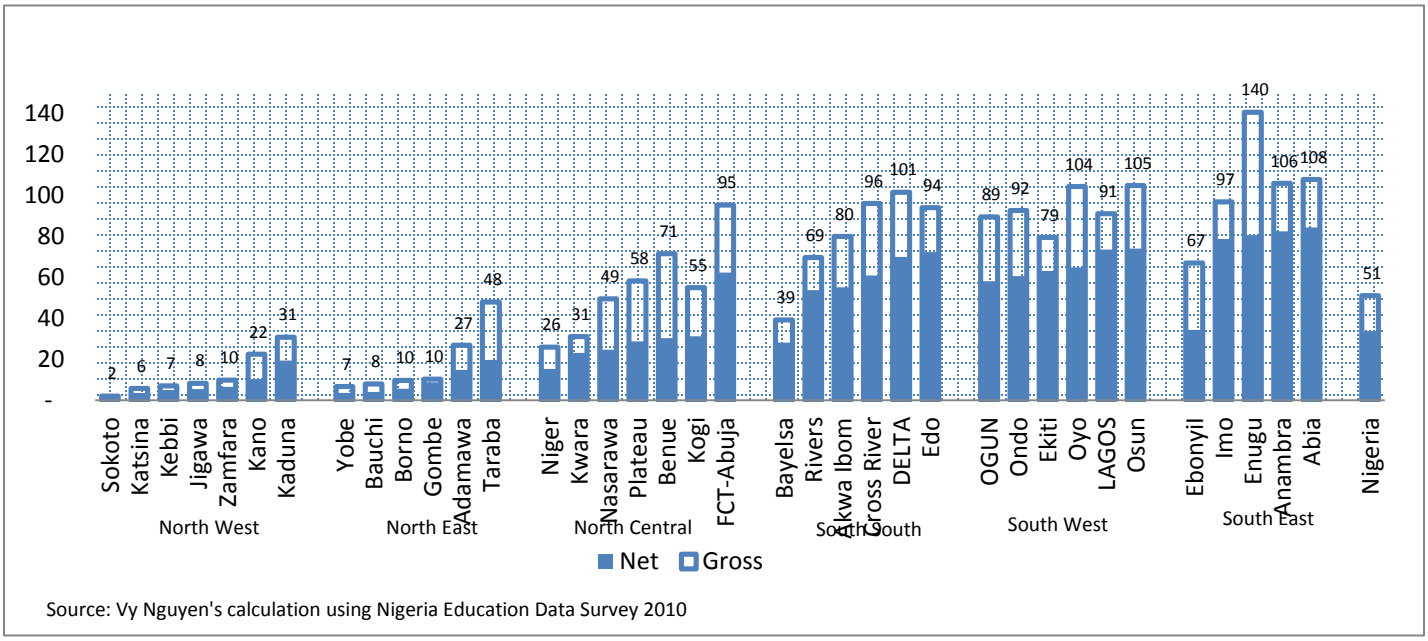
Nigerian mothers have low access to most essential health interventions. Table 7 presents the level of access to a selection of essential ECD health interventions for pregnant women in Nigeria and select neighboring West African countries. As displayed in Table 7, only 39 percent of births are attended by skilled attendants, and 45 percent of pregnant women receive antenatal care (at least 4 visits). These rates are low by international standards and underscore the necessity of enhanced coverage and targeting mechanisms to ensure that all pregnant women receive appropriate maternal health services.

Table 5: Number of children enrolled in ECCE centers in Nigeria in Selected States (36-59 months)

State	Percentage of children enrolled	Number of children enrolled	Number of children total (36-59 months)
Bauchi (2012)	8.3%	64,566	774,357
Ekiti	0.2%	29,200	14,823,619
Kwara	Not available	88,119	Not available
Oyo	Not available	152,012	Not available

Source: SABER-ECD Policy Instrument

Figure 6: Preprimary enrollment rates by states (%)



Source: Vy Nguyen's calculation using Nigeria Education Data Survey 2010

Table 6: Level of access to birth registration in Nigeria and select West African countries

	Nigeria	Guinea	Liberia	Mali	Sierra Leone
Birth registration	30%	43%	4%	81%	51%

Source: UNICEF Country Statistics, 2010

Table 7: Level of access to essential health services for pregnant women in select West African countries

	Nigeria	Guinea	Liberia	Mali	Sierra Leone
Births attended by skilled attendants	39%	46%	46%	49%	42%
Pregnant women receiving antenatal care (at least four times)	45%	50%	66%	35%	56%
HIV+ pregnant women/exposed infants receiving ARVs for PMTCT	30%	58%	38%	34%	62%

Source: UNICEF Country Statistics, 2010 and UNAIDS Database

Table 8: Level of access to essential health services for young children in Nigeria and select West African countries

	Nigeria	Guinea	Liberia	Mali	Sierra Leone
1-year-old children immunized against DPT (corresponding vaccines: DPT3ß)	69%	57%	64%	76%	90%
Children below 5 with diarrhea receive oral rehydration/ continued feeding (2010)	25%	38%	47%	38%	57%
Children below 5 with suspected pneumonia receive antibiotics (2010)	23%	No data	62%	38%	27%
Children below 5 sleep under ITN	29%	5%	26%	70%	26%
Children below 5 with fever receive anti-malarial	49%	74%	67%	No data	30%

Source: UNICEF Country Statistics, 2010

Young children have very low access to most essential health interventions in Nigeria. Promoting healthy development of young children requires that ECD health services operate at scale. Table 8 compares coverage levels for essential ECD health services for young children in Nigeria and select West African countries. Currently, only 69 percent of 1-year-old children are immunized. Table 8 also reveals that children in Nigeria have low access to treatment for diarrhea and pneumonia: only 25 percent of young children suffering from diarrhea receive oral rehydration and continued feeding, 23 percent of children below the age of 5 suspected to have pneumonia receive antibiotics. These rates are lower than the select countries in the sub-region presented here. Also, only 29 percent of children below 5 years of age sleep under an insecticide-treated bed net (ITN). These low coverage rates underline the need for improved efforts to ensure that young children receive the appropriate services to develop healthfully. Particular attention should be given to expand immunization coverage in Nigeria.

Access to essential nutrition interventions in Nigeria is inadequate. Table 9 illustrates the nutritional status of young children and pregnant women in Nigeria and some neighboring countries. The level of moderate and severe stunting amongst children 5 years of age or younger is 41 percent. The impact of stunting on a child's development is immense. The period between conception and the age of two is a window of opportunity to address and prevent the damage caused by malnutrition. If not addressed, a malnourished child will not fully develop physically, which in turn hinders linguistic, cognitive, and socio-emotional development. In comparison with some neighboring West African countries presented in Table 9, the prevalence of moderate and severe stunting is higher in Nigeria than in most countries. By international standards, the level of moderate and severe stunting is extremely high in all five countries and indicates children are not receiving the nutrients and balanced diet required for proper growth and development.

Breast milk is considered to be the best method to feed an infant during the first six months of life, giving the child all the nutrients and calories needed. Nigeria has the lowest rate of exclusive breastfeeding, next to Sierra Leone, with 13 percent of children being exclusively breastfed until 6 months of age. As Table 9 shows, approximately 12 percent of infants are of low birth weight, and 66 percent of pregnant women have anemia. While there have been commendable achievements in Vitamin A supplementation and iodized salt consumption in Nigeria, with 91 percent and 97 percent levels of access respectively, increased access is required for overall nutrition of young children.

Table 9: Level of access to essential nutrition interventions for young children and pregnant women in Nigeria and select West African countries

	Nigeria	Guinea	Liberia	Mali	Sierra Leone
Children below 5 with moderate/severe stunting (2006-10)	41%	40%	42%	38%	36%
Vitamin A supplementation coverage (6-59 months)	91%	97%	53%	59%	100%
Infants exclusively breastfed until 6 months of age (2010)	13%	48%	34%	38%	11%
Infants with low birth weight	12%	12%	14%	19%	14%
Prevalence of anemia in pregnant women (2010)	66%	No data	62%	73%	60%
Children below 5 with anemia	56%	No data	88%	83%	83%
Population that consumes iodized salt	97%	41%	No data	79%	58%

Source: UNICEF Country Statistics, WHO Global Database on Anemia

Policy Lever 2.3: Equity

Emerging

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

ECD services are not equitably provided to rich and poor families in Nigeria. Preliminary analysis of information on access to a selection of ECD interventions shows that, overall, provision of ECD services to young children and pregnant women is not equitable in Nigeria. Using data from the UNICEF Multiple Indicator Cluster Survey (MICS), Figure 7 and Figure 8 illustrate the level of access to a selection of ECD services based of socioeconomic status and geographical location, respectively. Figure 7 compares access to essential ECD interventions for the poorest quintile with the richest quintile, including birth registration rates, skilled attendants at birth, and the number of children below 5 years of age with diarrhea who receive oral rehydration and continued feeding. Significant disparities exist. Differences in access to skilled attendants at birth are particularly remarkable – only 8 percent of poor mothers deliver their babies with a skilled attendant present, whereas 86 percent of the wealthiest mothers benefit from a skilled attendant at birth. Disparities also exist in terms of children's access to adequate healthcare: 41 percent of rich children are treated for diarrhea compared to 17 percent of poor children. Moreover, while 62 percent of children from the richest quintile are registered at birth, only 9 percent of children from the poorest quintile have birth registration.

Access to essential ECD services is higher in urban areas than rural areas. Figure 8 presents the same three indicators as in Figure 7as well as the percentage of population using improved sanitation facilities to compare the level of equity by geographical location in Nigeria. As clearly illustrated, access to ECD services

Figure 7: Access to ECD services and ECD outcomes for poor and rich in Nigeria

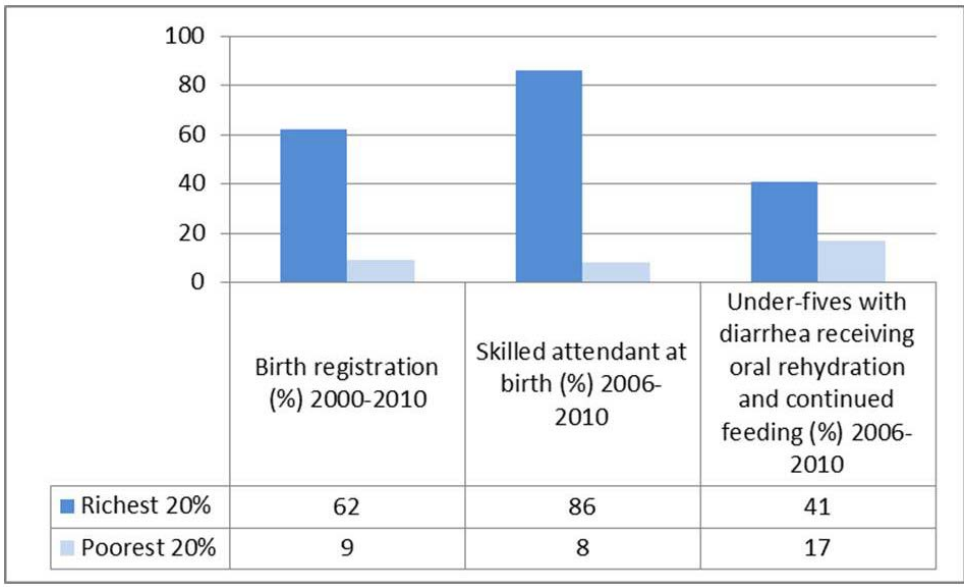
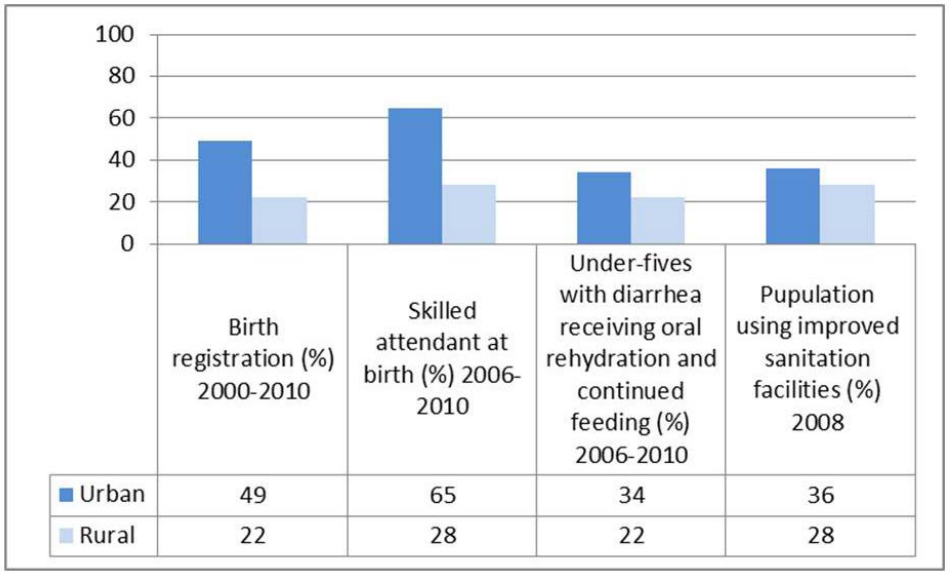


Figure 8: Access to ECD services by rural/urban location in Nigeria



varies significantly between urban and rural areas. Children and families living in urban areas have better access to birth registration and selected health interventions and hygiene facilities than those living in rural areas. The level of inequity is particularly stark in relation to the percentage of skilled attendants at birth – while 65 percent of mothers in urban areas benefit from skilled attendant during delivery of their babies, only 20 percent of mothers in rural areas do. This highlights the fact that young children and pregnant women living in rural areas face even greater challenges in accessing essential ECD services required to ensure their well-being than the population in better equipped urban areas.

Policy Options to Implement ECD Widely in Nigeria

Scope of Programs & Coverage

- **Ensure all essential ECD interventions are provided throughout the country through improved**

coordination at the point of service delivery. A robust ECD policy should include all important sectors and reach all critical stakeholders. In Nigeria, ECD interventions are established in most essential ECD sectors. Despite a wide range of existing ECD interventions, the majority of them are not operating at scale. In Bauchi, Ekiti, Kwara, and Oyo states, while most national sectoral programmes are reported to cover all LGAs in the respective states, coverage levels are very limited. The GoN should consider developing mechanisms to ensure that all essential interventions are available throughout the country. A mapping exercise to develop a database of ECD related interventions could be useful to foster in-country/in-state collaboration and identify potential gaps and possible synergies amongst the different stakeholders. The State and LGA IECD committees have an active role to play in ensuring essential interventions are available for children in the respective regions. Coordination between the education, health, nutrition, and child protection sectors in local governments will be crucial. This coordination could include sharing coverage data and collaborating to identify differentiated needs of young children and gaps in service delivery.

- **Support community-based health and nutrition education through training and promotional materials.** Community-based nutrition promotion has been identified as one of the most cost-effective investments for a country's development.[7] Outreach initiatives and information campaigns in local communities can promote positive parenting behaviors that will ensure healthy and well-nourished children. Through community-based education, parents will be more likely to access ECD services as well as promote healthy practices at home. Local government IECD committees and community representatives at the IECD steering committees have a crucial role to play in planning effective outreach activities and monitoring the status of young children in their respective communities. Providing promotional education materials as well as training and support to local community workers could be a feasible approach for the GoN to ensure that poor and rural populations are accessing essential health and nutrition interventions.

Equity

- **Ensure that essential ECD interventions are provided to poor children and to those who are hard to reach, mostly in the rural areas.** Disparities exist in access to select health and nutrition services as well as access to preprimary education between those in urban and rural areas, and between the rich and poor. Box 5 discusses relevant lessons from Senegal in improving access to nutrition interventions in hard-to-reach populations. The GoN should consider expanding access to essential ECD services targeted towards low-income and vulnerable children as well as those in hard to reach areas. An effective strategy could be to enhance the capacity of local authorities to identify existing gaps and address the needs of the disadvantaged population. As discussed above, coordinating interventions at the point of service delivery is an effective strategy to track individual child's needs and to ensure that a comprehensive scope of services is delivered. While national frameworks can promote increased coverage, efforts at the local and community levels are crucial. LGA authorities will need to take an active role in expanding ECD coverage in their respective areas. Box 6 provides a snapshot of how all institutions at different levels contributed to scaling up Cuba's ECCE program.

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

Box 5: Relevant lessons from Senegal: Improving access to nutrition interventions in hard-to-reach populations

Example from Senegal: Coordinating service delivery across sectors

In 2002, the Nutrition Enhancement Program (NEP) was launched by the Government of Senegal to provide multisectoral support for nutrition and to enhance nutritional conditions for children below age 5 and pregnant and lactating women. It includes a community-based growth monitoring and promotion and community IMCI (Integrated Management of Childhood Illness) with maternal counseling, home visits, and cooking demonstrations. The project integrated nutrition interventions (i.e. growth monitoring and promotion) with existing health sector interventions (i.e. IMCI). The Ministry of Health and local development agencies already provided a relatively good scope of coverage of health interventions in local communities. Thus, the nutrition sector leveraged existing resources for delivering the NEP interventions. Due to the synergetic effect of bringing together the nutrition and health sectors, the NEP became a mechanism for delivering other essential health and nutrition services provided by existing programs (including insecticide-treated bed nets and Vitamin A supplements). By 2012, the Government of Senegal had expanded the community nutrition program to reach more than 60 percent of the target population.

Key Lessons for Nigeria:

- Given that the Nigerian MoH already provides access to key health services, these health sector programs could be expanded to include nutritional components.
- Promoting feeding practices combined with the delivery of essential health services can be an effective strategy to promote the holistic development of children.

Box 6: Relevant lessons from Cuba: Scaling up ECCE

The Educate Your Child[8] (Educa a Tu Hijo) program, piloted in the 1980's, is a multisector, community-based early childhood program for families and young children. The program targets children ages 2-6 years old and their parents. Teams of ECCE and health professionals and local coordinating groups are responsible for implementing the program. The Educate Your Child program was expanded nationally during the 1990's. Cuba now provides universal coverage to preschool programs (including Educate Your Child and two other national programs).

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

Key Lessons for Nigeria:

- Departmental and municipal technical ECD committees already exist in many regions in Nigeria and will play an integral role in implementing the IECD Policy. These technical committees should receive adequate training.
- Local authorities should be trained to promote adequate delivery of all essential services at the local level.
- In line with the Inter-sectoral coordination mechanisms (as discussed in Policy Lever 1.3), Nigeria could learn from the Cuban strategy on how to implement inter-level capacity building where each level of government is trained by a level above it in ECD management.

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

Policy Goal 3: Monitoring and Assuring Quality

➢ Policy Levers: Data Availability • Quality Standards • Compliance with Standards

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

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.

Nigeria's Education Management Information System (EMIS) collects data on young children's access to ECCE services. Nigeria's EMIS collects data on ECCE enrollment at the national, state and LGA levels through annual school censuses. In Bauchi, Ekiti, Kwara and Oyo states EMIS data from State Universal Basic Education Boards (SUBEB) track children's access to ECCE only by age and gender. Only in Oyo state, do data collection efforts collect information based on geographical location (urban vs. rural) and socioeconomic background of beneficiaries. Results generated by data collection systems are essential to effectively monitor progress in ECD. Tracking a variety of basic indicators for each child enrolled in ECCE programs also helps improve education services in the country. Yet, the current system does not collect data on access by socio-economic background, special needs, mother tongue and geographical location (urban/rural). Drawing comparisons in access for different levels of socioeconomic status and by geographical location could better inform targeted service provision to disadvantaged or otherwise hard to reach populations. The established Nigerian EMIS could be further developed to integrate these parameters.

Nigeria's Primary Healthcare Development Authority requires regular data collection on access to ECD health services. The National Primary Healthcare Development Authority (NPHCDA) requires that data are regularly collected on usage of health facilities at the national, state and LGA levels. During the time this report was prepared, data were not available on the actual number of children and pregnant women receiving specific health interventions in all four states. Yet, according to policy, in Bauchi and Oyo states, the Department of Statistics of the Ministry of Health (MoH) collects data on usage of ECD health centers on a monthly basis and differentiates usage by child age and geographical location (urban vs. rural).

Child development outcome indicators are not collected in all essential sectors. Measuring children's overall development including physical, cognitive, language and socio-emotional development is critical to improve the provision of targeted and needs-based ECD services. In all four states (Bauchi, Ekiti, Kwara and Oyo) children's development outcome indicators are not collected. Given that comprehensive data collection can promote rational and effective policy making, establishing an individual child development tracking system across the different sectors could enable comprehensive and responsive monitoring of children's development.

Survey data are collected on access to health, nutrition, and child and social protection interventions in Nigeria. Table 10 displays a series of key indicators that a country could track to monitor young children's development. These indicators are divided into both administrative (census data) and survey data (based on sampling of a specific population group). It is important to note that sometimes indicators tracked administratively are only partially available. Nigeria participates in UNICEF's Multiple Indicator Cluster Survey (MICS-3). MICS collects and provides a range of household data on access and outcomes related to interventions in health, nutrition, education, child protection, and water and sanitation. MICS is the primary source for the majority of the health and nutrition indicators discussed under Policy Levers 2.2 and 2.3.

Table 10: Availability of data to monitor ECD in Bauchi, Ekiti, Kwara and Oyo States, Nigeria

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

Policy Lever 3.2: Quality Standards

Emerging

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

Infrastructure and service delivery standards for ECCE are well established in Nigeria. In August 2004, the Nigerian Educational Research and Development Council (NERDC), with support from the Ministry of Education (MoE), Ministry of Health (MoH) and UNICEF Nigeria, established 'The National Minimum Standards for Early Child Care Centers in Nigeria'. A range of detailed minimum requirements are established for setting up ECCE facilities to ensure that children learn in safe and child-friendly environments. To list a few, the general minimum requirements include: a safe and secure environment; specific infrastructure standards; availability of appropriate space; availability of appropriate sanitation and hygiene facilities; teaching methodical basis; and availability of teachers and caregivers with appropriate education. In line with the IECD policy, the Standards include sector-specific service delivery requirements for education, health, nutrition and child protection such as the provision of appropriate care, stimulation and early learning in response to a child's needs; usage of appropriate instructional materials; weekly health inspection of children (i.e. oral hygiene and physical inspection); monthly growth monitoring; provision of approved feeding arrangements; provision of food compliments and micronutrients.

The Child Development Department of the Federal Ministry of Women Affairs and Social Development (FMoWASD) has also introduced the 'National Policy and Guidelines for the Establishment, Management and Monitoring of Child Care Centers in Nigeria'. This document aims to: i) provide procedures, standards, and regulations for operating ECD centers; and ii) build coordination and quality control mechanisms that involve different stakeholders at the Federal, State and Local Government levels and Non-Governmental Organizations. It provides detailed roles and responsibilities for service providers, the Federal Ministry of Women Affairs and Social Development, the

State Ministries of Women Affairs and the Local Government Councils.

Registration and licensure procedures exist for ECCE centers. The FMoWADC mandates that all ECCE centers must be registered and accredited. For the operation of child care centers in Nigeria, a registration certificate must be obtained from the State Ministry of Women Affairs. A formal registration procedure is in place and includes several administrative processes starting with an application followed by verification then interactive inspection and finally licensure. Once a center has been registered, it can start preliminary operation pending licensure and once licensed, full operations are expected from the center. Centers that fail to meet stated requirements during inspections can be de-registered or de-licensed by the State and Federal Ministries of Women Affairs.

Minimum requirements for ECCE service providers are established, yet the State Government does not regulate in-service training program to improve quality of early learning services. The National Minimum Standards for ECCE centers include clear guidelines for caregivers' qualifications, experience, and child-to-caregiver ratios. Caregivers for 0-3 year olds are only required to be older than 21 years old and have basic literacy, while caregivers for 3-5 year olds are required to have at a minimum an upper secondary school certificate, and proficiency certificate. Preferably these caregivers have a Nigeria Certificate in Education (NCE) holders, or are retired nurses or school teachers. The NERDC requires one caregiver and one 'helper' or assistant for 20-25 children below 3 years old, and one caregiver for every 30-35 children between 3-5 year olds. According to the international standard for best practice, an optimal learning environment is achieved with an average caregiver-child ratio not exceeding 1:15 in preschool education. Revision of the established minimum ratios could be further considered. The NERDC also requires that update and refresher in-service courses for caregivers and helpers are organized from time to time, without any specific frequency requirement.

In-service training provision varies from one state to another. In Bauchi and Ekiti States, in-service training is provided very irregularly. In Kwara State, the State College of Basic Education provides a 7-day in-service training for early childhood caregivers once every two years. In Oyo, a 21-hour in-service training is given to caregivers on an annual basis. The training covers health, cognitive and social development; nutrition; sanitation; the IECD Policy and the National Minimum Standards. Streamlining in-service training provision for all ECCE providers could be further explored based on an established and approved training plan.

The average caregiver-child ratio in ECCE centers in Nigeria varies across the states. In Nigeria, a significant disparity exists in ECCE service provision between urban and rural areas. As shown in Table 11, urban areas have a higher child to caregiver ratio than rural areas. Among the four states presented below, Bauchi and Kwara States have the highest ratio with 88 and 80 children per caregiver in urban areas, respectively, while Oyo State has a lower ratio with 30 children per caregiver. In Bauchi and Kara states, the child to caregiver ratio is higher in urban areas than in rural areas; no rural data are available for Ekiti or Oyo state to make a similar comparison.

Table 11: Child-caregiver ratio in ECCE centers in Nigeria (2012)

State	Urban	Rural
Bauchi	88:1	50:1
Ekiti	50:1	No data
Kwara	80:1	30:1
Oyo	30:1	No data

Source: SABER-ECD Policy Instruments

Early learning standards have been developed and approved but are not yet disseminated for effective usage at the service delivery level. The NERDC has developed the National Early Childhood Curriculum for children aged 0-5. The document outlines developmental areas, including the following: cognitive development, knowledge, skills and understanding; physical development, health and safety; language, communication and literacy; social and emotional development; and, approaches to learning. Although the National Curriculum has been approved by the Federal Government, it has not been widely disseminated to the State levels for implementation. According to the revised National Policy on Education (2004), mother-tongue instruction is mandated in Nigeria. In addition, based on the identified

developmental needs of young children (i.e. cognitive, motor, social, emotional, and linguistic development), the NERDC is in the process of developing a 'Caregivers' Manual' to guide the provision of ECCE services for children aged 0 to 5 years. A draft manual currently exists, and is awaiting finalization and approval by the relevant Government bodies.

Infrastructure and service delivery standards for health facilities are established in Nigeria. The NPHCDC/SPHCDC has established standards to govern the provision of ECD health services to young children. Healthcare providers are required to complete training in early childhood service delivery. State ministries of health are in charge of ensuring that health facilities- health posts, centers, and hospitals- comply with construction standards.

Policy Lever 3.3: Compliance with Standards

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

Compliance with ECCE service provision standards is not well monitored. Despite established clear standards for ECCE service provision, the level of compliance with these standards is rarely monitored. Most centers are never or irregularly inspected for compliance with registration standards. Data are not available on the number of centers that meet requirements and or on the qualifications of ECCE service providers, thus it is difficult to reflect the existing situation at the point of service delivery. Moreover, evaluations do not comprehensively monitor all established quality standards. ECCE centers are not visited and evaluated based on an array of service delivery indicators derived from specific standards. No mechanisms exist to enforce registration and accreditation requirements.

Policy Options to Monitor and Assure ECD Quality in Nigeria

Data availability

- **Establish an improved monitoring and evaluation system to ensure that all essential ECD interventions are provided to the eligible beneficiaries.** Comprehensive data collection can promote effective policy-making, allowing for improved decision-making. The GoN could consider the establishment of an improved Monitoring and Evaluation system that would help guarantee that eligible beneficiaries receive the appropriate services.
- **Establish mechanisms to collect and maintain data on child development outcomes.** In addition to tracking access to services, an expanded tracking system could monitor child development outcomes which are essential in the policy-making and decision-making process. In Nigeria, child outcome indicators are not collected in any relevant sector involved in ECD service provision. It is highly recommended that child outcome indicators are collected in all essential ECD sectors to better inform comprehensive ECD implementation moving forward. Measuring cognitive, linguistic, physical, and socio-emotional development can help policymakers evaluate the impact of existing interventions and decide which interventions are most effective. During a child's early years, new capacities emerge continuously and sequentially – development in one domain often affects development in another. For example, children who are slow in one domain (i.e. language development) may have limited capacity to show the skills that they possess in other domains (i.e. for instance cognitive tasks that require language skills). Therefore, development in young children should be assessed as comprehensively as possible. When measuring a child's development, it is also important to look closely at which indicators are expected to change as a result of a specific intervention.

- **Enhance coordination of sectors involved in data collection for ECD services.** Given the highly decentralized institutional arrangement in Nigeria and recognizing that essential ECD data come from a variety of sources, mechanisms to connect this information are essential. Ensuring coordination and consistency of data from all sectors is crucial if the GoN is to measure the impact of its investments and guarantee that all children are provided with the essential and/or targeted services they need. Box 7 provides an example from Chile, where a comprehensive information system has already proven effective.

Quality Standards & Compliance with Standards

Finalize and disseminate the 'Caregivers Manual' which is currently in draft form. Based on the identified developmental needs of young children (i.e. cognitive, motor, social, emotional, and linguistic development), the NERDC has taken the lead in developing a 'Caregivers' Manual' to guide the provision of ECCE services for children aged 0 to 5 years, which is currently in draft form awaiting finalization and approval by the relevant Government bodies. It would be essential to finalize this Manual and make it available to service providers through well implemented dissemination.

- **Strengthen quality assurance mechanisms.** While minimum standards and requirements for quality assurance in health and education sectors are well developed in Nigeria, it is highly recommended that monitoring and compliance mechanisms be strengthened. Box 8 presents an example from Jamaica, where the Government has adopted innovative mechanisms to guarantee that ECCE centers meet the required minimum standards.

Box 7: Example from Chile: Online Registration, Monitoring, and Referral System

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

Key Lessons for Nigeria:

- ✓ Quality assurance systems could support better monitoring of compliance with standards, tracking which children receive specific benefits and services.
- ✓ A tracking system is particularly beneficial for improved intersectoral coordination at the point of delivery, as it provides an accessible platform for health, education, and child protection service providers to be on the same page about child's needs and receipt of services.
- ✓ An improved online system could improve targeting of at-risk children and promote early intervention.

Box 8: Example from Jamaica: Ensuring Quality in ECCE provision

The **Early Childhood Commission** (ECC) was established by an Act of Parliament, the Early Childhood Commission Act, in 2003. The Commission has the responsibility to ensure the integrated and coordinated delivery of early childhood programmes and services. Through its varying activities, the ECC guides the holistic development of children, including physical, cognitive, social and emotional development. The Commission has a range of legislated functions, one of which indicates direct responsibility to supervise and regulate early childhood institutions (ECI).

Standards for the operation, management and administration of ECIs: In Jamaican law, there are two types of Standards; those transmitted by an Act or Regulations, which therefore carry legal consequences, and those that serve to improve practice voluntarily and are not legally binding. For practical purposes, quality standards for ECIs include both sets of standards, with clear indications of those standards that are legally binding.

Standard statements for ECI: To improve the quality of services provided by ECIs, the ECC has developed a range of robust operational quality standards for ECIs. The Act and Regulations, which together comprise the legal requirements, specify the minimum levels of practice below which institutions will not be registered or allowed to operate. The standards that are not legally binding define best practices for early childhood institutions and serve to encourage institutions to raise their level of practice above minimum requirements. While ECIs are encouraged to achieve the highest possible standards to ensure the best outcomes for children, the legally binding standards guarantee that minimum standards are met.

Inspection and registration: Inspection of ECIs is the procedure designated under the Early Childhood Act for ensuring that operators comply with the minimum acceptable standards of practice. The ECC is required to inspect each ECI twice annually. It is a requirement of registration that the registered operator co-operates with the ECC's inspection process. The "registered operator" is defined as the person required to apply for registration of an ECI and may be an individual or a group.

In deciding on the suitability of an ECI for registration under the Early Childhood Act, the ECC will, based on information obtained at inspection visits, determine whether or not an ECI meets and complies with the Act and Regulations. Where existing provision falls short of the legal requirements, and the shortfall does not present a real and present danger to children, a permit to operate until full requirements are met will be granted, with time scales for institutions to meet requirements. The ECC encourages the promotion of the highest standards of practice by monitoring not only the minimum requirements at inspection visits, but also by monitoring those standards that are not legally binding.

Key Lessons for Nigeria:

- Consider establishing legally binding requirements for ECCE service provision to guarantee that acceptable minimum standards are met.
- Consider assigning a special entity with a delineated role to monitor and regulate ECCE service providers. An improved quality monitoring system will ensure that best outcomes are 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 12 shows the status of these comparisons in a selection of ECD activities. In the case of Nigeria, a strong correlation between policies/national programs and implementation is reflected in the comparison of policy mandating iodization of salt and the percentage of households consuming iodized salt. Despite policies and programs to promote exclusive breastfeeding for a child's first six months, just 13 percent of all children are exclusively breastfed for their first six months. Despite the recognition and desire to increase access to preprimary education in various policies, the outcome remains limited with a national preschool enrollment rate of just 14 percent.

Preliminary Benchmarking and International Comparison of ECD in Nigeria

Table 13 presents the classification of ECD policy in Nigeria 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. As discussed throughout this report, the legal framework to promote ECD is "established" in Nigeria, but in most of the other areas reviewed in the SABER-ECD rubric, there is room for improvement, particularly in terms of finance for ECD, coverage, data availability and compliance with standards, all of which are rated as "latent."

Table 12: Comparing ECD policies with outcomes in Nigeria.

ECD Policies		Outcomes
Nutrition		
❖ Nigeria's policies comply with the International Code of Marketing of Breast Milk Substitutes	→	Rate of exclusive breastfeeding until the age of six months: 13 percent
Health		
❖ Young children are required to receive a complete course of childhood immunizations	→	Children immunized with DPT (1 year old): 69 percent
❖ National policy mandates the iodization of salt for human consumption	→	Percentage of households consuming iodized salt: 97 percent
Child Protection		
❖ National policy mandates the registration of children at birth	→	Birth registration rate: 30 percent
Education		
❖ Preschool/kindergarten is not mandatory for any child age	→	Gross preschool enrollment Rate (children aged 36-69 months): 14 percent

Table 13: Benchmarking Early Childhood Development policy in Nigeria

ECD Policy Goal	Level of Development	Policy Lever	Level of Development
Establishing an Enabling Environment	●●○○	Legal Framework	●●●○
		Inter-sectoral Coordination	●●○○
		Finance	●○○○
Implementing Widely	●●○○	Scope of Programs	●●○○
		Coverage	●○○○
		Equity	●●○○
Monitoring and Assuring Quality	●○○○	Data Availability	●○○○
		Quality Standards	●●○○
		Compliance with Standards	●○○○

Legend: Latent ●○○○ Emerging ●●○○ Established ●●●○ Advanced ●●●●

Table 14 presents the status of ECD policy development in Nigeria alongside a selection of OECD countries. Sweden is home to one of the world's most comprehensive and developed ECD policies and achieves a benchmarking of "Advanced" in all nine policy levers. Colombia presents an example of a country that has made strides in the last few decades to improve ECD policies and programs.

Table 14: International classification and comparison of ECD systems

ECD Policy Goal	Policy Lever	Level of Development						
		Nigeria	Colombia	Liberia	Nepal	Sweden	Tanzania	Turkey
Establishing an Enabling Environment	Legal Framework	●●●○	●●●○	●○○○	●●○○	●●●●	●●○○	●●●○
	Coordination	●●○○	●●●○	●●●○	●●●●	●●●●	●●○○	●●○○
	Finance	●○○○	●●●○	●○○○	●●○○	●●●●	●○○○	●●○○
Implementing Widely	Scope of Programs	●●○○	●●●○	●●●○	●●○○	●●●●	●●●○	●●●○
	Coverage	●○○○	●●○○	●●○○	●●○○	●●●●	●●○○	●●○○
	Equity	●●○○	●●○○	●○○○	●○○○	●●●●	●○○○	●●○○
Monitoring and Assuring Quality	Data Availability	●○○○	●●●○	●●○○	●●○○	●●●●	●●○○	●●○○
	Quality Standards	●●○○	●●○○	●●○○	●●○○	●●●●	●●●○	●●●○
	Compliance with Standards	●○○○	●○○○	●●○○	●●○○	●●●●	●●○○	●●○○

Legend: Latent ●○○○ Emerging ●●○○ Established ●●●○ Advanced ●●●●

Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners to identify opportunities for further development of effective ECD systems. This Country Report presents a framework to compare Nigeria's ECD system with other countries in goals and corresponding nine policy levers are examined in detail and some policy options are identified to strengthen ECD services that are offered. Table 15 summarizes the key policy options identified to inform policy dialogue and improve the provision of essential ECD services in Nigeria to ensure that all young children have a strong start in life and the opportunity to reach their full potential.

Table 15: Summary of policy options to improve ECD in Nigeria

Policy Dimension	Policy Options and Recommendations
Establishing an Enabling Environment	• Create innovative mechanisms to promote birth registration in the country. • Establish mechanisms to promote the provision of adequate free healthcare interventions to young children and expecting mothers. • Develop strategies to deliver age-appropriate ECCE services to young children aged 0-3. • Finalize a costed implementation plan for IECD Policy at the state level. • Establish a common plan of action for ECD service delivery at the state level. • Strengthen ECD budget coordination mechanisms between the different sectors involved. • Ensure coordinated, sustainable, and adequate commitment to ECD finance.
Implementing Widely	• Improve coordination at the point of service delivery for essential ECD interventions. • Support community-based health and nutrition education through training and promotional materials. • Ensure that essential ECD interventions are provided to poor children and to those hard to reach in the rural areas.
Monitoring and Assuring Quality	• Establish an improved monitoring and evaluation system to ensure that all essential ECD interventions are provided to the eligible beneficiaries. • Establish mechanisms to collect and maintain data on child development outcomes. • Enhance coordination of sectors involved in data collection for ECD services. • Finalize and disseminate the 'Caregivers Manual' which is currently in draft form. • Strengthen quality assurance mechanisms for ECCE centers and service delivery personnel.

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The Systems Approach for Better Education Results (SABER) initiative collects data on the policies and institutions of education systems around the world and benchmarks them against practices associated with student learning. SABER aims to give all parties with a stake in educational results—from students, administrators, teachers, and parents to policymakers and business people—an accessible, detailed, objective snapshot of how well the policies of their country's education system are oriented toward ensuring that all children and youth learn.

This report focuses specifically on policies in the area of early childhood development.

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