



Kingdom of Tonga

EARLY CHILDHOOD DEVELOPMENT

SABER Country Report
2012

Policy Goals

1. Establishing an Enabling Environment

The Early Childhood Education (ECE) Policy Framework and draft ECE Policy show promise for a well-established early childhood system in Tonga in the future. However, without officially adopting the ECE Policy, Tonga has a relatively weak regulatory framework in place. Improved coordination is needed between the health and education sectors and state/non-state actors. Improved resource mobilization is also necessary to promote optimal child development.

Status

Emerging



2. Implementing Widely

Early Childhood Development (ECD) programming exists across the health, nutrition, protection, and education sectors. The Ministry of Health provides equitable coverage of essential ECD services, including well-child visits and immunization interventions. However, the Ministry of Education and Training falls short in providing adequate access to early learning opportunities for young children.

Established



3. Monitoring and Assuring Quality

More comprehensive administrative and survey data are needed to gain a better perspective of ECD outcomes and levels of coverage. While some quality standards are outlined in the ECE Policy Framework, no quality assurance mechanisms are currently in place. Monitoring must be better coordinated between the local and national levels.

Latent



This report presents an analysis of the Early Childhood Development (ECD) programs and policies which affect young children in the Kingdom of Tonga. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework and includes analysis of early learning, health, nutrition and social and child protection policies and interventions in the Kingdom of Tonga and regional and international comparisons.

The **Kingdom of Tonga** is an archipelago of 176 islands in the South Pacific, east of Fiji and southwest of Samoa. After 165 years of monarchy, Tonga voted its first democratically elected parliament in 2010. Tonga is a lower-middle-income country with a population of 104,509, of which approximately 13 percent are below the age of 5. Tonga ranks 90th in the UNDP Human Development Index and has GDP per capita of USD 4,168, with 23 percent of the population living below the National Poverty Line.

In 2007, the Tongan Ministry of Education and Training (MET) published an Early Childhood Education (ECE) Policy Framework to guide early childhood policy and program development in Tonga. Endorsement of this framework has been an important step in advancing the ECE system in the country, but further government efforts are still necessary. An official ECE Policy is yet to be finalized, which will be essential to establish a regulatory framework for a well-functioning ECE

system. Mechanisms must be put in place to ensure adequate finance and quality assurance across the health and education sector in Tonga.

SABER – Early Childhood Development

SABER – ECD collects, analyzes and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multi-sectoral 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 Tonga with Regional Comparison | Tonga | Fiji | Samoa | Solomon Islands | Vanuatu |
|--------------------------------------------------------------|-------|---------|-------|-----------------|---------|
| Infant Mortality (deaths per 1,000 live births) | 13 | 15 | 17 | 23 | 12 |
| Under-5 Mortality (deaths per 1,000 live births) | 16 | 17 | 20 | 27 | 14 |
| Maternal Mortality Ratio (deaths per 100,000 births) | 140 | 34 | 29 | 100 | 150 |
| Gross Preprimary Enrollment Rate (2010) | 21% | No data | 38 | 49% | 59% |
| Birth registration 2000-2010 | 98% | No data | 48% | 80% | 26% |

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

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 | |
| <ul style="list-style-type: none"> • Standard health screenings for pregnant women • Skilled attendants at delivery • Childhood immunizations • Well-child visits | |
| Nutrition | |
| <ul style="list-style-type: none"> • Breastfeeding promotion • Salt iodization • Iron fortification | |
| Early Learning | |
| <ul style="list-style-type: none"> • Parenting programs (during pregnancy, after delivery and throughout early childhood) • Childcare for working parents (of high quality) • Free preprimary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms) | |
| Social Protection | |
| <ul style="list-style-type: none"> • 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 | |
| <ul style="list-style-type: none"> • 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 | |

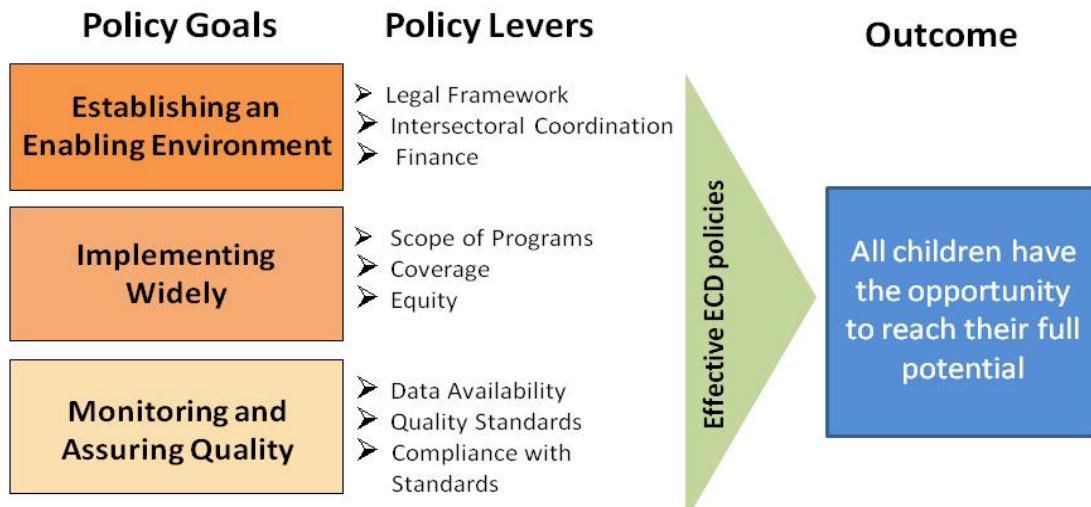
Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: *Establishing an Enabling Environment*, *Implementing Widely and Monitoring and Assuring Quality*. Improving ECD requires an integrated approach

to address all three goals. As described in Figure 1, for each policy goal, a series of *policy levers* are identified, through which decision-makers can strengthen ECD.¹

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.

¹These 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” (World Bank, 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 policies¹. An enabling environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD; the availability of sufficient fiscal resources; and, coordination within sectors and across institutions to ensure effective service delivery.

Policy Lever 1.1: Legal Framework

Emerging



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

National laws do not promote appropriate dietary consumption for young children and pregnant women. Regulations for the iodization of salt and iron fortification of foods can promote better nutrition for young children. In Tonga, there are no policies to promote salt iodization or the fortification of cereals or staples with iron. The National Food Control Authority has drafted new legislation that would promote stricter standards for food safety, but this has yet to be finalized.

In addition to regulations intended to reduce nutrient deficiencies, implementation of regulatory frameworks to encourage breastfeeding can be an effective strategy to reduce infant mortality rates and promote healthy development. The Government of Tonga (GoT) promotes breastfeeding and has established voluntary agreements to promote the evidence-based use of substitutes. The Ministry of Health (MoH) promotes exclusive and complementary breastfeeding through the National Food and Nutrition Policy. This policy encompasses the provisions of the International Code of Marketing of Breast Milk Substitutes, a global health policy framework adopted by the WHO. However, no enforcement mechanisms which comply with the international code are in place.

Through national laws and regulations, the health sector provides adequate healthcare for pregnant women and young children. In 1978, the GoT adopted the Declaration of Alma-Ata, an international document that promoted the provision of Primary Health Care for all. Upon adopting this declaration, the Government committed to promote universal access to healthcare. Under the Health Services Act (1991), the MoH is responsible for providing maternal and child healthcare in Tonga. Young children are required to attend periodic well-child visits. The Health Services Act does not provide explicit details of provision of these services, but the health sector consistently follows procedures that are conducive to a well-functioning system. In addition to healthcare for children, standard healthcare is provided to pregnant women, including antenatal care, maternal depression referrals, and standard HIV and STD screenings. Healthcare is free for pregnant women, with the exception of some lab work and radiology. Patients under age 12 are exempt from all health fees.

The health system in Tonga has a particularly strong regulatory framework for immunizations. The National Immunization Policy (2003) outlines performance indicators for coverage, management, and immunization safety. In accordance with the policy, the MoH also has developed an immunization handbook to provide guidelines for vaccination procedures, which supports training for workers in the health sector.

Preprimary school is not compulsory in Tonga. Current legislation in Tonga does not mandate the provision of free preprimary education. The Tonga Education Act (1988) requires that children 6-13 years old complete basic education. This established age range implies that the GoT has no legal responsibility for providing education for children below 6 years old. Thus, the provision of preprimary education currently rests entirely within the private sector. The legal age range of compulsory education has been a recent topic in political discourse in Tonga. According to a representative of the Ministry of Education and Training (MET) (formerly the Ministry of Education, Women's Affairs and Culture), plans exist to revise the Education Act so that compulsory schooling will begin at an earlier age in order to include ECE. An Early Childhood Education Steering Committee was recently established to advise on the drafting of a bill to reduce the compulsory age of education to 4. However, the

challenge for the MET lies in identifying sources of funding in order to move forward with this bill.

While preprimary education is not yet currently mandated, the MET has made efforts in recent years to establish a regulatory framework for ECE. In 2007, the MET, in consultation with local stakeholders, developed an ECE Policy Framework to provide guidelines and strategies that cater to the holistic needs of young children in Tonga, particularly those aged 3-5 years (provision of education services to children age 5-7 years is the responsibility of the Primary School Sector). In January 2011, an Early Childhood Education Policy was drafted, following guidelines established in the ECE Policy Framework. However, as of 2012, this policy has not been finalized. Finalization of this policy largely relies on whether the compulsory age of schooling in Tonga is legally changed in the Education Act.

As the Government has plans to include the ECE from 4 years old into compulsory primary education, an immediate action would be to finalize the ECE Policy, costing its implementation plan, and identify sources of funding needed for implementation of the policy in full scale.

National policies could be strengthened to better protect working mothers. In recent years, progress has been made to ensure the employment rights of public sector workers, who before 2010 were granted only 30 days of maternity leave and no days of paternity leave. In 2010, the Public Service Policy granted female public servants in Tonga up to three months of maternity leave. Fathers are granted five working days for paternity leave. Pay is to be provided by respective ministries. This policy only applies to government workers; the private sector has policies that differ by company. According to the Japan International Cooperation Agency (JICA), the majority of companies in the private sector do not grant maternity leave and those that do may only grant approximately 10 days leave. Table 2 provides a sample of parental leave policies from countries in the Pacific. The GoT does not adequately support its working mothers, especially compared to other countries in the Pacific. In accordance with the ILO Maternity Protection

Convention, policies should be updated to apply to all workers in the country so that non-discriminatory employment regulations also exist in the private sector.

National policies provide some protection of the rights of children, but could be strengthened. Upon ratifying to the UN Convention on the Rights of the Child (UNCRC) in 1995, the GoT agreed to protect the rights of all children in Tonga. The CRC states that every child has the right to protection from being deprived of his or her identity. The Births, Deaths and Marriages Registration Act (1988) mandates that all children be registered within three weeks of birth. The Act states that those who do not comply will be fined. Compared to other countries, this regulatory framework in Tonga is particularly strong because birth registration is required for official procedures, including land inheritance and school enrollment.

In 2007, Tonga ratified the UN Convention on the Rights of Persons with Disabilities, which guarantees equal rights for people living with disabilities in Tonga. However, despite an existing policy, limited services are currently available for children with disabilities. The New Zealand Aid Programme (NZAP) estimates that the proportion of the population in the Pacific with disability could be as high as 26%. Without a stronger, more explicit framework in place, young children living with disabilities may still be denied access to adequate services. Under Section 52 of the Education Act, the MET states that education is to be inclusive for all children, including those with special needs. Section 4.5.8 of the draft ECE Policy states that care and education must be provided for - and inclusive of - children with special needs. The ECE Policy Framework outlines strategic actions for inclusive education of children with special needs, including the provision of developmentally appropriate learning activities. However, as discussed above, guaranteed protection under the Education Act or the ECE Policy will not be legal until the MET officially adopts legislation to include ECD.

Table 2: Regional Comparison of Parental Leave Policies

| Tonga | Vanuatu | Solomon Islands | Fiji |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|
| No parental leave guaranteed for all workers; 12 weeks at 100% wage for government workers only, paid by government | All workers: 14 weeks at minimum 66% of wage; paid by employer (new legislation will regulate across employers) | All workers: 12 weeks at minimum 25% of wage; paid by employer | All workers: 12 weeks at 17% of wage, 547 days unpaid; paid by employer |

Box. 2 Regulations and Frameworks Governing ECD in Tonga

- Health Services Act (1991)
- ECE Policy Framework (2007)
- Convention on the Rights of the Child (1995)
- National Immunization Policy (2003)
- The Births, Deaths, and Marriages Registration Act (1988)
- Convention on the Rights of Persons with Disabilities (2007)

While the Government has adequately enforced some regulations under the UNCRC, including provision of health services and birth registration, there is room for improvement to protect all children, particularly orphans and vulnerable children and those in need of legal support or child advocacy. Limited policies or procedures are in place to provide legal protection to children. In 2006, UNICEF recommended that a family court be established to protect the interests of children. Currently, there are no specific interventions within the judicial system that protect children. According to the GoT, a draft bill that would create a more specialized judicial system to better protect the rights of children is planned to be reviewed in the 2012 parliamentary session. The GoT is encouraged to implement this legislation in order to guarantee child advocacy and legal services for young children. Legislation should also explicitly support orphans and vulnerable children, who currently do not have legal protection.

Policy Lever 1.2: Intersectoral Coordination

Latent

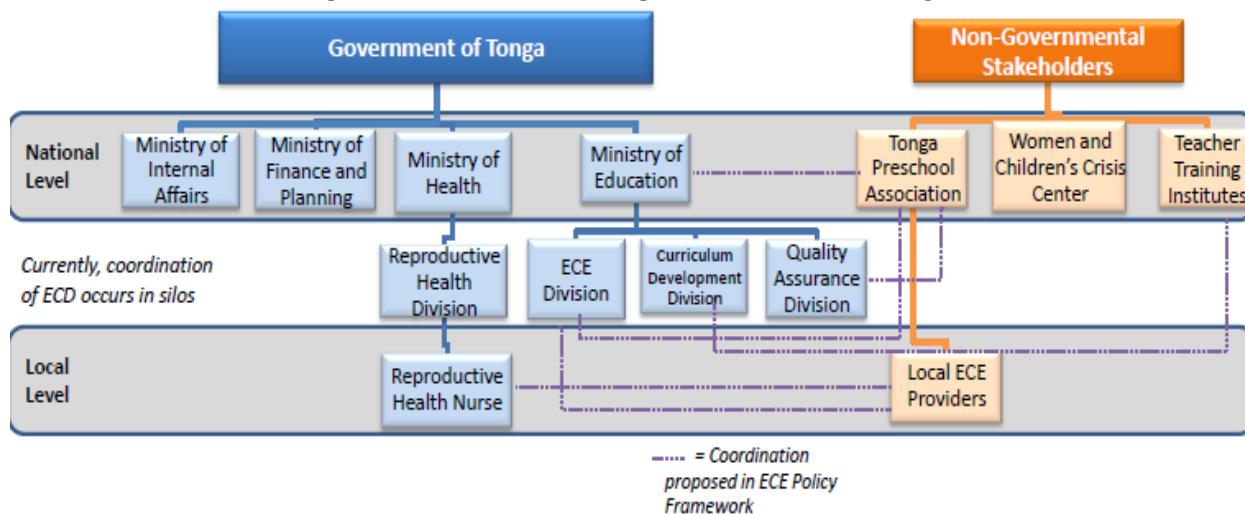


Development in early childhood is a multi-dimensional process². In order to meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential.

²Naudeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007.

The Government of Tonga does not have an explicitly stated multi-sectoral ECD strategy. Children's development cannot be adequately addressed through interventions via any single sector. Inter-sectoral coordination is an important strategy to create an enabling environment for an effective ECD system. Despite some effort by the health and education sectors in recent years to provide quality ECD services, this work has operated in a silo. It is important that national ministries coordinate to endorse a multi-sectoral strategy. The draft ECE Policy states that the MET will work in partnership with other stakeholders, across health and other sectors. In finalizing the ECE Policy, it is critical that the MET secures inputs and endorsement from all concerned ministries; such as MoH, Ministry of Finance and Planning, Ministry of Internal Affairs, etc. A finalized ECE Policy that is endorsed by multiple sectors could support the efficient delivery of integrated ECD services, including education, early stimulation, health, nutrition, and protection, as well as reduce the duplication of efforts or exhaustion of resources across sectors.

Currently, no central body is responsible for coordinating ECD policies and programs across Tonga. In finalizing this cross-sector effort, ministries may consider creating an institutional anchor that could coordinate ECD across sectors and institutions. With creation of the ECE Policy Framework, the MET has developed a framework for ECD service provision. While the MET can serve as the line ministry to lead ECD efforts, the designation of an inter-sectoral taskforce could facilitate coordination between the other sectors involved in ECD in Tonga. Figure 2 displays the institutional arrangements of both state and non-state actors involved in ECD in Tonga. While an array of stakeholders are involved in aspects of ECD service delivery, currently very limited coordination occurs amongst the ministries at either the national or local level. The creation of an institutional anchor could be an effective strategy to coordinate efforts in national multi-sector planning, as well as facilitate integrated service delivery.

Figure 2: Institutional arrangements for ECD in Tonga

Limited mechanisms are in place to promote collaboration between state and non-state actors. Establishing an institutional anchor could also create mechanisms for improved collaboration between state and non-state stakeholders. In addition to national ministries, non-state actors play an important role in ECD service provision. Figure 2 displays selected non-governmental stakeholders involved in ECD coordination. Non-state actors play an important role in ECD service provision in Tonga. The Tonga Preschool Association is an NGO founded in 1976 that coordinates pre-schools in many of the islands of Tonga. The association provides workshops on child development and teaching skills. As of 2003, the association had 46 members operating in Tonga. In addition to the preschool association, other non-state actors play an active role in the ECD system in Tonga. This includes the Tonga Institute of Education, which has an ECE teacher training program, and the Women and Children's Crisis Center, which provides child protection services to women and young children in need.

Because ECD services in Tonga are spread between state and non-state providers across different sectors, the GoT must create mechanisms for state and non-state coordination. In particular, given that the Tonga Preschool Association currently has the strongest links with ECE centers, an ECD institutional anchor should coordinate with the association in ECE policy implementation. The ECE Policy Framework identifies the Tonga Preschool Association as a valuable tool for curriculum development as well as ECE center monitoring. There is a need for stronger coordinating

mechanisms between the MET and the Preschool Association, such as regular consultation meetings or the definition of explicit roles and responsibilities in the ECE Policy.

Interventions are not coordinated at the point of service delivery. Inter-sectoral coordination is not only important at the national policy level, but it also is crucial at the level of service delivery. The ECE Policy Framework suggests that supplemental services be offered through preschool programs, including child nutrition, child safety, physical health, family support, parenting awareness program, and other services from the traffic and fire departments. This list of services is an important first step in promoting integrated service delivery. However, the GoT must ensure that this framework for integrated services is transferred into practice. This will entail supporting local service providers in health (Reproductive Health Nurses) and education (ECE Providers) in developing a common plan of action for integrated service delivery.

Policy Lever 1.3: Finance



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 benefits³. 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 expenditures in ECD are not well reported or coordinated across the education and health sectors. Budget coordination across essential sectors can promote adequate coverage and efficient spending in ECD. In Tonga, there is not a transparent budget process for national spending on ECD services. The government does not report specific public expenditures on ECD. The health sector has a partially costed implementation plan for maternal, newborn and child health, but this plan was not made available for the preparation of this report. Given that ECE spending is so low in the education sector, the MET does not currently have a specific budget for early learning activities and preprimary school. One of the main recommendations in the ECE Policy Framework is that the MET include ECE in the annual budget, with funding and an implementation plan for ECE-specific expenditures. As of 2012, this has yet to have been completed.

Both the health and education sectors would benefit from established coordination and allocation mechanisms for ECD budget decision-making. Currently, neither the MoH nor the MET use explicit criteria for determining funding for public ECD interventions. In October 2012, the Reproductive Health Section of the MoH plans to conduct a demographic health survey, which will cover pregnant women and young children. Once levels of coverage and need are identified from this survey, the data could be used for future budget planning in the health sector. The ECE Policy Framework recommends that key components of ECE programs be considered to produce acceptable expected outcomes. This includes budget criteria for enrollment, effective management committees, and center registration through MET to ensure minimum

service standards provided by any service provider. The MET is encouraged to use these criteria for future budget allocation decisions.

In the education sector, the level of finance for ECE is inadequate to meet the needs of the population. Strong evidence suggests that investing early in children will bring high returns to society in the future. However, the GoT falls short in ensuring that adequate expenditure is allocated towards ECE. In 2012, the total recurrent education budget was TOP 28.4 million (USD 16.2), none of which was allocated to ECE. The MET could consider including interventions for children below 6 years old in overall education expenditures, especially given that more than 8 percent of the Tongan population are aged 3 to 5 years and not ensured the right to education under the Tonga Education Act. If ratified, the ECE Policy would mandate free half-day ECE programs for 3-5 year old children. The framework recommends that parents be required to pay ECE providers according to their fees for children who attend programs for more than four hours (half-day) and children below 3 years of age.

However, until this policy is finalized, available government funding for ECE is limited. Currently, most ECE expenditures come from parents, churches, and private organizations. A survey conducted by the MET reported that the majority of preschools in Tonga are not adequately funded to meet children's learning needs. ECE service providers are usually volunteers and are not guaranteed payment. Some ECE centers pay stipends to teachers, but this is not necessarily the norm.

The level of health finance for young children and pregnant women is adequate. Under the Health Services Act (1991), the MoH is responsible for providing free health services to children and pregnant women. Labor and delivery, immunizations, well-child visits, growth monitoring, and antenatal checks are free of charge for all Tongan citizens. For non-Tongan citizens, the MoH has designated fees and charges for health services. As previously discussed, the national immunization program in Tonga is particularly strong. The GoT finances 90 percent of routine EPI vaccines. The Government also adequately covers healthcare in the country, spending USD289 per capita on total health

³The 2011-2012 Budget for GoT did include coordination of spending on health and education interventions for basic education (Age 6- 13); it is encouraged to include younger beneficiaries in future coordination across sectors.

Table 3: Regional comparison of health expenditure indicators

| | Tonga | Fiji | Solomon Islands | Samoa | Vanuatu |
|---------------------------------------------------------------------------|-------|------|-----------------|-------|---------|
| Out-of-pocket expenditure as percentage of all private health expenditure | 68% | 66% | 54% | 63% | 57% |
| Out of pocket expenditure as percentage of total health expenditures | 14% | 20% | 4% | 8% | 5% |
| General government expenditure on health as a percentage of GDP | 4% | 3% | 8% | 6% | 5% |

Source: WHO Global Health Expenditure Database, 2010

expenditures. Table 3 illustrates overall public and out-of-pocket health expenditures⁴. The level of out-of-pocket expenditures is above average for the region, but is considered acceptable by international standards.

Policy Options to Strengthen the Enabling Environment for ECD in Tonga

➤ **Legal framework** - First and foremost, finalizing an official ECE policy to establish a framework for an ECE system will ensure that the MET strategic actions outlined in the ECE Policy Framework are implemented. Additionally, updating the Tongan Education Act could ensure that services provided by the MET are inclusive of children below 6 years old. If the Act is updated, the MET will be more accountable for applying the ECE policy framework into practice. Creating a legal framework that is comprehensive would help regulating ECD in all relevant sectors. In order to reduce nutrient deficiencies in pregnant women and young children, the GoT should consider establishing regulations for universal salt iodization and food fortification. Costing an estimated 5 cents (USD) per child annually, universal salt iodization is recognized as a simple and cost-effective strategy for addressing iodine deficiency. Additionally, it would be beneficial to update non-discriminatory maternity leave policies in accordance with the ILO Maternity Protection Convention to include private sector employers.

➤ **Inter-sectoral Coordination** - In the process of finalizing an official ECE Policy, the coordination

between MET and all relevant sectors is critical. Coordination of ECD across sectors should occur at both the national policy level and the point of service delivery. At the national level, it would be beneficial to create specific coordinating mechanisms, such as the establishment of an institutional anchor and regular meetings attended by all relevant sectors. On the ground level, as already recommended in the ECE Policy Framework, national ministries could coordinate to create a list of supplemental services offered through preschool programs, including child nutrition, safety, health, and parenting awareness programs.

➤ **Finance** - For improved budget allocation, it would be useful for national ministries to use specific criteria, including health survey data or the education components already outlined in the ECE Policy Framework. If strategic actions outlined in the ECE Policy Framework are to occur, allocation of adequate finance to ECE is a must for implementation. Many countries around the world are opting to attach preprimary schools to primary schools as an expansion strategy. Box 2 provides an example of a Conditional Cash Transfer program in Mauritius that sheds lights on a strategy for ECD financing. The GoT does manage a school grants program through the Tonga Education Support Program (TESP) (funded by NZAID and formerly co-funded by the World Bank). TESP currently focuses on improving the quality of primary and secondary education. The GoT could consider expanding the school grants program to preprimary schools.

⁴Out 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 populations groups.

Box 3: Relevant lessons from international experience in financing ECD

Example from Mauritius: Conditional Cash Transfers (CCTs) to Promote ECE Enrollment

Summary: The Government of Mauritius has focused policy efforts on increasing preprimary school enrollment in the last decade. In order to encourage parents to enroll their children, the Government provides all families with financial support contingent upon the child attending the final year of preprimary school (age 4 in Mauritius). The transfer amounts to USD 6 per month and has helped achieve an 85% enrollment rate in preprimary school for children age 3-5 in Mauritius. Provision is largely through non-State centers (17% of all preschools are State-managed), but the design and enforcement of quality control mechanisms has remained central to Government policy efforts.

Key considerations for Tonga:

- ✓ Given that preprimary school is not publically provided in Tonga, a publically-funded CCT program would channel funding to non-state centers.
- ✓ It will be important to determine the appropriate funding level to maximize effectiveness of policy.
- ✓ Incentivizing on-time enrollment for preprimary school (i.e. age 4-5 in Tonga) could help address the significant problem of low preprimary enrollment rates (as discussed in Section 2.1)

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 3 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

ECD programs are established in core ECD areas of focus and target all relevant beneficiary groups. Interventions in ECD exist in the education, health, nutrition, and child protection sectors in Tonga. Figure presents a selection of ECD sectoral and multi-sectoral interventions in Tonga. These programs target a range of beneficiary groups. For example, in the education sector, Kindergartens target children ages 3-5 years old, while childcare centers target children 6 months to 5 years old. In the health sector, immunization services are designed to reach children from birth to 16 years old.

While Figure 4 displays some of the major ECD programs in Tonga, it does not portray the scale of programs. Table 4 shows that a range of ECD programs in Tonga are established in education, health, nutrition, and child protection. The health sector has the most established scope of programs with nation-wide interventions targeting all relevant age groups, including prenatal care for pregnant women, healthcare for children 0-83 months, as well as parenting programs integrated into well-child visits. Most programs in the health sector are publicly supported and managed. A range of education programs, including community childcare centers and social protection programs, such as the Mango Tree program for disabled children, are provided by non-state actors.

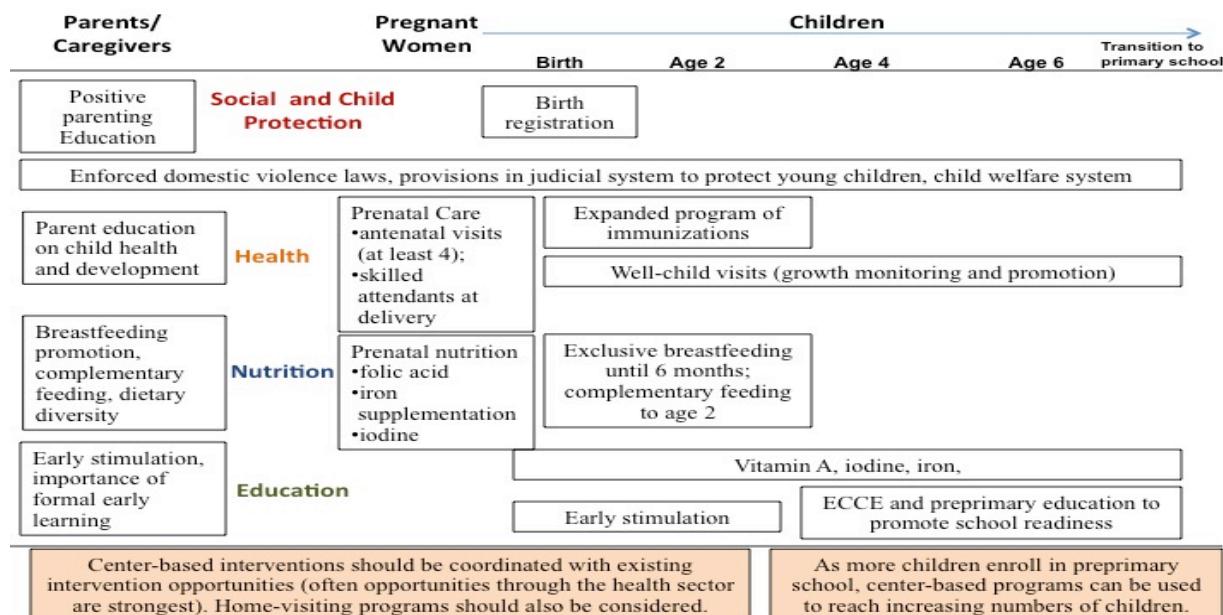
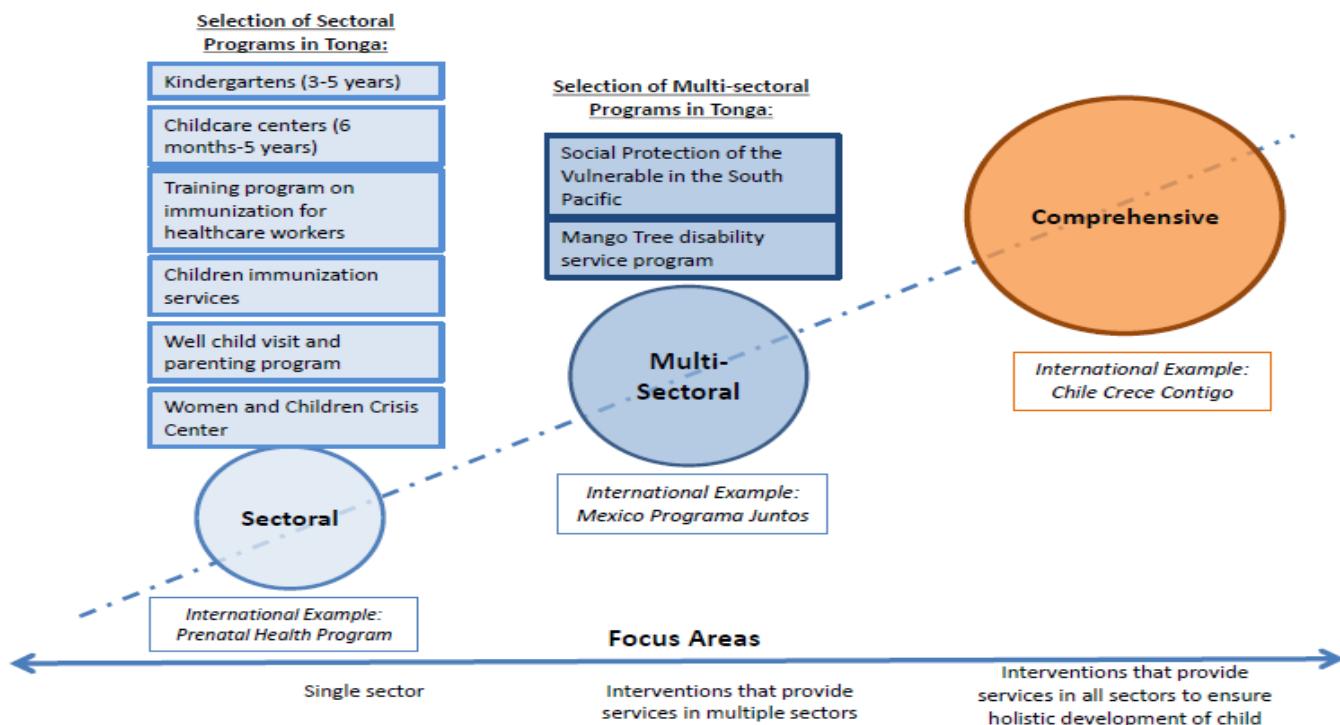
Figure 3: What do parents and children need to develop healthfully?**Figure 4: Selected ECD programs in Tonga**

Table 4: ECD Programs and Coverage in Tonga

| ECD Intervention | Scale | | |
|--------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------|--------------------|
| | Pilot programs | Number of sub-national divisions covered (out of 5) | Universal coverage |
| EDUCATION (stimulation and early learning) | | | |
| Publicly-provided ECCE | | | |
| Publicly-subsidized ECCE | | | |
| Privately-provided/community-based ECCE | | 5 | No |
| Capacity building intervention for ECCE (provided by Tonga Preschool Association) | Yes | | |
| HEALTH | | | |
| Prenatal healthcare (provided by MoH) | | 5 | Nearly* |
| Labor and delivery (provided by MoH) | | 5 | Nearly |
| Comprehensive immunizations for infants (provided by MoH) | | 5 | Nearly |
| Childhood wellness and growth monitoring (provided by MoH) | | 5 | Nearly |
| Capacity building intervention on quality of child health services (provided by MoH) | | 5 | Nearly |
| Maternal depression screening or services (provided by MoH) | Yes | | |
| NUTRITION | | | |
| Micronutrient support for pregnant women | | | |
| Food supplements for pregnant women | | | |
| Micronutrient support for young children | | | |
| Food supplements for young children | | | |
| Food fortification | | | |
| Breastfeeding promotion programs (provided by MoH) | | 5 | No |
| Anti-obesity programs encouraging healthy eating/exercise (provided by MoH) | | 5 | No |
| Feeding programs in preprimary schools | | | |
| PARENTING | | | |
| Parenting integrated into health/community programs (provided by MoH) | | 5 | No |
| Home visiting programs to provide parenting messages (provided by MoH) | | 5 | No |
| SPECIAL NEEDS | | | |
| Interventions for children with special needs (provided by Mango Tree) | | 1 | No |
| Advocacy and capacity building intervention for provision of care to children with special needs | | | |
| COMPREHENSIVE | | | |
| A comprehensive system that tracks individual children's needs and intervenes, as necessary | | | |

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

*Note: Nearly universal coverage signifies coverage rates over 95 percent

While Tonga does have a variety of selected ECD programs, there are still some key ECD interventions that are not yet operating at scale. For example, young children and mothers would benefit from publically-provided or publically-subsidized preschool programs, micronutrient and food supplementation, and interventions for orphans and vulnerable children (OVCs).

In general, however, Tonga should be commended for the extent to which programs are established in most important areas of development to target all beneficiary groups. The challenge the GoT faces is in strengthening its regulatory framework and identifying funding mechanisms for quality implementation. In other words, the fact that these programs exist does not necessarily reflect how well they are operating at scale, nor does it mean that these programs are being monitored for compliance with quality standards. These issues will be discussed in the proceeding sections.

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.

Birth registration rates are high for young children in Tonga. Tonga is one of the few Pacific Island countries to have nearly universal coverage of birth registration, as displayed in Table 5. In 2004, the overall birth registration rate in Tonga was 98 percent. According to UNICEF, one of the primary reasons for high coverage is that birth registration is necessary for administrative matters in Tonga, including land inheritance as well as school registration.

Tonga has high coverage of essential health interventions for young children and mothers. Promoting healthy development of young children requires that ECD health services operate at scale. The GoT is committed to a primary healthcare strategy that ensures access to healthcare for all Tongan citizens. Tonga provides one of the highest levels of access to essential health services amongst Pacific Island countries, as demonstrated in Table 6. The national Immunization program of the MoH has been successful in achieving nearly universal coverage of immunizations. There is no administrative or survey data available (as will be discussed in Section 3.1) on the level of access to antibiotics to treat pneumonia or oral rehydration and continued feeding to treat diarrhea. Globally, diarrhea and pneumonia are among the top causes of deaths of children below 5 years of age. These two indicators should be better monitored in the future to ensure that all children receive adequate healthcare to treat diarrheal and respiratory infections.

Table 5: Level of access to birth registration

| | Tonga | Fiji | Samoa | Solomon Islands | Vanuatu |
|---------------------------|-------|---------|-------|-----------------|---------|
| Birth registration | 98% | No data | 48% | 80% | 26% |

Source: UNICEF Country Statistics, 2010; UNICEF Situation Analysis of Women and Children, Tonga, 2006

Table 6: Level of access to essential health services for young children and pregnant women

| | Tonga | Fiji | Samoa | Solomon Islands | Vanuatu |
|----------------------------------------------------------------------------------|-------|------|-------|-----------------|---------|
| 1-year-old children immunized against DPT (corresponding vaccines: DPT3β) | 99% | 99% | 87% | 79% | 68% |
| Births attended by skilled attendants | 98% | 99% | 81% | 70% | 74% |
| Pregnant women receiving antenatal care (at least once) | 99% | 100% | 93% | 74% | 84% |

Source: UNICEF Country Statistics, 2008

Table 7: Level of access to essential nutrition interventions for young children and pregnant women

| | Tonga | Fiji | Samoa | Solomon Islands | Vanuatu |
|------------------------------------------------------|-------|------|-------|-----------------|---------|
| Children exclusively breastfed until 6 months of age | 62% | 40% | 51% | 74% | 40% |
| Infants with low birth weight | 3% | 10% | 10% | 13% | 10% |
| Pregnant women with anemia | 34% | 56% | 33% | 51% | 57% |
| Under-5 children with anemia | 28% | 39% | 35% | 58% | 59% |

Source: UNICEF Country Statistics, WHO Global Database on Anemia .

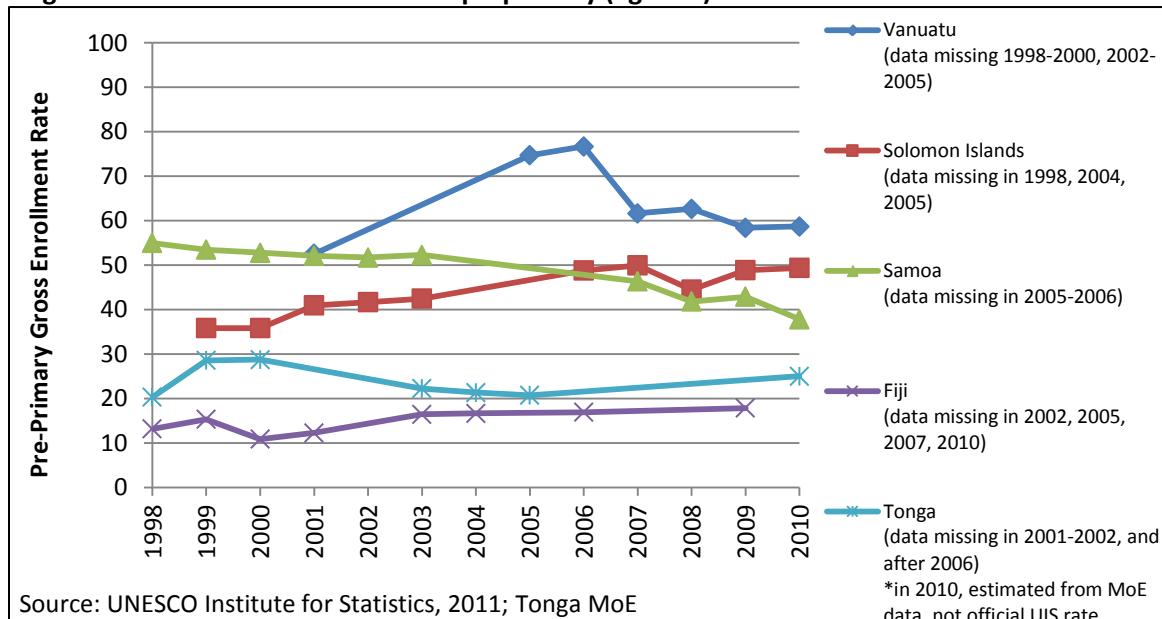
The MoH provides an adequate level of services to prevent undernourishment for infants, but could improve coverage of programs to promote healthy diets for children and mothers. Table 7 shows the level of access to essential ECD nutrition interventions for young children and pregnant women in Tonga and other countries in the Pacific. Breast milk is considered to be the best method to ensure an infant's intake of all nutrients and calories for proper growth and development. Tonga follows WHO and UNICEF recommendations to promote continuous and exclusive breastfeeding until a child is 6 months of age. As indicated in Table 7, 62 percent of children are exclusively breastfed in Tonga, which is a higher rate than other countries in the region. Additionally, only 3 percent of infants are underweight.

While undernourishment does not seem to be a problem in the country, overconsumption of foods high in fat, salt, and sugar is a persistent problem in Tonga. The MoH has adopted a National Food and Nutrition Policy to promote healthy dietary guidelines and exercise. The policy includes nutritional awareness programs within primary and secondary schools. The MoH could consider expanding this program to ECE centers. In addition to improved coverage of nutritional education programs, the GoT could improve the access to fortified foods. As indicated in Table 7, more than one-third of pregnant women and

one-fourth of children below 5 years old are anemic in Tonga. Globally, iodine deficiency disorders in pregnant women or infants are the leading cause of preventable intellectual impairment and mental retardation. As discussed in Section 1.1, legislation should be finalized to promote fortification of cereals and staples with iron.

The level of access to preprimary education is low in Tonga. As will be discussed further in Section 3.1, there is not adequate data on enrollment in ECE. In 2005, the last year when official enrollment rates were reported to UNESCO Institute for Statistics, the gross enrollment rate (GER), which reflects the total enrollment as a percent of the total ECE age population, was 20.7percent. In 2010, the MET reported that 1,418 children were enrolled in ECE centers. This represents an estimated GER of 25⁵. In 2011, 1,784 children were enrolled in ECE centers, representing an estimated GER of approximately 32%. Figure 5, which displays the available data on preprimary GER in the region, reveals that along with Fiji, Tonga has consistently fallen behind neighboring countries in the Pacific Islands in providing access to ECE services. While official GER is not reported for Tonga in 2010, the MET estimated enrollment rate of 25 percent for Tonga still falls behind its neighboring countries of Vanuatu, Solomon Islands, and Samoa. As demonstrated in Figure 5, there is a regional trend of relatively flat enrollment rates over the past five years.

⁵MET EMIS data reports total enrollment, but not enrollment rates out of the ECE-aged population. For this report, an estimated enrollment rate was calculated from the 2006 census data for children less than 2 years, who would be the 3- and 4-year-old population in 2010.

Figure 5: Gross enrollment rates for preprimary (age 3-5) in the Pacific**Policy Lever 2.3: Equity**

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

Children in rural and urban areas have relatively equitable access to ECD health and protection services. Existing data on nearly universal coverage of both birth registration (Table 5) and access to primary health care (Table 6) suggest that unequal coverage is not a major problem in Tonga. The limited data on levels of access to these services are not disaggregated by region, sex, socioeconomic, or urban/rural location; hence it is not possible to offer a complete perspective on inequality of access to essential ECD health interventions. However, UNICEF does report that 96 percent of the rural population and 98 percent of urban population has access to improved sanitation facility and 100 percent of both the rural and urban populations have access to drinking water. Additionally, according to the WHO, 100 percent of

the population in Tonga lives within one hour of a health facility. One of the main health sector priorities in the GoT Strategic Development Plan (2006) was ensuring service provision at rural and regional health centers.

Access to preprimary schools is not completely equitable for boys and girls. Error! Reference source not found. Figure 6 illustrates preprimary enrollment for boys and girls in 2010 and 2011, as reported by the MET. In 2011, while overall enrollment increased for both genders, there was a greater discrepancy between boys and girls. Given that enrollment rates are extremely low for the entire ECE-age population, and the 2006 Census indicates that there are more boys than girls in this population, all children of both genders should be provided better coverage of ECE centers. On the island of Eua and Vava'u, more girls are enrolled than boys. Conversely, on the smaller islands of Ha'apai and Niuas, a disproportionate number of boys enroll in ECE centers compared to girls. However, given that less than 100 children are attending school in these islands, the GoT should focus on increasing coverage for all children.

Figure 6: Number of boys and girls enrolled in ECE centers

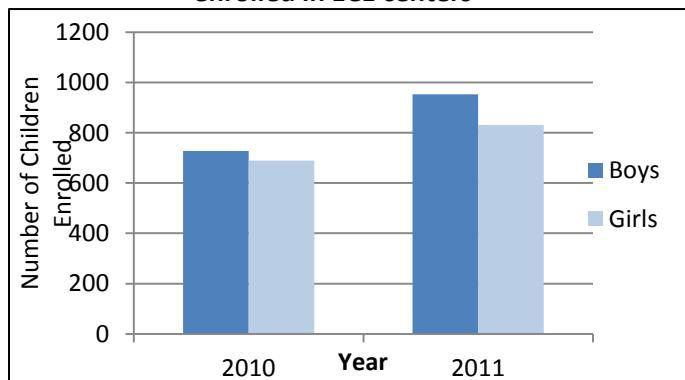
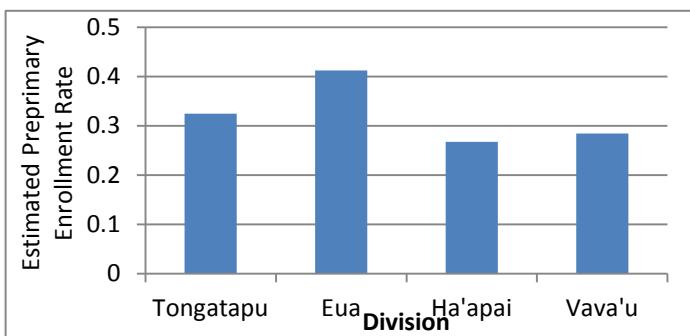


Figure 7: 2011 Estimated preprimary enrollment rates for 4 of 5 divisions in Tonga⁶



Preprimary school coverage in sub-national divisions in Tonga is not equitable. Tonga is divided into five divisions, each consisting of several small islands. As displayed in Figure 7, there are inequitable levels of coverage for these subdivisions. The less populated islands in Eua and Ongi Niua⁷ had higher enrollment rates, which is not surprising, given there were less children to be covered.

If finalized, the ECE policy should guarantee access to children with special needs, but the current level of coverage is unknown. In accordance with the UNCRC, Tonga recognizes that children with special needs have equal rights to services. Currently, data are not collected to reflect the level of coverage of ECE services for children with special needs. However, a

⁶As previously noted, EMIS does not report enrollment rates, but rather number of students enrolled. These enrollment rates were estimated from Tonga 2006 Census. This figure should only be used as a rough illustration of disparities in enrollment.

⁷In 2006, there were less than 60 children under age 2, but in 2011, 71 children were enrolled in ECE centers. Given the small size of Ongi Niua, the enrollment rate could not be accurately estimated and was not included in Figure 7.

situation analysis of women, children and youth conducted by UNICEF revealed that limited opportunities and services are available for the disabled population in Tonga. To address this, the draft ECE Policy and ECE Policy Framework explicitly state that care and education must be provided for children with special needs. The draft policy notes that the MET and the MoH will coordinate early intervention services for children with special needs. In order to ensure that these children are provided adequate coverage to ECD services, the MET is encouraged to finalize this legislation as soon as possible.

Policy Options to Implement ECD Widely in Tonga

➤ **Scope of Programs** – A high-functioning ECD system should include programs that target pregnant women and young children across all relevant sectors. The stock-taking exercise for this country report was a first step for gaining perspective on the scope of ECD programs in Tonga. The GoT could consider engaging in a mapping exercise to identify all existing ECD interventions in Tonga. This would serve as a valuable tool in discovering potential gaps in service delivery as well as identifying areas for cross-sector and public-private partnerships. Some essential ECD interventions, such as public preprimary education, micronutrient and food supplementation interventions, do not yet exist in Tonga. Pilot programs, such as ECE provider capacity building, maternal depression screening, and programs for OVCs, could be expanded to adequately cover target beneficiaries across Tonga.

Tonga's scope of programs cannot be considered without also examining the inter-related Coverage and Equity policy levers. Strong ECD policies should assure high degrees of coverage and reach the entire population equitably, especially the most disadvantaged young children and families. It is important to not only have a wide scope of programs, but have a regulatory framework and funding mechanisms in place to ensure that all children and families are covered by these programs.

- **Coverage** – Less than one-third of children in Tonga have access to preprimary school. Following through with MET strategies outlined in the ECE Policy Framework could increase coverage for preprimary education. The health sector in Tonga should be commended for providing high coverage to essential ECD health services. However, the MoH could consider expanding coverage for nutritional education programs at a young age. Given that over consumption of foods high in fat, salt, and sugar is a national health issue, starting healthy eating at a young age would be valuable to ensure healthy child development. Additionally, the expansion of existing nutritional awareness programs for basic education to cater to preschool children could be a good strategy to target nutritional problems at an early age.
- **Equity** – Collecting more data disaggregated by special-needs population, socioeconomic, urban/rural, gender, mother-tongue, and sub-national divisions could help the GoT fully gauge how equitable ECD service provision is in Tonga. Within the preprimary education, there is a need to ensure more equitable access across sub-national divisions. Finalizing the ECE Policy will create a regulatory framework for the MET to guarantee equitable access to services for all groups in Tonga.

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.

The health sector collects administrative data, but this system can be strengthened with more accurate collection and reporting of data on child health outcomes. The MoH monitors child health outcomes during periodic well-child visits. For every child in Tonga, a Child Health Record is to be kept in health clinics. This record tracks immunizations, physical growth, prenatal and delivery information, and medical treatment. Monthly reports conducted by district and village nurses are submitted to the MoH. The Ministry then tracks data on health coverage and quality, as well as children's health outcomes, by ethnicity and urban/rural location. However, this information is restricted to internal use, and was not provided for the preparation of this report. The MoH is encouraged to make data available for external use. This will not only promote better quality assurance of accurate reporting, but it will also facilitate coordination of monitoring of ECD outcome indicators across sectors. In particular, there is a need to collect and report disaggregated data on child health outcomes by urban/rural location, socioeconomic status, and ethnicity. A more complete monitoring and reporting system will allow both the health sector and related sectors better understanding of disparities in ECD outcomes.

The education sector collects minimal administrative data on ECE centers. Compared to the health sector, the education sector in Tonga falls short in monitoring ECD coverage and outcomes. Currently, the Education Management Information System (EMIS) in the MET only collects data on the number of ECE centers, ECE teachers, and children enrolled. Data are collected in collaboration with the Tonga Preschool Association. However, some centers are not members of the association and representatives from the MET have stated that overall data collection procedures tend to be inaccurate. As discussed in Section 2.2 and 2.3, MET does not collect or report comprehensive enrollment data to reflect the proportion of the ECE age population with access to ECE center (see Footnote 4). Tracking gross enrollment rates and net

enrollment rates (enrollment of the official age-group as a percentage of the corresponding population) would be a more effective strategy that could monitor progress in increasing access to ECE centers. Furthermore, in addition to gender and sub-national division, EMIS should collect enrollment data by rural and urban location and socio-economic status. Additionally, collecting information on teacher qualifications could better inform the MET on its progress in ensuring quality service provision in ECE centers.

The ECE policy framework suggests the creation of a data system for ECE monitoring. This system would entail collection of data at the local level that would be submitted to the MET. If the MET moves forward with implementation of the policy, an ECE officer will consult with the MET Quality Assurance Department to annually monitor the progress of ECE centers in the country. Once an improved monitoring system is in place, the MET could also consider tracking individual development outcomes. The ECE Policy Framework recognizes the importance of identifying and monitoring children's level of interest, abilities, knowledge, and skills. This monitoring strategy could allow ECE providers to cater to individuals' development. However, without official enactment of the ECE Policy, implementation of this strategy is not likely.

Compared to countries where MICS data is available, survey data in Tonga is limited. Comprehensive survey data can serve as a complement to a country's internal administrative data monitoring. When limited capacity or resources may prevent countries from closely monitoring ECD indicators, international survey data can be a valuable tool to promote rational and effective policy-making. In Tonga, limited current survey data exists. UNICEF, UNESCO, and the WHO report some data for some indicators, mostly in the health sector, but these data are not up to date. Additionally, as noted in Section 2.3, current survey data do not adequately differentiate access and outcomes for special groups, such as mother tongue, rural/urban location, socio-economic status, or special needs.

The UNICEF Multiple Indicator Cluster Survey (MICS) could serve as a valuable data collection tool for

understanding access to ECD services as well as ECD outcome indicators in health, child protection, and education. Through collection and analysis of household surveys, UNICEF has assisted more than 50 countries in monitoring the situation of women and children. Typically, funding for these surveys come from a combination of national sources, UNICEF Country Office budgets, and external partners.

Policy Lever 3.2: Quality Standards



Ensuring quality ECD service provision is essential. A focus on access – without a commensurate focus on ensuring quality – jeopardizes the very benefits that policymakers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children.⁸

No specific learning standards are established for preprimary education. In order to encourage ECE service providers to promote developmentally appropriate learning opportunities for children, governments often establish clear learning standards for what children should know and be able to do. In Tonga, no specific standards exist. The MET has drafted a Tonga Curriculum Framework, which describes the need to create a positive learning environment in preschools in order to create a foundation for physical, social, emotional, cognitive, cultural, and spiritual development. However, the Curriculum Framework simply outlines an ideal system but does not provide any mechanisms to enforce or monitor ECE curriculum. Until the MET develops and approves preprimary curriculum, ECE service providers are responsible for implementing their own curriculum. In the draft ECE Policy, the MET states that this curriculum should be developmentally appropriate and cater to learning needs of specific age groups. Ensuring children are provided quality learning opportunities in ECE centers is yet another reason for the MET to finalize the ECE policy as soon as possible.

In 2002, the Tonga Preschool Association hosted a workshop with ECE teachers to develop the Tonga

⁸Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011V; Victoria et al, 2003

Preschool Syllabus. The syllabus was designed to serve as a guide for developing ECE programs to promote physical, cognitive, social, emotional, and linguistic development. It identifies skills and developmental areas as well as subject content appropriate for children 3-5 years old. Since 2003, there is no available record that indicates the utilization of this syllabus. The MET could coordinate with the Preschool Association to update and implement this baseline curriculum. This collaboration could serve as an effective strategy given that the Preschool Association is connected to the majority of ECE centers in the country.

Without finalization of the ECE Policy, limited mechanisms exist to promote quality standards for ECE professionals. Under the draft ECE Policy, the MET states that head teachers of ECE centers must have a diploma in early childhood teaching. The Tonga Education Act requires that teachers hold a teaching certificate or license approved by the MET in order to teach in any school. However, until the Act is officially amended to make compulsory schooling begin at the age of 4, these requirements apply only to primary and secondary education. Additionally, clearly defining the roles of all stakeholders in ECE, both from the public and private sector, could promote the necessary incentives to ensure that quality ECE is provided to all children in Tonga.

In 2007, the Tonga Institute of Education (TIOE), the largest post-secondary provider in Tonga, began offering an ECE teacher training course which awards a one-year certificate in early childhood. Additionally, TIOE now also provides a diploma degree. The University of the South Pacific Extension Center offers distance and in-person modules in ECE that can lead to certificates or diplomas in ECE. While these programs have advanced pre-service training opportunities for ECE professionals, there is no public authority responsible for regulating this training. The MET should be encouraged to follow through with the recommendations outlined in the ECE Policy Framework to facilitate coordination with TIOE and the Ministry's Curriculum Development Unit for regulated provision of both pre-service and in-service training. This could also include pre-service practicum to allow ECE teachers to gain experience in the field.

If officially adopted, the ECE Policy would establish infrastructure and service delivery standards.

The draft ECE Policy outlines adult to child ratios for ECE centers for a range of ECD age groups. It states that for infants, the ratio should be 1:4; for two-year-olds, it should be 1:6; for three-year-olds, 1:10; and four- and five-year-olds, 1:15. These guidelines are commendable, as they cater to specific stages of development and encourage smaller class sizes for younger children. The draft policy also indicates adequate operating hours for ECE centers, recommending that ECE centers for children ages 3-5 years old (half-day kindergartens) operate 12-20 hours a week. Additionally, it outlines infrastructure standards for ECE centers and suggests a procedure for registering ECE centers. To be registered, ECE centers would need to be facilities that meet infrastructure standards with trained teachers. Despite the delineation of adequate service delivery and infrastructure standards, unfortunately they are not considered official requirements until the policy is finalized by the MET.

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.

No mechanisms are in place to enforce service delivery and infrastructure standards. Currently, ECE centers are not inspected or evaluated. The MET does not monitor whether centers meet criteria outlined in the ECE Policy Framework. ECE providers may be internally evaluated by parents or management committees but there are no mechanisms for reporting to the MET. The ECE Policy Framework recommends that umbrella organizations, such as the Tonga Preschool Association, monitor and report ECE provider qualifications to the ECE officer in the MET. The Framework also recommends that parent teacher associations complete and submit regular reports on enrollment, teachers, equipment, fundraising, PTA meetings, and infrastructure. As of 2012, no official

reporting procedures have been established for either the Tonga Preschool Association or parent teacher associations.

Compliance with quality standards is unknown in Tonga. Due to a lack of established monitoring and reporting procedures, the MET does not track whether ECE centers and ECE service providers comply with quality standards outlined in the draft ECE Policy. The only standard that the MET does track is pupil-to-teacher ratios in ECE centers. According to EMIS, the average teacher-to-pupil ratio was below 1:11, which meets standards established in the draft ECE Policy.

Currently, the majority of ECE teachers are untrained in early childhood (occasionally they are retired primary school teachers) because most centers cannot afford to pay competitive wages for quality staff. A strategic action in the ECE Policy Framework is ensuring that, by the end of 2010, at least two teachers in every ECE center have a certificate or diploma in ECE. However, with no monitoring or reporting mechanisms, there is no way to determine whether centers comply with this standard. Furthermore, compliance is also unknown for operating hours and facility infrastructure standards. The quality of ECE services children receive in Tonga will continue to be compromised until improved mechanisms to monitor and enforce compliance with standards are put in place.

Policy Options to Monitor and Assure ECD Quality in Tonga

➤ **Data Availability** – Strengthening the data collection system for ECE centers would benefit the Tongan education sector. Data reporting mechanisms could be strengthened through improved coordination between EMIS, the Tonga Preschool Association and other umbrella organizations (not all preschools are affiliated with the Tonga Preschool Association). One straightforward step for EMIS would be the reporting of net and gross enrollment rates rather than simply the number of students enrolled in

ECE centers. As mentioned as an option for improved equity, more data collection on coverage levels would provide a better perspective on young children's access to essential ECD services. While the health sector has relatively strong administrative data collection procedures in place, there is a need for more survey data on essential services such as treatment for diarrhea and pneumonia. Finally, the GoT would benefit from strong survey data from sources such as the UNICEF MICS survey.

Perhaps one of the reasons for a relatively weak data collection system is the lack of incentive to collect information. Available data and information is extremely valuable for both evidence-based policy decisions and allocation of funding. Given that neither of these components is strong in the Tongan ECD system (as discussed in Section 1), quality data has not been a priority. In looking forward, if the GoT plans to strengthen funding mechanisms and make future policy decisions based on evidence of what works, there will be a need for improved data availability.

➤ **Quality Standards** – The development of clear early learning development standards for all ECE centers is critical in the Tongan context. Without explicitly outlined learning standards, the MET has no means of promoting quality learning across all ECE centers. Before finalizing the ECE Policy, the draft policy should be updated to include more specific learning standards. The new policy should also include recommended curriculum options, or an officially endorsed ECE curriculum. As presented in Box 4, Tonga could draw lessons from the neighboring island state of Vanuatu in establishing clear learning standards. The MET should coordinate with the Tonga Preschool Association in curriculum development. The existing preschool syllabus developed by the Tonga Preschool Association could be expanded. The association could liaise between the MET and preschools to ensure that a new curriculum with quality standards is utilized at the local level.

Box 4: Relevant lessons from international experience in establishing quality standards for ECD

Example from Vanuatu: In 2010, the Vanuatu MoE, preschool teachers, and national preschool association developed a document outlining early learning and development standards for children aged 3-6 years. The document outlines developmental areas including cognitive, motor, social, emotional, and linguistic development. The standards serve as the foundation of the development of an early childhood curriculum in Vanuatu.

Key Lessons for Tonga:

- ✓ The Tongan MET can coordinate with the national preschool association in agreeing on learning standards for preschool. This strategy would allow the MET to take advantage of existing links between the association and ground-level service providers.
- ✓ Establishing official learning standards would be a crucial first step towards the creation of a national preschool curriculum in Tonga.

Table 8: Comparing ECD policies with outcomes in Tonga

| Policy | Outcomes |
|------------------------------------------------------------------------------------|--------------------------------------------------------|
| National Food and Nutrition Policy encourages breastfeeding | Rate of exclusive breastfeeding until 6 months: 62% |
| National Immunization Policy mandates a complete course of childhood immunizations | Children with DPT (12-23 months): 91% |
| Births, Deaths and Marriages Registration Act mandates birth registration | Birth registration rate: 98% |
| Preprimary education is not mandatory | Gross preprimary school enrollment (3-5 years): 33% |

➤ **Compliance with Standards** – The ECE Policy Framework describes relatively strong standards for ECE services. However, there is no value in establishing these standards without also establishing procedures to monitor compliance. It is essential to establish mechanisms for monitoring ECE professionals, facilities, and service delivery. Both the Tonga Preschool Association, an organization that has regular contact with local service providers, and local parent teacher associations can serve as liaisons for the MET in tracking ECE center compliance. Implementation should be closely monitored to ensure that minimum quality standards are met. Clearly defining roles of all stakeholders for ECE regulation, monitoring, and implementation could help create an incentive and support system to maintain the quality of service provision.

Comparing Official Policies with Outcomes

The existence of laws and policies alone do not always guarantee a given 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 8 compares ECD policies in Tonga with ECD outcomes. In Tonga, policies result in desired outcomes when they provide mechanisms for specific implementation, rather than simply promoting desired outcomes. For example, a component of the National Immunization Policy includes a staff support training program and detailed service delivery manual for vaccinations. Legislation does not simply promote the need for birth registration, but it includes a fine for anyone who is not registered at birth. On the other hand, the National Food and Nutrition Policy and ECE Policy Framework simply promote the respective desired outcomes and have no penalties for non-compliance.

Table 9 : Benchmarking Early Childhood Development Policy in Tonga

| 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 10: International Classification and Comparison of ECD Systems

| ECD Policy Goal | Policy Lever | Level of Development | | | | | |
|--------------------------------------|---------------------------|----------------------|---------------------|------------------------|---------------------|---------|---------|
| | | Tonga | Australia | Chile | Sweden | Turkey | Vanuatu |
| 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 ● ● ● ● | | |

Preliminary Benchmarking and International Comparison of ECD in Tonga

Table 9 presents the classification of ECD policy in Tonga 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. For the *Establishing an Enabling Environment* policy goals, the level of development for Tonga is classified as “Emerging.” A policy framework for ECD service provision and coordination

exists, but significant areas for improvement remain. Tonga has an “Established” level of development for the *Implementing Widely* policy goal, with near universal coverage for some ECD health interventions, but much room for improvement in provision of access to preprimary education. Tonga is classified as “Latent” for the *Monitoring and Assuring Quality* policy goal. Limited standards and quality assurance mechanisms are in place for ECD service provision.

Table 10 presents the status of ECD policy development in Tonga alongside a selection of OECD

countries and its neighbor, Vanuatu. Sweden is home to one of the world's most comprehensive and developed ECD policies and achieves a benchmarking of "Advanced" in all nine policy levers. SABER-ECD assessment of policies and programs in neighboring Pacific Island countries is currently being conducted. SABER-ECD classification of the ECD system of Vanuatu is displayed in the far left column. Additional regional comparisons of ECD policy goals and levers are forthcoming.

Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners identify opportunities for further development of effective ECD systems. This country report presents a framework to benchmark Tonga's ECD system; each of the nine policy levers are examined in detail and some policy options are identified to strengthened ECD are offered.

Once the areas in need of attention are identified, the GoT can begin to prioritize policy options to promote healthy development for all young children in Tonga. In moving forward, the GoT will have critical decisions to make to address the needs identified in this report. It will be important to ensure that the definition of short-term policy options align with those in the long-term. A multi-sectoral costed implementation plan will be essential for identifying and prioritizing actionable steps for the GoT and other stakeholders. A costed plan will

also help ensure that adequate human talent and financial resources are available to meet the goals outlined in the draft ECE Policy. Closer collaboration with non-state stakeholders, such as the Tonga Preschool Association, could support the GoT in prioritizing policy goals. Additionally, a clear definition of roles for all stakeholders could be beneficial for more effective and efficient implementation of the Tongan ECD strategy.

Table 11 summarizes the key policy options identified to inform policy dialogue to improve the provision of essential ECD services in Tonga. The finalization and approval of the draft ECE Policy is a critical step in moving forward in creating a more established ECD system in Tonga. The draft policy and corresponding ECE Policy Framework provide a strong regulatory framework that caters to the holistic needs of children age 3-5 years old in Tonga. An officially adopted ECE policy alone will not suffice in ensuring a well-functioning system. Adequate finance and quality assurance mechanisms will be necessary to ensure effective implementation and accurate monitoring of ECD interventions. It is critical that all relevant sectors mobilize their resources to ensure young children in Tonga receive adequate coverage in multiple domains. Within each Policy Goal, opportunities exist to strengthen ECD policy and service delivery to ensure that all young children have a strong start in life and are afforded the opportunity to reach their full potential.

Table 11: Summary of policy options to improve ECD in Tonga

| Policy Dimension | Policy Options and Recommendations |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Establishing an Enabling Environment | <ul style="list-style-type: none"> • Finalize the ECE Policy to create a regulatory framework for the ECE system, at both the national and service-delivery level • Consider changing the official age range for compulsory education to reach younger population • Establish non-discriminatory maternity-leave policies for all employers (both public and private), in accordance with ILO Maternity Protection Convention • Develop regulations for universal salt iodization and food fortification • Create stronger mechanisms for coordination between the Tonga Preschool Association and other umbrella agencies for preprimary provision (churches, community organizations) • Create institutional anchor to coordinate ECD across ministries, state and non-state stakeholders • Support local service providers in developing a plan for integrated service delivery • Include ECE in MET budget, with funding for costed implementation plan |
| Implementing Widely | <ul style="list-style-type: none"> • Perform comprehensive stock-taking of ECD programming in country to identify service delivery gaps and find opportunities for cross-sector collaboration • Improve access to preprimary education by changing legal age of compulsory education and identifying source of funding for improved access • Expand healthy eating programs to preprimary schools • Ensure equitable service provision of ECE centers exists across sub-national divisions |
| Monitoring and Assuring Quality | <ul style="list-style-type: none"> • Improve data collection for ECE centers with better coordination of Tonga Preschool Association and other umbrella organizations • Collect disaggregated data on access to ECD health and education services for different socioeconomic levels, urban/rural location, gender, and special-needs groups • Clearly define the roles of public and private sector stakeholders in ECE to ensure that quality ECE is provided to all children in Tonga • Develop clear learning standards for ECE service provision • Establish strong mechanisms to monitor whether ECE centers comply with quality standards |

The **Systems Approach for Better Education Results**

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

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

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