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Arab States

Early Childhood in the Arab Countries: Status and Challenges

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List of Acronyms and Definitions

Term	Operational Definition
ACCD	Arab Council for Childhood and Development
Age group 0-3	Children aged 0, 1, 2 in completed years
Age group 3-6	Children aged 3, 4, 5 in completed years
AGFUND	Arab Gulf Programme for United Nations Development Organizations
ANERA	American Near East Refugee Aid
ATFALE	Alliance de Travail dans la Formation et l'Action pour l'Enfance
Child/teacher ratio.	Average number of pupils per teacher at the level of education specified in a given school year, based on headcounts for both pupils and teachers (term used by UNESCO).
CIDA	Canadian International Development Agency
CRC	Convention on the Rights of the Child
Early Childhood Care and Education (ECCE).	Programmes that, in addition to providing children with care, offer a structured and purposeful set of learning activities either in a formal institution (preprimary or ISCED 0) or as part of a non-formal child development programme. ECCE programmes are normally designed for children aged three years or above and include organized learning activities that constitute on average the equivalent of at least two hours per day and 100 days a year (term used by UNESCO).
Early primary	Refers to grades one and two at the elementary education level
ECC	Early Childhood Care
ECCD	Early Childhood Care for Development
ECEC	Early Childhood Education and Care
ECEEP	Early Childhood Education Enhancement Project
EFA	Education for All
ERfKE	Educational Reform for the Knowledge Economy
GER	Gross Enrolment Ratio
IMR	Infant Mortality Rate
JICA	Japanese International Cooperation Agency
MDGs	Millennium Development Goals
Nurseries	Centers that provide care and education to children from birth to under 3- sometimes referred to as child-care or day care
Pre-primary	Programmes at the initial stage of organized instruction, primarily designed to introduce very young children, usually from age 3, to a school-type environment, and provide a bridge between the home and a school. (term used by UNESCO)
Preschool/ Kindergarten	Usually programmes for children who completed age 3 and are not 6 yet.
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

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Executive Summary

This report is an overview of the current status of early childhood care and education (ECCE) in 15 Arab countries based on their responses to a survey questionnaire commissioned by UNESCO. It identifies challenges and major constraints and concludes with recommendations for the concerned parties. The report can be used as a framework for national action plans in ECCE and as an advocacy tool. The report is organized into five sections.

1. Early Childhood Care and Education (ECCE)

This section highlights the importance of early childhood in the international educational and development policy agenda using research evidence from neuroscience, developmental psychology, economics, and social sciences. It supports the urgency of placing early childhood on the global agenda by making a legal argument based on the UN “Convention of Child Rights” (CRC) and Education for All (EFA) whose first goal is expanding care and education in early childhood. The CRC covers a whole spectrum of rights: civil, political, economic, social and cultural from birth to age 8. The report adopts the holistic definition of ECCE which involves “supporting children’s survival, growth, development, and education- including areas of health, nutrition, hygiene, cognitive, social, physical, and emotional areas from birth until age 8 in formal, non-formal, and informal systems”.

2. Current Status of Early Childhood in the Arab Countries

The core of the report covers the current status of ECCE in the Arab countries. It begins with the social and political factors that impact ECCE notably civil strife and military confrontations where refugees are faced with escalating problems of displacement leading to vulnerable conditions, primarily for women and children. Other factors such as income disparities, declining fertility and child mortality, changes in family structure, and health conditions have resulted in changes in the nature of ECCE programmes. The section then traces the developments in policy and governance in ECCE from Western missionaries and Koranic schools to women’s associations to government and private sector, describing the range and type of provisions of the programmes in health and education, rural and urban areas, and to all children especially the marginalized. Major government initiatives took place in the mid-1990s in response to countries’ commitment to CRC and growing research evidence.

Arab countries have no agreed upon common term when discussing early childhood, thus leading to various positions about priorities, types of programmes, policies and regulations. Many of these policies lack action plans and programmes comprehensive enough to care and educate young children or to provide clear measurable indicators for evaluation. Governance requires a leading or coordinating body to integrate several services of ministries (education, health, social welfare), which also intersect with various layers of government (national, municipal, and local community providers) and a range of interest

groups. According to the survey findings, the integrating body is present only in four countries, three of which has national childhood councils and one has a lead ministry.

The section then examines health and education programmes for early childhood. Findings about **health programmes** show that the countries have in the last ten years improved their health care services for children (0-8 years), especially in the area of immunization and reproductive health, but shortcomings remain in nutrition services and school health programmes with problems of malnutrition such as wasting and stunting in some countries. There is variation among countries in the type of health services and data reporting, and most have drawbacks in the follow-up, monitoring and use of indicators for improvement.

Access to early childhood services varies between children for 0-3 and 3-6, it is fairly low for children 0-3 and usually privately operated or government financed. As for children's access to pre-primary education, measured in terms of gross enrolment, it varies widely among countries: from GER above 80% like Kuwait and UAE to under 5% like Yemen, Mauritania, and Djibouti. Furthermore, the average GER for Arab countries remains much lower than the world average although there is slight improvement from 15% in 1999 to 19% in 2007. The majority of ECCE programmes are concentrated in cities and in the for-profit private sector, but five countries have programmes targeting children from low socio-economic backgrounds. One finding that warrants attention is that the gender ratio among children 4-6 in preschools slightly favours males (ratio= 1.10 - 1.15). Morocco stands out with an extremely high ratio (2.08). Another is that the Palestinian Authority Territories shows a drop of 38% in their GER and Iraq's GER has been negligible at only 3.8%. The war in Iraq and the Palestinian ongoing turmoil are key factors impacting children's access to pre-primary and government efforts to provide such programmes.

Marginalized Children include those living in rural areas, children with special needs, disadvantaged and at-risk children. Adequate statistics on availability of services to children (0-8 years) in **rural and remote areas** is lacking in most countries. There are some Arab countries that provide a number of programmes specifically geared for children in rural and remote areas such as outreach expansion programmes. Most countries seem keen to provide programmes to serve **children with special needs**; several countries integrated them into public schools, but the information on quality of services, performance indicators and the proportion of children beneficiaries is not available. It is worth noting that the majority of these programmes serve children aged 5 years and above. There are some programmes such as alternative care programme and host family programme for **orphaned children** deprived of parental care scattered in a number of countries in the region but many countries did not provide accurate data. It is interesting that data from these social nurseries that house deprived children shows more males (73%) than females. A possible explanation of this huge variation is that Arab families tend to adopt a female to protect and safeguard her honour for religious and cultural reasons.

Most countries have educational and social programmes for **disadvantaged children** mainly the poor. Parenting education programmes for poor and marginalized children is being implemented in a number of countries. As for **at-risk children** who live in environments that do not protect them from violence, abuse or exploitation, relevant

programmes exist in some countries such as the reintegration programme for street children in Morocco. However, there is dearth of information on refugee children who live in emergency situations, which indicates shortcomings in dealing with the grim situation for these children who are exposed to the risks of poverty, malnutrition and poor educational services.

Policies for compulsory education exist for the age group 6-8 years with no accurate statistics on availability of services as this age group falls under primary education services. Early childhood strategies are also reported but only eight countries specified the target age group. The majority of these countries have some social, health, and education policies and programmes but the process of evaluation and follow-up as well as monitoring with quantitative and qualitative indicators are still below the required level by international standards.

Section 2 also addresses the **issue of quality in ECCE programmes**. The data shows that the majority of countries have established laws and licensing regulations for nurseries and preschools for the private sector and community associations. Special departments at the ministries of education or social affairs monitor and evaluate the extent of compliance. In some countries, assessment tools or periodic site visits are used to assess service quality and take punitive measures in case of violation. One indicator of quality, child/teacher ratio, varies among the six countries that cited it. However, in reality, the stated ratio is always raised to accommodate more children. Another quality indicator is teacher qualification requirement for ECCE personnel. Usually, formal qualification requirements exist mainly for teachers working in education programmes (preschools) more than care programmes (nurseries). The extent of enforcement of regulations, however, is not reported.

ECCE funding relies on government support, regional and international donors, civil society and parents, with variations by project and programme.

3. Challenges and Obstacles Facing the Progress of ECCE in the Arab Countries

The section discusses key **challenges and obstacles** reported by the 15 countries. It is interesting that some of these challenges were cited in the Arab Regional Conference (2004) such as lack of effective regulatory and quality control, inadequate training of teachers and insufficient funding and lack of strong public commitment. The countries reported more challenges such as low salaries and lack of job security, shortage of training and specialized academic programmes, low access in rural and remote areas, and shortage of early intervention programmes. There is need for inclusiveness of marginalized children; investment in disadvantaged young children should become a public policy initiative that promotes fairness and social justice.

4. Moving Forward: Initiatives and Opportunities for Improvement

This section describes the **initiatives** taken by some countries to develop ECCE programmes notably building more preschools, improving quality through training of

preschool teachers, updating and developing curricula, and expanding access. The section also identifies the following **opportunities for improvement** of ECCE services: (1) political will to bring ECCE to the official agenda; (2) compliance with the international agreements Convention on the Rights of the Child, the EFA and the MDGs; (3) development of national strategies and action plans; (4) adherence to laws and legislations on licenses, infrastructure and physical facility requirements, and staff performance appraisal; (5) establishment of specialized ECCE departments in the concerned ministries; (6) creation of special academic departments and training centers; (7) development of continuous and sustainable regional and international support for ECCE projects; and (8) design and implementation of monitoring and evaluation criteria.

5. Conclusion and Recommendations

The final section affirms that quantitative and qualitative progress has occurred in recent years in ECCE in the 15 Arab countries covered in the study, particularly in the health sector and enrolment in ECCE services. The average GER in Arab States is still below 20%. Hence, it will take decades to reach the first EFA goals. Thus, exceptional efforts should be exerted to change the current progress rate and achieve an accelerated progress that would get them closer to the goal in the coming ten years. Nevertheless, a lot remains to be done thus the report concludes with recommendations to each Arab state:

1. Adopt a national strategy and a clear action plan with specific budget.
2. Establish a leading agency for ECCE planning, implementation, follow-up, evaluation, and coordination.
3. Develop programmes for children (0-3 years) especially for the marginalized children. (Catch them early)
4. Adopt parenting education programmes and reach marginalized children.
5. Pay greater attention to the transition years (6-8 years).
6. Make better use of regional and international support for ECCE projects by implementing pilot projects and designing instruments to assess their effectiveness. Also, the issue of sustainability should be addressed in terms of intensity and duration.
7. Establish a national data center and laboratory to track various ECCE age groups and programme quality across multiple years and relate findings to child, adolescent, and adult groups.

1. Early Childhood Care and Education (ECCE)

1.1 Introduction

The past ten years have witnessed increased awareness of the importance of early childhood and policy attention to comprehensive early childhood programmes that integrate health, nutrition, and provide for children's holistic development; cognitive, social, physical and emotional development. This is evident in a number of events that brought early childhood to the public interest.

In 2000, the Dakar Framework for Action focused attention on the world's youngest children where they became the focus of a global agenda for Education for All (EFA) through setting specific goals for them. The first specific goal of the six EFA goals called for "expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children". Incorporating early childhood care and education into EFA provided a mechanism to focus on problems facing early childhood services; namely, resources, ages to be served, facilities, and trained staff.

In 2002, the United Nations in its General Assembly, Special Session on Children reaffirmed the importance of the early childhood services in reaching basic education goals. This led to the launching of UNESCO's Global Monitoring Reports where EFA goal achievements are reported and evaluated. In its 2007, the report made a compelling case for Early Childhood Care and Education (ECCE), calling for more policy attention and investment in the area. The report noted that more and more governments are developing policies and building systems to provide services for early childhood. Furthermore, commitment to early childhood is also evident in five of the Millennium Development Goals (MDGs): eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality, empower women and reduce child mortality.

Examination of the trends of early childhood services worldwide shows that early childhood care and education programmes are high on the child and family policy agenda of all advanced industrialized countries today and many developing countries as well, particularly in areas of early intervention programmes and parent education (Kamerman, 2000). Around 100 countries in both the developed and developing world have provided maternity leaves with job and wage security for a period not less than 6 months to be used by both father and mother. All European countries and Australia, New Zealand, Canada, Japan, Taiwan and South Korea offer child and mother health care protection

Focus of the Report

This report is based on the findings of a survey on "National Development in ECCE" conducted by UNESCO's regional office. The survey was developed in March 2010 and administered between April and June 2010. It was sent to all Arab countries for their response.

The report presents, through qualitative and quantitative analysis, the current status of policies, programmes, and services provided for children in their early years in the Arab countries. It also addresses the obstacles and challenges and establishes priorities to

improve the early childhood situation in the Arab countries. Discussion of results is anchored in international research findings and the UN Convention of Child Rights (CRC).

It is important to note that the information and analysis are based on the self-reporting of the 15 Arab countries which responded to the survey. Those countries are Jordan, United Arab Emirates (UAE), Bahrain, Tunisia, Saudi Arabia, Sudan, Syrian Arab Republic, Iraq, Oman, Palestinian Authority Territories, Libyan Arab Jamahiriya, Egypt, Morocco, Mauritania, and Yemen. Some countries did not respond to certain items or provide details on other items thereby placing some limitation on the analysis of those items.

1.2 Definition of Concepts

Using the results of theoretical, longitudinal, and field-based studies (Shonkoff & Philips, 2000; Barnett, 2008) as well as United Nations organizations' report, particularly, the GMR report of 2007: Strong Foundation, EFA Global Monitoring Report, 2010 and UNICEF, 2009, this report uses the holistic definition in identifying care and education in early childhood. This definition involves "supporting children's survival, growth, development, and education including areas of health, nutrition, hygiene, cognitive, social, physical, and emotional areas from birth until age 8 in formal, non-formal, and informal systems".

1.3 A Legal Perspective on ECCE

In 1989, the UN General Assembly adopted the "Convention of Child Rights" (CRC) which was ratified by almost all countries (194) by November 2009. The adoption of this convention signaled a new phase of children's rights since it ensured that all countries that approved it agree to take on the obligations of the CRC and commit themselves to protecting and ensuring children's rights. These countries are also accountable for this commitment before the international community. The CRC covers a whole spectrum of rights: civil, political, economic, social and cultural. Each CRC principle has implications for rights in early childhood such as right to life, education, safety, health, protection from abuse or conflict as well as special care for the disabled children.

The monitoring committee of the CRC in its regular review of various countries reports noted that very little information has been offered about early childhood, particularly to children before the age of regular schooling. Furthermore, the reports usually covered only certain aspects of health care, namely infant mortality, immunization and malnutrition, while other important issues were rarely addressed. As a result, in 2005 the Committee discussed the revisions and adopted General Comment 7: "Implementing child rights in early childhood" which states:

In its consideration of rights in early childhood, the Committee wishes to include all young children: at birth and throughout infancy; during the preschool years; as well as during the transition to school. The Committee proposes as an appropriate working definition of early childhood the period below the age of 8 years. States parties should review their obligations towards young children in the context of this definition (UNCRC, 2006; Bernard van Leer Foundation, 2006).

Accordingly, providing ECCE programmes for children from birth to age 8 is considered as an effective mechanism to ensure the protection of children's rights especially for those deprived or marginalized.

1.4 Education for All (EFA): First Goal - Care and Education in Early Childhood

The International Standard Classification of Education of pre-primary education (ISCED 0) is defined as programmes at the initial stage of organized instruction, primarily designed to introduce very young children, aged at least 3 years, to a school-type environment and provide a bridge between home and school. A variety of terms is used where it is referred to as infant education, nursery education, pre-school education, kindergarten or early childhood education; such programmes are the more formal component of ECCE. Upon completion of these programmes, children continue their education at ISCED 1 (primary education).

In addition, according to the GMR: Strong Foundation 2007, ECCE is defined as programmes that, in addition to providing children with care, offer a structured and purposeful set of learning activities either in a formal institution (pre-primary or ISCED 0) or as part of a nonformal child development programme. ECCE programmes are normally designed for children from age 3 and include organized learning activities that constitute, on average, the equivalent of at least 2 hours per day and 100 days per year.

1.5 Importance of Early Childhood Education: Research Evidence

Growing research evidence in the areas of developmental psychology, neuroscience, economics, social sciences, public health, and education underscored the importance of early childhood.

1.5.1 Development in Early Childhood

The early childhood period is unique and characterized by key developmental stages. According to various developmental theories (Rathus, 2006), development occurs across many dimensions: physiological, cognitive, social, emotional, and behavioral, and hence it is a critical period where children are vulnerable to the adverse effects of inadequate health, malnutrition, abuse, and deprivation of parental care and responsibility. It is also a period in which children learn about who they are and what they can do and create and who they will be.

1.5.2 Brain Research and Early Childhood Development

With the new brain-imaging technologies, neuroscientists have been able to investigate how the brain develops and functions. The latest neurological findings are providing strong, quantifiable evidence of the significance of the early years in the development of the mind (Diamond, 1998; Kotulak, 1997; Newberger, 1997). Research found that "early experiences and stimulating, positive interactions with adults and other children are far more important for brain development than previously realized" (McCain and Mustard 1999: 9). Furthermore, the quality of experiences and relationships in the first three years of life has a deep and lasting impact on how the brain develops and affects lifelong health, learning, and

behavior. Children who have little opportunity to explore and experiment with their environment may fail to develop fully the neural connections and pathways that facilitate later learning. Further, exposure to trauma or chronic stress can make children more prone to emotional disturbances and less able to learn (LeDoux's, 1997). This provides scientific support for what early childhood educators have been advocating for so long. According to Mustard (Honorable Margaret Norrie McCain et al., 2007, p.11):

We now understand how early child and brain development sets trajectories in the health, learning and behavior for life. How we apply this knowledge in our various societies will determine whether we will be successful in the 21st century.

Such brain research studies have prompted a number of countries to re-examine their ECCE programmes and aim to put in place legislation in order to intensify their efforts to develop projects and programmes targeting the care and education of young children and enhance their development prior to primary schooling (Wolf and Brandt, 1998).

1.5.3 Effects of Participation in ECCE Programmes

Longitudinal studies over the past forty years have demonstrated the importance of early years experience as it impacts individual's later success in the areas of physical, cognitive, social, and emotional development (Shonkoff & Meisels, 2000; Mustard, 2007). These studies have affirmed that education and care in early childhood years increase the academic achievement and social adjustment in later years, particularly to disadvantaged children and those with special needs. These positive findings were obtained from studies conducted in various regions around the world. The programmes had diverse educational backgrounds as well as early interventions in each of the United States, Brazil, France, Germany, India, Ireland, Turkey, Jordan, and Bahrain.

The strongest research evidence arguably comes from the longitudinal studies done on the High/Scope Perry Preschool Program (Schweinhart et al., 1995), Abecedarian Project (Ramey & Ramey, 1998), and Chicago Child-Parent Centers (Reynolds, 2003). These randomized studies are frequently cited to show the potential benefits of participation in a quality early childhood education experience. The benefits include: better achievement (higher reading, mathematics and literacy scores), better school adjustment, less grade repetition and greater school completion, and less use of special education services. The studies that followed its participants into adult life also found lower rates of criminal activity, reduced welfare expenditures, and higher lifetime incomes especially for girls and disadvantaged groups. In addition, there are economic benefits associated with the programmes (Myers, 2004).

The Honorable Margaret Norrie McCain, a Canadian acclaimed advocate for quality early childhood education has campaigned for a comprehensive, community-based programme of early childhood services and called for intervention programmes to begin early in order to support early child development in utero and continue through to formal schooling (Honorable Margaret Norrie McCain et al., 2007). The study also advocated that in order to intervene effectively it is important that such programmes are led by highly qualified and

specialized staff. These programmes would include components of home visits, nutrition, health, and stimulation.

1.5.4 Cost-Benefit Analysis of Early Childhood Programmes

Economists have also joined the research community to highlight the importance of early childhood by looking at the cost-benefit analysis of early childhood. Among them the Nobel Laureate James Heckman (2006) who stated that “Early child development is a rare public policy initiative that promotes fairness and social justice, and at the same time promotes productivity in the economy and in society at large”. The returns on investment in the early child development period exceed investment in any other period of human development. Other studies examined the cost-benefit of such programmes (Barnett, 2000) in order to support the economic argument for investing in early childhood programmes. Barnett concluded that the government expenditure on criminal behaviors for that group was reduced on average by 95,000 US dollars for a 27 year old individual as well as social security or government aid by 4,000 US dollars. The High/Scope Perry Preschool Project, for example, has found a total benefit/cost ratio of \$17.07 for each \$1 invested in 2000 dollars when the children in their study reached the age of 40 years.

1.5.5 Effect of Early Intervention Programmes

In the developing countries, numerous research studies addressing the effects of early intervention programmes have been carried out. A combined programme of nutrition and stimulation yielded greatest gains in infants and their mothers in Jamaica and Columbia. Researchers concluded that improved nutrition in the early years of life substantially improved performance in the education system (Honorable Margaret Norrie McCain et al., 2007). In Turkey, the Mother-Child Home Education Programme (MOCEP) began in 1982 and continues to this day in providing its services in various parts of Turkey. There has been a number of follow-up studies to examine the effectiveness of MOCEP. The first follow-up was when the children were 13 and 15 year olds and the second follow-up was when the children were 24 and 26 year in 2004.

The short-term effects of MOCEP on the participating children was in their cognitive ability, their IQ scores, school grades and standardized tests of academic achievement and subtests of Weschler Intelligence tests as well as the positive effects on their social and personality development. Children were also less dependent, less aggressive, had better self concept and better school adjustment (Kagitcibasi et al., 2009).

As for the trained mothers, several positive effects were reported. The mothers were more verbal, less punitive, and more responsive to and had greater interaction with their children, and were more cognitively stimulating. In addition, mothers who participated in the programme had better self-esteem and they perceived themselves as better mothers, better spouses and successful individuals (Koçak, A. & Bekman, S., 2004). MOCEP is currently applied in Bahrain, Lebanon, and three regions in the Kingdom of Saudi Arabia.

In addition to the research findings, a host of social, political, and economic factors have contributed to the rise of early childhood care and education on the international policy

agenda. Among them, increase in female participation in the workforce, women and children's rights, change in family structure and the slow erosion of the extended family.

The implications of all these studies, brain research and intervention programmes for early childhood are important for policy makers. This new understanding should push policy makers to:

- Reform policies to allow parents, especially working parents, to form strong and secure attachments with their young children during the first three years of their life, revisit maternity leave and extend it to include any or both parents.
- Intensify efforts to improve the quality of child care and early education to ensure that children's learning and emotional development are being fostered while parents are at work.
- Ensure that medical and health care along with timely immunization are provided to expectant mothers and new parents.
- Provide a good early education experience because it can teach children not only academic knowledge and skills, but can shape their attitudes, dispositions, and habits regarding learning and influence their social and emotional development.
- Provide an effective early intervention programme that includes a comprehensive, integrated approach which combines health, early childhood education, home-visiting, and parent education and targets disadvantaged children from low socioeconomic backgrounds and a qualified staff.

2. Current Status of Early Childhood in the Arab Countries

This section discusses the current status of early childhood in the Arab states. It examines political and socio-demographic characteristics and its impact on the care and education of young children. It presents the various types of programmes available in the region and the enrolment rates. The section also provides an overview of government programmes initiatives for poor, disadvantaged and vulnerable children and those in emergency situations.

A host of contextual factors has influenced early childhood in Arab countries: namely, political, social, and demographic.

2.1 Political Factors

Major political events in the modern history of the Arab countries such as the civil strife in Lebanon and Sudan, the recent conflict in Yemen, the war in Iraq, the military confrontations with Israel, the Palestinian Intifada, and the two Gulf Wars have all had a negative impact on national development plans, notably in the education sector. Substantial proportions of state budgets were allocated to defense and security matters and at times emergency relief rather than social and economic development thereby resulting in cuts in expenditure on education. Among the current challenges in the Arab countries is the bleak situation in Iraq, Palestine and the emerging conflict in Yemen. Refugees from these countries are faced with escalating issues of displacement leading to vulnerable conditions primarily for women and children. Refugee children are at a higher risk of high mortality, malnutrition, and limited or no access to education services (Faour, 2006).

2.2 Socio-Demographic Factors

The Arab countries represent the largest disparities in terms of per capita income. Some of the richest (Gulf countries) and some of the poorest countries in the world (Yemen and Mauritania) are found here. The UNESCO report (2008) noted that gross domestic product (GDP) per capita in 2005 ranged from very low levels of 603 U.S. dollars in Mauritania and very high levels of 52,240 in Qatar. Poverty continues to prevail in some countries where it represents 10% of the population in Jordan and Tunisia and reaches a high level of 40% in Yemen and 45% in Mauritania.

According to 2009 ESCWA *The Demographic Profile of the Arab Countries* report, the pattern of the traditional demographic balance in Arab countries has changed in recent decades. The total population of the Arab countries rose to 352.2 million in 2009. Population size varies considerably between the countries of the region from Egypt which accounts for 23.6 per cent of the total Arab population to Qatar and Bahrain which account for less than 0.5% per cent. In the Arab countries, the declining fertility rates have caused important changes in the age structure of the population. The fertility rates in the Arab countries dropped from 4.7 (1990-1995) to 3.3 (2005-2010). One of the consequences of the demographic transition from high to low fertility and high to low mortality has been the evolution in the age structure of population.

These changes are depicted by a sharp increase in the proportion of the working-age population (aged 25-64) of 42.6 percent when compared to 39.9 in 2005, a decline in the young age group (aged 0-14) of 33.6 per cent compared to 35.3 in 2005 (ESCWA, 2009), and a slow gradual increase in the older persons as defined to be 65 and above in the Arab region (ESCWA, 2007).

There has been increasing urbanization in the Arab regions as a whole which is expected to exceed 50% by mid century with substantial variations among countries (UN, 2008, World Urbanization Prospects). The extended family that used to provide emotional support, encouragement, and wisdom is more dispersed making it difficult for working mothers to rely on their help in child care and therefore, the role of the extended family is being replaced by institutions.

Adult literacy data (UNESCO, 2008) calls for concern despite the efforts by Arab countries to reduce illiteracy. There was an increase in the number of illiterate population from 55 million in 1990 to 57 million in 2004, more than two thirds of whom are women and mostly in rural areas.

The fifteen Arab countries which responded to the survey differ in their population size, urbanization level, income distribution, life expectancy at birth and the size of the youth population.

Table 1 shows that at least half the population in each of Sudan, Syrian Arab Republic, Egypt, Mauritania, and Yemen lives in rural areas. Almost one third of the population on average is less than 14 years of age which is an important factor to consider for investing in education programmes. Three countries have high levels of poverty evident in the life

expectancy at birth data. The Gulf countries in this table show a higher life expectancy at birth and high degrees of urbanization.

Table 1- Selected Demographic Characteristics of the 15 Arab Countries

Country	Total population (thousands)	% population between ages 0-14	% rural population	Life Expectancy at birth
1. Jordan	6,136	33	17	72
2. UAE	4,485	18	23	79
3. Bahrain	766	25	3	76
4. Tunisia	10,169	22	34	74
5. Saudi Arabia	25,201	31	19	73
6. Sudan	41,348	37	58	58
7. Syrian Arab Republic	21,227	33	49	74
8. Iraq	30,096	38	33	---
9. Oman	2,785	30	28	76
10. Palestinian Authority Territories	4,147	42	----	----
11. Libyan Arab Jamahiriya	6,294	28	15	74
12. Egypt	81,527	30	57	71
13. Morocco	31,606	27	41	71
14. Mauritania	3,215	37	59	64
15. Yemen	22,917	41	72	62

Source: UIS-UNESCO 2008
http://stats.uis.unesco.org/unesco/TableViewer/document.aspx?ReportId=198&IF_Language=eng

Perhaps equally important in creating demand for early childhood is the status of mothers with children, female participation in the workplace, infant mortality, and maternity leaves. Women comprise about 50% of the total population in the Arab countries; a large number of adult women are illiterate. The poor and illiterate women are neither able to provide proper care and education for their children, nor can they afford to seek paid ECCE services.

Yet, in the last decade Arab women have made considerable gains, particularly in the areas of health and education. However, Arab women remain less economically and politically empowered than women in other regions of the world (ESCWA, 2004). Women's access to higher education soared from 9 % in 1990 to 19% in 2002. This access allowed women to delay marriage due to the longer duration of education and to desire greater economic independence. Therefore, female labor participation is expected to increase. Although their labor participation is still low (about 29% of the Arab region's labor force in 2000), economically active women need day care centers for their children given the decline in the extended family support and the relatively short duration of maternity leave in Arab countries.

There has been improvement in infant mortality rates (IMR). Currently the lowest Infant Mortality Rates (IMR) s are found in the UAE (8/1000) and Bahrain (9/1,000). The other

countries that are likely to remain in excess of the world's average of 43.2 deaths per 1,000 live births are Mauritania, Yemen and Sudan.

Table 2- Infant Mortality Rates in the 15 Arab Countries

Country	IMR
1. Jordan	21
2. UAE	8
3. Bahrain	9
4. Tunisia	19
5. Saudi Arabia	21
6. Sudan	61
7. Syrian Arab Republic	12
8. Iraq	----
9. Oman	10
10. Palestinian Authority Territories	----
11. Libyan Arab Jamahiriya	17
12. Egypt	29
13. Morocco	34
14. Mauritania	64
15. Yemen	75
Source: UIS-UNESCO 2008 http://stats.uis.unesco.org/unesco/TableViewer/document.aspx?ReportId=198&IF_Language=eng	

To sum up, much of the unprecedented progress in education is related to the economic growth and social change. More attention has been given to eradicating illiteracy and improving the lives of children and women.

2.3. Development of Early Childhood in the Arab Countries

2.3.1 Debate over the Definition

A variety of terms have been employed in the field with no one unified term used internationally (Choi, 2002). Most commonly used terms are ECD, ECCE, ECCD, ECEC, and ECE. For example, the EFA, the GMR team from UNESCO uses “ECCE” for early childhood care and education while the World Bank and UNICEF use ECD. The Regional overview: Arab States on EFA (2008) notes that the meaning and use of ECCE differs from one country to another. In some Arab countries, ECCE comes in the form of *Kattateeb* or *Koranic* schools.

Undoubtedly, there is no agreed upon common term and this will continue to spark debate among stakeholders about related childhood concepts such as care, development, and education. Health, nutrition and protection come first in the developmental support for those who focus on development and care. This diversity in term use has also led to various views about priorities and types of programmes particularly since this field encompasses a wide age range from birth to age 8. Unfortunately, most of the above acronyms deal with children from birth to age 6. Children from 6- 8 years of age are considered part of the

formal academic school setting and therefore, are often neglected when discussing the child's health, nutrition, cognitive and social needs.

Programmes that serve these age groups range from infancy, preschool, kindergarten to early primary grades. These programmes vary not only by characteristics of the child in each stage, but also by purpose, pedagogical practices, and institutional sponsorship. Furthermore, programmes comprise a wide range of part-day, full-school-day, and full-work-day programmes under education, health, and social welfare auspices, funded and delivered in a variety of ways in both formal and non-formal settings in both the public and private sectors. These differences are reinforced by policy, funding and administrative divisions within and between the sectors at the state and local levels (Faour, 2010).

2.3.2 Historical Development of Early Childhood

Interest in early childhood in some of the Arab countries could be traced as far back as the early 20th century when Western missionaries in some Arab countries under colonial rule introduced Western education and established preschools. For example, the earliest form of preschools began in the 19th century in countries like Lebanon, Sudan, Morocco, and the Syrian Arab Republic. The missionaries established kindergartens in their schools which continued following post-independence governments. However, access to these missionaries was limited to elite groups; the other groups adopted a local formal education system, namely Koranic schools. For centuries, these traditional Koranic schools which operated in mosques have been the only teaching sector that cared for young children. They continue to be found in rural areas. They taught in Arabic and formed an essential part of the upbringing of a Muslim child. Children as young as 5 years recited the Koran and learned Arabic language and arithmetic.

As Arab countries gained their independence, each began developing its own national system of education. The governments began setting up rules and regulations to formalize education through their ministries of Education and Islamic affairs. In Morocco, for example, there are the traditional Koranic schools (*m'sids*) and the Koranic *kuttabs*. These Koranic schools underwent regulations during the French occupation in 1937 where the Ministry of Islamic Affairs was in charge of these schools. In 1968, the Koranic *kuttabs* were placed under the supervision of the Ministry of Education.

Reports from Tunisia indicate that religious teaching institutions have evolved during the past years. It now includes children's activities such as songs, arts, and play and there is tremendous change in the structure of facilities so that it is child-friendly and reinforces the educational aspect by recruiting qualified teachers in Islamic studies. Similar Koranic schools continue in countries like Sudan where they are known as *khalawis*, Mauritania, Yemen, and Saudi Arabia among others.

2.3.3 Recent Developments in Early Childhood

The interest and attention to early childhood care and education took on different approaches in the 1950s and 1960s. A large number of early childhood programmes were initiated by women's groups in response to female economic participation in the 1950s and 60s. For example, the earliest beginnings for such programmes in Tunisia were part of the

World Food Programme. The programme was known as “Aid the Childhood Programme”. The programme offered food aid to children from birth to age 6 and to children in their earlier years of formal schooling who came from low socioeconomic backgrounds. The programme also offered school children books, school supplies, and clothes.

Most of the early child care facilities belonged to the private sector and to various types of women’s associations. Up until the late 1960s, they were not under any type of government supervision. In 1965 and in Bahrain, the Child and Mother Care Association established the first Bahraini preschool. Also in 1972, Al-Nahyan Center for Mother and Child Care in Abu Dhabi was set up.

Major government initiatives took place in the mid-1990s in response to both internal and external demands and forces. The importance of early childhood as encompassing 0-8 years of age did not come to full force until 1989 with the UN convention of Children’s Rights. The majority of Arab countries ratified the CRC and this adoption meant that the countries agree to take on the obligations of the CRC and commit themselves to protecting and ensuring children's rights. These countries are also held accountable before the international community. Furthermore, the EFA of Dakar 2000 and the MDG in 2000 had profound effect on placing early childhood as top priority on the agendas of national policies in these countries. One such example of the effect is the progress Jordan has made in bringing early childhood as top national priority (Box 1).

Box 1: Progress of Early Childhood in Jordan

- Jordan ratified the Convention of the Rights of Children in 1991
- Early Childhood National Action Plan was put in place (1993-2000)
- Two national studies on the status of early childhood in Jordan were conducted in 1996
- The Family Protection Department was established in 1997
- The National Strategy for Early Childhood Development was launched in 2000
- The Jordanian National Plan of Action for Children was prepared (2004-2013).
- The First National Plan of Action (1993-2000) was prepared following the World Summit for Children Declaration and Plan of Action in 1990.
- The National Council for Family Affairs (NCFA) was formed in 2002
- The National Strategy on Education was developed (2006-2015)
- Implementation of the Education Reform for the Knowledge Economy (ERfKE) which focused on the Early Childhood component in the reform package (2003-2008)

Other Arab countries like Egypt, Mauritania, Palestine, the Syrian Arab Republic, Yemen, and Saudi Arabia improved their practices by establishing councils for childhood and or motherhood/family. Most of these councils were in the early 1990s. However, their early childhood policies and regulations vary greatly. Although laws have changed and new regulations are in place to advance early childhood, many of these policies lack action plans and programmes comprehensive enough to care and educate young children or to provide clear measurable indicators for evaluation.

Based on the survey, some countries did not indicate in their reports plans for providing programmes - Jordan and the Syrian Arab Republic - have, in collaboration with international organizations, worked on strategies and action plans to advance the early childhood field.

2.4. Early Childhood Programmes in the Arab Countries

The situation of early childhood care and education in the Arab countries is largely similar to many countries worldwide. Many programmes are distributed among public and private, for-profit and nonprofit sectors, and non-governmental organizations. In terms of governance, it requires integration of several services of ministries (education, health, social welfare) which also intersect with various layers of government (national, municipal, and local community providers), and a range of interest groups. Data collection from all these ministries proved to be a difficult task because of lack of coordination and cooperation among them. One survey question asked participants whether there is a single body or a lead ministry in charge of coordination or administering early childhood programmes. Survey findings show that such a leading body is present only in four Arab countries. In three of these countries - Jordan, Syrian Arab Republic, and Sudan - the coordinating body is a national council. Only Tunisia has the “Ministry of Women, Family, Children and Elderly Affairs” which was formed in 2004 as leading agency.

In the following sections, results of the survey on early childhood programmes and services for children 0-8 years will be presented in two areas: health and education.

2.4.1 Health Sector

Child survival and child well-being are important indicators of the type of health services that countries provide. According to the most recent data, Djibouti, Mauritania, Sudan, and Yemen have above 58 per 1000 infant mortality rates while Kuwait, Qatar, and UAE score the lowest of 8 per 1000. As for the under-5 mortality rate, Sudan, Djibouti, and Sudan have above 100% and Yemen 79%. The lowest rate was in UAE - 9 % (UNESCO, GMR, 2010, Regional Overview: Arab States). Table 3 shows how the Arab countries fare compared to Sub-Saharan Africa, North America and Western Europe.

Table 3 - Status of Child Survival and Well Being: Weighted Averages in Arab States based on GMR 2010

Indicator	Arab States	Sub-Saharan Africa	N. America/W. Europe
Child Survival - Infant mortality rate per 1000 2005-2010	41	95	5
- Under-5 mortality rate per 1000 2005-2010	54	158	7
Child-Well being, 2000-2007 - % of children under age 5 suffering from: Underweight moderate and severe	17	28	-
- % of children under age 5 suffering from Wasting moderate and severe	8	9	-

- % of children under age 5 suffering from Stunting moderate and severe	26	31	-
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There continues to be substantial variations among the Arab countries in infant and child mortality rates as shown in Figures 1 and 2. Five countries - Sudan, Iraq, Yemen, Djibouti, and Mauritania still have high rates.

Figure 1- Infant Mortality Rate per 1000 Births in the Arab Countries

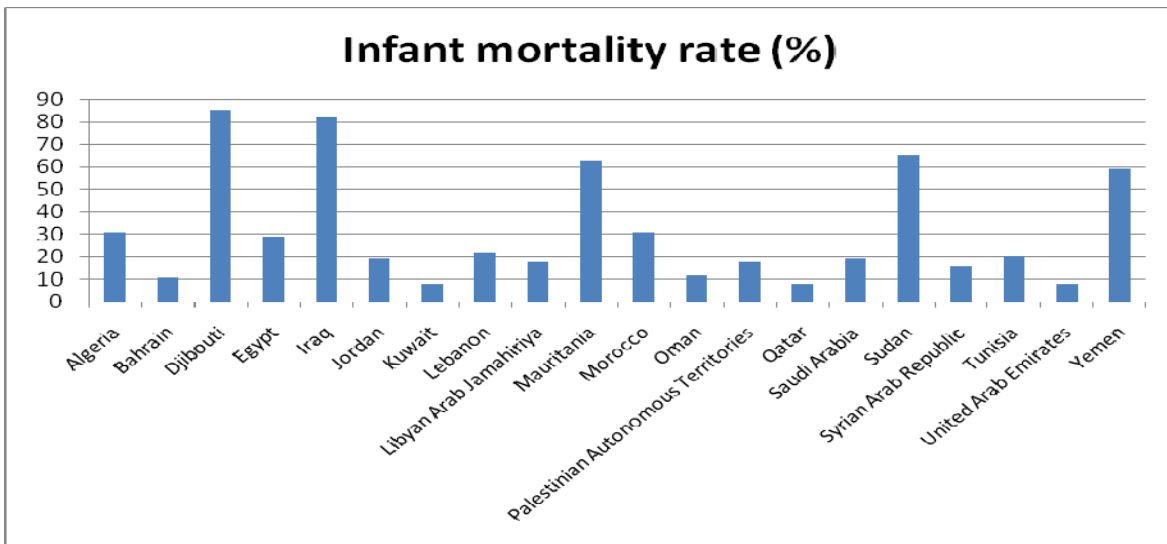
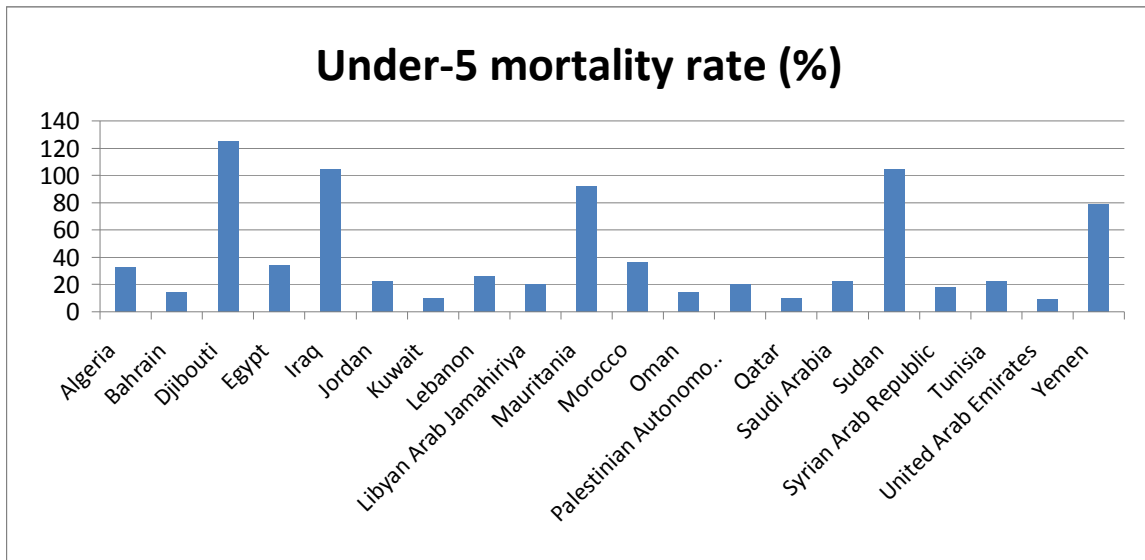


Figure 2- Under-5 Mortality Rate per 1000 children (0-5) in the Arab Countries



Source: GMR 2010-Reaching the Marginalized, UNESCO

The GMR 2010 also notes that malnutrition remains a serious impediment to the achievement of EFA in many countries. Data shows that on average 28 per cent of children under the age of 5 in sub-Saharan Africa and 17 per cent in the Arab States are moderately to severely underweight with Yemen and Sudan having the highest percentages of 46 and

41 percent respectively. In addition, the same regions also have the greatest number of children under age 5 suffering from moderate to severe stunting where it averages 38 per cent in sub-Saharan Africa and 26 per cent in the Arab States where it reaches 53% in Yemen and 20% in Saudi Arabia. The lack of proper nutrition and quality health care during prenatal period and the early years that follow can cause learning difficulties in later years.

2.4.1.1 National Immunization Programmes

Information about the health services in the majority of the Arab countries has focused on national immunization programmes and child and maternal health in addition to health and nutrition programmes in schools. All the countries who responded to the survey have a children immunization programme for the first five years of their life and that there is reduction in the under-5 mortality rates. For example, in Syria, under-5 mortality rate dropped from 41.7 to 22 for every 1000 children. In Egypt, infant mortality dropped from 39 in 1990 to 16 per 1000 births in 2008 and under-5 mortality rates from 104 in 1990 to 28 in 2008. Only Tunisia has the programme for the age group 0-8 and Libya has it for the age group 0-15 years while all the remaining surveyed countries have the programme from birth to age 5.

2.4.1.2 Reproductive Health Programmes

The reproductive health programme in these Arab countries benefits mainly the pregnant mother and the child. The findings showed that Jordan provides this programme solely to mothers whose ages are between 15 and 49. Other countries provide this programme to both the pregnant mother and the child. The programme was successful in implementing mother and child care in 262 health units across Egypt. As a result, mother's death dropped from 174 in 1992 to 55 for every 100,000 in 2008. Iraq has set up 34 child friendly hospital in various areas. Yemen was the only country which did not provide any information on this programme.

The report from the UAE details in Box 2 a number of health care programmes targeting new mothers and their newborns along with service indicators.

Box 2: Mother and Child Health Care Programme in the UAE

- 2009- National Programme for early detection of diseases of newborns. Around 95% or 610,000 live births were tested, of whom 480 children were saved from expected mental retardation.
- 2009- The diagnosis of genetic diseases, 4000 cases of genetic diseases and cancer were tested.
- National Registry Programme for birth defects and hereditary diseases. The number of cases diagnosed was 14.1 for each 1000 cases.
- Genetic disease clinics were set up to provide preventive guidance, and the number of beneficiaries was 101,200.
- Promotion of the Breastfeeding and Nutrition Programme
- National Programme for Immunization- the coverage reached 92-98%
- Child-Friendly hospital Programme- 9 hospital received that recognition based on

international standards

- 2009- School Health Programme where vaccination, detection and treatment was offered to 27211 children

2.4.1.3 Nutrition Programmes

In Mauritania and as a result of the drought in the 1970s, the majority of health care programmes addressed the negative effects of the food deficit of feeding malnourished children through centers established for this purpose. The centers prepared balanced nutritious meals to be distributed to children. These centers also educated mothers about breastfeeding and healthy food practices that should be adhered to when preparing children's meals. Data shows that the number of child mortality declined sharply from 5,509 in 2004 to 22 cases in 2007, a 99% decline. Furthermore, chronic malnutrition decreased from 38.2% in 2001 to 24.5% in 2006 among children less than 8 years of age.

Nine countries reported the presence of nutrition programmes in general, but few of them gave a detailed description of these programmes and the targeted age groups, without specifying the number of beneficiaries. Oman has a program for children from age 0-8. As a result of this programme, malnutrition dropped from 128 to 22 per 1000. Box 3 indicates the development of the nutrition programmes provided by the Ministry of Health in Oman.

Box 3: Nutrition Programmes in Oman- Ministry of Health

- 1990s- Child-friendly hospitals Initiative
- 1994- Global initiative of "Triple-A approach" in collaboration with UNICEF which aimed to improve children's nutrition through observing their development
- "Triple A approach" included part of the Sixth Five-Year Plan (2001-2005)
- 2002- Implementation of integrated care strategy to improve child nutrition and limited to cases of malnourished children
- As a result of this programme, malnutrition rates due to protein deficiency for under- 5 children where it dropped from 128 in 1995 to 22 per 1000 in 2005. Also, malnutrition related deaths dropped from 10 cases in 1995 to 3 in 2005

2.4.1.4 School Health Programmes

Only three countries who responded to the survey provided some details about their school health programmes. They were UAE, Tunisia, and Oman. Their programmes were for children 3-8 years old. For example, in Oman, 63 schools in major cities and 14 schools in remote areas implement this programme. Tunisia noted that males and females benefit equally.

Based on these findings, it should be noted that the Arab region in general had in the last ten years advanced in offering its health care services for children (0-8 years), especially in the area of immunization and reproductive health. Data, however, showed shortcomings in nutrition services and school health programmes. The findings also contained clear contrast between countries in the type of services provided, their data reporting and noted the drawbacks in the follow-up and monitoring and use of indicators for improvement. This

renders the process of analyzing and identifying the impact of such services on children's overall growth difficult due to the lack of sufficient data.

2.4.2 Education Sector

The EFA Global Monitoring report of 2010 indicates that the number of children enrolled in education programmes and pre-primary education in the Arab region has increased in the period between 1999 and 2007. This further illustrates the Arab countries commitment to achieving the EFA goals and the MDGs. Pre-primary services vary across these countries where some start at age 4 while others set their entry age at 3 years.

In discussing the status of educational programmes for young children in a number of Arab countries, it must be noted here that most of these programmes focus on children from 0 to 6 years due to lack of sufficient information on children 6-8 years. This age category is part of formal education, which makes it difficult to monitor the coverage of these services for this age group and the extent of coverage of health, nutrition and social needs in addition to academic education. Reports also show differences between the countries in determining the age group of children enrolled in preschools and kindergartens. In some countries, nursery is for the age group of the first month until the end of two years, and others countries consider nursery until the end of three years. The situation is similar for kindergarten because of the different age group, according to the service provided. For example, preschools for children in UAE government are for 4-6 years while in Jordan it is for children 5-6 years old and in Saudi Arabia for children 3-6 years.

2.4.2.1 Access to Programmes for Children 0-3 Years

The 2008 Global Monitoring Report notes that fewer services are provided to children under 3 than over 3 and that official early childhood programmes targeting this age group are usually of a custodial nature. Programmes for children under 3 are found in only 53% of the countries in the world, and are located mostly in North America, Western Europe, Central Asia, Latin America, and the Caribbean (UNESCO 2008, 35).

Access to early childhood services for this age group is fairly low and can be attributed to a number of factors. First, societal and cultural views that both child rearing and child care are a private, rather than a community responsibility. Second, costs per child for services to the very young are often higher than those for preschool-age children given the need for more staff per child and for specialized equipment and training.

In most of these Arab countries, almost all of child care centres, often referred to as day-care centers, crèches or nurseries, are privately operated either by not-for-profit community groups or by for-profit commercial businesses. Low-income groups are often excluded from access to centre-based services, unless government financed targeted services are made available. Low-income parents tend to rely on informal arrangements with relatives, neighbors, or babysitters (Fuller et al., 2004).

The findings showed that there is lack of accurate data on the number enrolled of the specific age group as compared to the total. Most of these programmes were either

privately run, under the ministries of social affairs, or were community-based and tend to be few in numbers.

2.4.2.2 Access to Programmes for Children 3-6 Years

Several education acts and regulations in these countries have resulted in important changes for the pre-primary years. In Bahrain, Lebanon, Qatar, Mauritania, Saudi Arabia, Syrian Arab Republic, Tunisia, and Yemen entry age to pre-primary is 3 and the duration is two years. However, entry age and duration is from 4-5 year olds in Algeria, Djibouti, Egypt, Iraq, Jordan, Kuwait, Morocco, Libya, Palestinian Authority Territories, Oman, Sudan and UAE (Van Ravens and Aggio, 2008).

The GMR 2010 pointed to an increase in the enrollment of female children at the pre-primary level between 1999 and 2007. The figure reached 49% in Kuwait, and 50% in Algeria and Sudan, and 51% in Oman. The report also showed that the rate is still low and in favor of male children in each of Morocco in which the proportion of female enrollment is 41% and in Yemen does not exceed 45%. In 2007 the gross enrolment ratio of pre-primary students in Morocco was about 60 percent, with the GER of males being 69.4 percent and that for females 39.6 percent. The GER for females have been increasing since the past few years and for the males it has been about 69 percent since 2003 (UNESCO Institute of Statistics, 2008). In private preschools which are mainly concentrated in urban areas, the proportion of girls is 47%. It is worth noting that girls are less present in the traditional *kuttab* where the proportion is just over 39% but the rate drops to 26% in rural areas (El Andaloussi, 2008).

Children's access to pre-primary, measured in terms of gross enrolment, varies in countries rather widely. Based on the survey findings, only Oman and Mauritania provided data on the enrollment rates for children 4-6 and those rates were very low- under 10%. The survey findings also showed that the majority of these programmes come from the for-profit private sector and are in cities serving children from high to medium socio-economic levels. In Jordan, the number of children enrolled in government kindergartens (5-6 years) is 16,475 while they reach 39,171 in private kindergartens. In Syria, the number of children in government preschools is 16,745, while the figure reaches 106,687 children in private preschools. Furthermore, the Global Monitoring Report on EFA in 2010 reported that the enrollment rate of children in private preschools (3-5 years) ranged from 30% in Egypt to 100% in Bahrain and Palestine.

Table 4 shows that the average GER for Arab countries remains much lower than the world average although there is slight improvement from 15% in 1999 to 19% in 2007. In addition, the data shows that some Arab countries like Kuwait and UAE have their GER above 75% while countries like Yemen, Mauritania, and Djibouti are still below 5%. Taking 1999 as the base year and up to 2007, Table 4 shows that some countries have shown progress in terms of the increase in GER, UAE by 62%, and Egypt by 54%, and Bahrain by 40%, and Sudan by 17% and Yemen by 29%. By contrast, Morocco shows a decrease in GER by 5% in 2005 but its biggest drop by 14.5% was in 2004. Palestinian Authority Territories shows a drop of 38%. Iraq's GER has been negligible at only 3.8%.

The war in Iraq and the Palestinian ongoing turmoil are key factors impacting children's access to pre-primary and government efforts to provide such programmes.

Table 4- GER access rates over the years by Country and Year

	Pre- primary services		<i>UNESCO</i> 2007	<i>UNESCO</i> 20 08	<i>UNESCO</i> 2009	<i>UNESCO</i> 2010
Country	entry age	1999 (%)	2004 (%)	2005 (%)	2006 (%)	2007 (%)
Algeria	4 yr	3	5	6	15	30
Bahrain	3-5 yr	36	45	46.8	52	52
Djibouti	4 yr	0.4	1.8	1	2	3
Egypt	4-5 yr	11	14	16.2	17	17
Iraq	4-5 yr	5	6	5.7	6	6
Jordan	4-5 yr	29	30	30.7	32	32
Kuwait	4-5 yr	78	71	72.9	75	77
Lebanon	3-5 yr	61	74	74.1	64	67
Libyan Arab Jamahiriya	4 yr	5	8	7.6	9	9
Mauritania	3 yr	----	2	1.7	---	2
Morocco	4-5 yr	62	53	53.6	59	60
Oman	4-5 yr	6	6	8	8	-*
Palestinian Authority Territories	4-5 yr	39	30	30.1	30	30
Qatar	3-5 yr	25	32	36.5	43	47
Saudi Arabia	3 yr	5	5	10	-	11
Sudan	4 yr	19	23	25.5	24	23
Syrian Arab Republic	3-5 yr	8	10	10.4	11	10
Tunisia	3 yr	14	22	21.7	---	---
UAE	4-5 yr	64	64	64.3	78	85
Yemen	3-5 yr	0.7	0.8	0.9	0.9	0.9
Arab World Average		15		17	18	19
World Average		33		40	40	41

* The GER number for Oman is reported as 31 in UNESCO, 2010. However, this figure is inconsistent with corresponding figures for previous years and with the figure supplied for this report.

To conclude this section, it can be stated that although the majority of early childhood programmes are concentrated in cities and in the for-profit private sector, the findings show that there are some programmes targeting children from low socio-economic backgrounds. Countries like Jordan, Bahrain, Tunisia, Oman and Morocco have launched specific programme for those children. Examples are the Sesame Stories programme, *Khatawat* and Kidsmart in Jordan and the MOCEP in Bahrain, which is a pioneer programme in education of the mother and child, and the "ATFALE" programme for improving Koranic schools in Morocco. In Oman, there are special programmes like "Child's Corner" and "Homes for child development" that provide services to these children.

One finding that warrants attention is that the gender ratio among children 4-6 in preschools slightly favours males (ratio= 1.10 - 1.15). Morocco stands out with an extremely high ratio (2.08). Another is the data from Iraq and the Palestinian Authority Territories.

2.5 Marginalized Children

Access to education is one of the most important human rights recognized by the international community. The Global Monitoring Report on Education for All (2010) – Reaching the Marginalized asserts that education is the means to achieve social justice and individuals who are deprived of educational opportunities diminish their chances in other aspects of life such as employment, health and political participation. The report also stressed that failure to provide comprehensive education will lead to decline in the achievement of EFA goals that have been adopted internationally in Dakar Framework for Action 2000.

The UNICEF report on *invisible and excluded children* (2006) affirms that the exclusion of these children has multiple dimensions, including the deprivation of economic rights, and social, cultural, political, and those of gender, making the marginalization and exclusion a much broader concept of material poverty.

For the purposes of this report, this section will consider marginalized and excluded children in early childhood as:

- children with special needs,
- excluded and invisible children who are deprived of adequate food and appropriate health care and education,
- at-risk children who live in violent, abusive, and exploitive environments,
- children who live outside the family environment,
- orphans deprived of parental care,
- refugee and displaced children who live in emergency situations.

2.5.1 Early Childhood Programmes in Rural and Remote Areas

Children living in rural areas belong to the category of children deprived of early childhood services. Although there may be health care programmes in rural areas, the majority of Arab countries do not have adequate statistics on the percentage of services available to these children (0-8 years), broken down by geographical distribution between the urban and rural areas.

The survey findings show that the majority of children from rural and remote areas are deprived of early childhood services. However, there are some Arab countries which provide a number of programmes specifically geared for children in rural and remote areas such as outreach expansion programmes of public kindergartens in Jordan, where there are 63% in rural areas compared to 37% in cities. Also, in Oman there are programmes in rural areas for children from the age of three and a half years and until the age of six. These are the Child Development Homes and Child Corners which are provided by the Ministry of Social Development. For example, there are 54 rural Child Corners that are managed by the women's associations and women's training centers, and 16 Child Development Homes. Nevertheless, the data on these homes and corners points to the lack of necessary elements to make it effective. These include poor educational qualification of the women who manage these houses, absence of an appropriate educational curriculum and the poor conditions of the rented facilities as they lack appropriate physical setting and space.

Data from Tunisia indicated that the number of children benefitting from social welfare and education programmes in the cities outnumber that of children in rural areas. Due to the lack of statistical data on the population in the category of children 0-8 years in both cities and rural areas, it is difficult to determine the percentage of beneficiaries. This further illustrates the need for proper documentation and a database.

2.5.2 Early Childhood Programmes for Children with Special Needs

The care and education of children with special needs is considered a human right assured in international documents and conventions. Article (23 and 24) of the CRC stipulates that children with special needs should be provided with a full and decent life. The EFA also affirms “expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children” as its first goal.

Findings showed that there is a growing interest and sincere efforts in most Arab countries to provide programmes to serve children with special needs and their families. Many began implementing programmes that integrate children with special needs into public schools, but the information on the quality of services, performance indicators and the proportion of children beneficiaries is not available. There are differences across the countries as to the nature of the services provided. For example, there are some scattered programmes without further explanation as to the number of children beneficiaries, as in Jordan, which aims to integrate children with special needs (6-8 years) in public schools and provide the necessary equipment, supplies and learning aids for these children.

An interesting finding from this data is that the majority of the programmes mostly serve children 5-years old and above except for some programmes like Drop of Milk society for early Intervention in Syria which serves children 0-5 years. The programme in Egypt focuses on integration in nurseries for children 0- 4 years. Saudi Arabia has an early intervention programme for the children 0-8 years with Down Syndrome called DSCA (Box 4) and in Syria, the Portage programme is implemented in collaboration with the Aga Khan Network for children 0-8 years.

Box 4 : Down Syndrome Charitable Association- DSCA -Preparatory educational classes to children with Down Syndrome and their parents

The programme is offered by the DSCA - Saudi Arabia to serve children with Down syndrome and their parents from age 3 to 7 years in order to prepare the child for school attendance. The child learns to be self-reliant and independent and is equipped socially and psychologically to school. The programme focuses on training the child and enhancing the skills that support and build the character and assist in the process of integration into society.

The educational mainstream classes differ from regular classes in that the child joins the class (without a parent) on a daily basis for four hours. This gives the child ample opportunity for a sense of autonomy. Through the daily training programme, the child is trained on academic and various social skills. The daily programme of these mainstream classes are very similar to kindergarten programmes but with a larger focus on individual plans and goals for each child. The programme also includes in the training process a

significant interactive role of the mother, in particular, and the family in general in order to achieve integration and ensure that the skills learned are attained. Thus, contributing to the integration of the child into society by teaching the child how to live and interact with the community to the extent needed.

In Oman, there is Early Intervention Association for children from age three and there is the Center for the Disabled where UNICEF has been training its staff. In Palestine, with the support of parents and the Swedish Individual Relief Foundation a resource room programme for children with special needs (6-8 years) is being set up in public schools.

2.5.3 Early Childhood Programmes for Disadvantaged and At-Risk Children

The report from UNICEF on *The State of the World's Children- Excluded and Invisible* (2006) showed that the national indicators on the status of children fail to present the full picture of the excluded children. The national averages by their nature are simplified measures for the total relevant population without the provision of information on any other groups. For example, information received from Mauritania notes that the rate of birth registration in civil offices in 2007 amounted to 55.5%, which indicates that the available information does not cover all children, since the proportion of children who are not registered and as a result regarded as deprived of care and education is 44.5%.

The UNICEF (2006) report has indicated that more than 80% of all children who are out of primary school tend to live in rural areas. In addition to the deprivation effect on rural children, poor children in urban communities suffer the same deprivation in terms of access to health, care, and education because they live in slums that lack the most basic of health, safe drinking water, improved sanitation facilities and the quality of a decent living with adequate space and sense of safety. The UNICEF report stresses that children living in the poorest 20% of families are more likely to die before the age of five than children living in the richest 20% of households. In Egypt, for example, the probability of the death of the poor child before the age of five is three times compared to the rich child, and two times in Jordan.

There are some programmes for orphaned children deprived of parental care scattered in a number of countries in the region but accurate data is not often provided. In Jordan, the Ministry of Social Affairs supervises a shelter programme for orphaned children and children from dysfunctional families, and of unknown parentage. In Tunisia there is a sponsorship programme for children deprived of parental support supervised by National Institute for Child Welfare. The Ministry of Social Affairs in Saudi Arabia accommodates orphaned children 0-8 years and provides alternative care programme for children with special circumstances who live without a breadwinner under temporary or permanent conditions. The ministry also provides host family programme for 24 children. It is interesting that data from these social nurseries that house deprived children shows more males (73%) than females. A possible explanation to this huge variation may be attributed to the fact that Arab families for religious and cultural factors opt to adopt a female to protect.

Information from Mauritania shows that the Ministry of Social Affairs provides a Support Orphan Programme for 400 orphans 0-6 years. Mauritania also provides a social integration programme for 115 children living in difficult situations.

As for children deprived of adequate food and appropriate health care and education, the information indicated that there are some food and health programmes, some of which has been reviewed in the section on the health sector programmes. The countries reported a number of educational and social programmes for disadvantaged children. In Libya, the Social Solidarity Fund provides 14 nurseries and kindergartens to 772 disadvantaged children. In Egypt, the Ministry of Social Solidarity oversees the development of nurseries and nutrition programme in child care facilities for children 0-4 years, without specifying the number of children beneficiaries. In Jordan, the parenting education programmes for poor and marginalized (0-8 years) children is being implemented under the auspices of the National Council for Family Affairs in collaboration with UNICEF and AGFUND.

A programme for mother and child education MOCEP in Bahrain is among the programmes directed to disadvantaged children 5-6 years and their mothers. The purpose of the programme is to educate and train the mother and prepare the child for school. The programme is overseen by the Charitable Crescent Society where 150 families are trained each year since 2001. The MOCEP is currently being used in more than one Arab country, since 2006 in Saudi Arabia - Qassim and Hail and Riyadh - where 620 mothers and child benefitted, and in Lebanon since 2009.

Tunisia provides programmes for needy families to enable children to continue their education and 27,485 families, comprising 52,674 children in 2009 have benefited from the programme. Syria provides 400 nurseries and kindergartens for children of working mothers at nominal fees through Women's Organization Union.

As for at- risk children who live in environments that do not protect them from violence, abuse or exploitation, the information indicated the presence of some programmes targeting this category in some countries in the Arab region. In Jordan, there is protection and social psychological care programme for children in times of crisis, which is overseen by the Ministry of Education. Training for this programme benefitted 6000 principals and 740 mentor or guide. Another programme in Jordan is the Arts Project in child protection which includes the concepts of prevention and protection of children from abuse in the curricula of children 3-8 years. The project is done by the Ministry of Education in cooperation with the Jordan River Foundation and the British Council. As for social protection from violence programmes for children 0-8 years, the Ministry of Social Affairs is in charge of it.

Information from the UAE and Syrian Arab Republic indicate that programmes that protect children from violence exist but they provide no data on the number of children or the target age group. Oman is working with UNICEF on issues of abuse in the "Better Parenting Program". In Morocco, the reintegration programme for street children is implemented in cooperation with the ACCD and the "international programme to combat child labor 5-15" under the supervision of the Ministry of Labor. As a result, 2752 children

were pulled out from work and another 4745 children were protected from returning to work in 2006.

As for the refugee children who live in emergency situations, there is dearth of information which in turn reflects the shortcomings in dealing with the grim situation for these children. Children living in situations of emergency in Palestine, Iraq and Yemen face the constant threat of repeated displacement and poor living conditions. For example, there are about 3.7 million Palestinian refugees, living in camps established through UNRWA in Jordan, Lebanon, Syria, the West Bank, and Gaza Strip. Such conditions leave children exposed to double jeopardy since a large proportion of them are more likely to suffer from poverty, insufficient health, malnutrition and poor educational services and death before reaching the age of five because of the difficulty in accessing basic necessities of life.

2.6 Policies and Strategies

This section of the report discusses policies and strategies with regards to early childhood programmes that have been developed in some Arab countries. Countries have set policies and strategies and assigned relevant agencies to provide the mechanism to review the plans.

The majority of Arab countries have policies for early childhood care, especially in the areas of health and education. Survey findings also indicated the presence of policies for compulsory education for the age group 6-8 years, but it did not provide accurate statistics on this age group as it falls within the primary education. What is evident is that there is no breakdown of the group of children (0-8 years) when it comes to specific early childhood strategies as is the case in the UAE, Bahrain, Tunisia and Saudi Arabia, Iraq, Palestine, Egypt and Morocco. Countries like Sudan and Mauritania have mentioned some specific educational policies relating to early childhood education. Therefore, it is expected that other Arab ministries of education which oversee the pre-primary education of category 3-6 years to have such policies. It is worth emphasizing that the majority of Arab countries did not provide data on monitoring, evaluation or implementation mechanisms. Thus, it can be concluded that the majority of these countries have policies and programmes but the process of evaluation and follow-up as well as monitoring with quantitative and qualitative indicators are still below the required level by international standards.

To provide a comprehensive picture of the extent of application of policies related to early childhood services, the questionnaire asked countries about policies in the areas of education, social, and health. Policies about education asked whether the countries have a national government programme for parent education, standards and guidelines for pre-primary, government provided child care programme for working mothers for children 0-3, government evaluation system to measure children's development, and preschool curriculum. Findings showed that such supportive policies are present in Jordan, Tunisia and Palestinian Authority Territories.

As for social policies and services, the questionnaire asked about the presence of a national policy for people with special needs of children (0-8 years), a national system of social protection with the directives to include children (0-8 years), a policy or a national system to follow up cases of abuse that affect young children, and a government system that

provides advice on pregnancy and reproductive health. Findings showed that such policies exist in the UAE, Jordan, Bahrain, Egypt and Morocco. The findings also showed there are few policies that support the social aspect in Sudan.

The survey also asked the countries whether any of the following policies are present: a national system of testing and tracking the health of newborns and children, a government program designed to provide alternatives to food for pregnant women who suffer from a lack of nutrition, an official decree that promotes breastfeeding for six months, a legislative act to paid maternity leave, and/or a system to prevent or limit the transmission of HIV and AIDS from pregnant mother to the fetus during pregnancy through a decree that includes children from 0-8. The findings showed that seven Arab countries - UAE, Jordan, Bahrain, Tunisia, Libyan Arab Jamahiriya, Egypt, and Yemen - have these health policies. There is also variation as to the extent of availability these services where Mauritania is the least among the Arab countries followed by the Oman. Nevertheless, the question remains about the countries of the region's commitment to the application of these policies in force for a lack of indicators to support it.

Some Arab countries have begun in cooperation with regional and international organizations (UNICEF, AGFUND, and UNDP) to prepare strategies for a comprehensive early childhood strategy, as is the case in Syria which has taken practical steps to issue its National Plan for Childhood (2007 -2011). Jordan has also started earlier to look at early childhood in a more comprehensive integrated approach through its National Strategy for Early Childhood in 2000, and its first action plan, beginning in 2003, and lastly the Jordanian National Plan for Early Childhood (2004-2013) in addition to developing follow-up and assessment plans.

2.7 Quality of Early Childhood Programmes in the Arab Countries

The Dakar Framework for Action set out the sixth EFA goal for improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills. To achieve this goal, a comprehensive quality approach to education which includes health, food, teachers, facilities and curriculum, the environment and evaluation as well as management and the local culture is required (UNESCO 2008).

Although this comprehensive approach encompasses all levels of education, the basic principles of the type of quality ECCE fall within the same framework (see box 5). The past decade has provided more evidence that good quality early childhood care and education, both in families and in more structured programmes, have a positive impact on the survival, growth, development and learning potential of children. Such programmes should be comprehensive, focusing on all of the child's needs and encompassing health, nutrition and hygiene as well as cognitive and psycho-social development.

Box 5: Education For All - the Sixth Goal

Successful education programmes require:

1. healthy, well-nourished and motivated students;
2. well-trained teachers and active learning techniques;
3. adequate facilities and learning materials;
4. a relevant curriculum that can be taught and learned in a local language and builds upon the knowledge and experience of the teachers and learners;
5. an environment that not only encourages learning but is welcoming, gender-sensitive, healthy and safe;
6. a clear definition and accurate assessment of learning outcomes, including knowledge, skills, attitudes and values;
7. participatory governance and management; and
8. respect for and engagement with local communities and cultures.

2.7.1 Quality Components in Early Childhood Programmes

It is worth mentioning that the field of early childhood education is replete with research studies, literature and standards that address the concept of quality. The origins and development of tools for measuring quality in early childhood were initially used for research purposes. These tools aimed at identifying the supportive environment for the growth and development of children in order to develop appropriate activities and assess the nature of teacher-child interaction. With increased attention to early childhood at the international level, such tools became standardized instruments and indicators for formulating policies, legislation and laws that govern the work and ensure quality in ECCE programmes. A report by Child Trends, 2010 focuses on the importance of the presence of a range of indicators in the instruments used to measure quality in early childhood programmes. They should include the following:

1. The learning environment should take into account the quality components in health and safety. The environment should provide appropriate learning activities and the daily schedule should address and reflect the developmental needs of children. The curriculum should be engaging and child-centered and support children's learning and holistic development. Furthermore, the programme should provide children with opportunities to communicate with peers and others and also meet the individual needs of children.
2. Programme administrators should ensure that the elements of health and safety at the facilities are in place and that children have a healthy balanced diet. Work policies and regulations should be clear and supportive of the rights of both the workers and the families. The administrators should have performance evaluation tools and professional development opportunities for their staff.

Addressing quality in early childhood programmes in some Arab countries will involve looking at the range of indicators in these countries reports in order to identify what the relevant ministries stipulate in terms of regulations, standards, and legislation to ensure the quality of early childhood programmes. This section will also explore the child-staff ratio as a structural indicator for quality programme and will examine the existence of follow-up and evaluation methods. The discussion in this section will be confined to the educational

situation in nurseries and preschools due to the lack of information on the quality of the health programmes.

2.7.2 Legislations, Licensing, and Regulations as they relate to Quality

Countries reported their licensing requirements and legislation governing early childhood programmes and discussed the presence of monitoring and evaluation mechanisms in the two sectors: private and government. The data showed that the majority of Arab countries have established regulations and laws and licensing regulations for nurseries and preschools for the private sector and community association. Special departments at the Ministry of Education monitor and evaluate the extent of the compliance to the regulations of setting up preschools for the age group three years and above. As for nurseries, the follow-up and evaluation are mostly under the supervision of ministries of social affairs.

Seven Arab countries: Jordan, UAE, Bahrain, Tunisia and Saudi Arabia, Iraq and Egypt reported using assessment tools approved by their ministry of education during the field visits by their experts. Most of the countries reported that their relevant ministries conduct periodic site visits to assess the quality of the preschools and nurseries and take punitive measures in cases of violations. Evaluation and follow-up through field visits is done by more than one official authority in Tunisia. The Ministry of Women, Family, Children and Elderly Affairs is in charge of nurseries and preschools. The Ministry of Education is in charge of monitoring and evaluating preparatory year classes while the Ministry of Religious Affairs is in charge of the Koranic schools, *Katateeb*. The field visits aim to monitor and evaluate the status of the institution in terms of its administrative and educational structure. It also examines their adherence to the licensing requirements, and monitoring and evaluation of staff performance according to an evaluation system designed for that purpose. Reports on these visits are later sent to concerned stakeholders.

With regards to the tools for evaluation, the findings show that in Egypt, technical forms for follow-up are used by the coordinators at various levels to assess the level of the educational services provided to preschool children. These include the assessment of the teacher, the learning environment, the children's activities provided to children and other areas. The technical supervising team in the ministry, the directorate, and educational administration conducts field visits. Another assessment tool involves a survey where the teachers give the parents a questionnaire to get their views on the quality of services provided to their children.

2.7.3 Child-Teacher Ratio in Early Childhood Programmes

As for the child-teacher ratio which is one indicator of quality, six countries- Jordan, Tunisia, Iraq, Oman, Palestine, Morocco - reported that the special laws for nurseries require official ratios that range from 5 to 10 children per teacher in the age group 0-3 years. However, in reality, the ratio may reach up to 8-10 children/teacher for children less than two years, and 10-15 per one teacher for children 2-3 years.

In preschools for children in the age group 3-6 years, there is wide variation in the official ratios used among these Arab countries especially for children 3-4 years old. Data showed that Jordan and Saudi Arabia require 10 children/teacher, while Tunisia, Syria, and Oman,

require 15 children/teacher and the UAE 20 children/teacher. The highest child/teacher ratio is in Iraq where the officially acceptable ratio is 30:1. When countries were asked to what extent the officially acceptable ratio is implemented, only two countries - Oman and Iraq - responded that their ratios are usually above the official ratio 5 to 10 children per teacher.

Further variations were for the age group 4-6 years. Saudi Arabia stipulates that the ratio does not exceed 12 children per teacher. The official ratio in Iraq is 30 children/teacher; however, in reality it is 40:1. As for the age group 6-8 years, there are differences between the Arab countries. For example, the official ratio in Tunisia is not more than 17 students/teacher while it is up to 40 students/teacher in Mauritania. In reality, the ratio could reach up to 49 student/teacher in Mauritania, and between 60-80 student/teacher in Yemen.

2.7.4 Staff Qualifications in Early Childhood Programmes

In addition to child/staff ratios and regulations, teacher qualification requirements and the proportion of those qualified to work in early childhood programmes comprise another important indicator of quality. Teachers who have a high level of education are more likely to implement appropriate practices. Research findings showed that teachers with college degrees are more likely than those with only a high school degree to encourage children, make suggestions to them and promote children's verbal skills (Kontos and Wilcox-Herzog, 2001; McMullen and Alat, 2002). This section discusses the staff qualifications for those who can work in nurseries, preschools, and primary grades and the proportion of qualified workers in the field of early childhood in some Arab countries.

Only five out of the 15 countries responded to the question on teacher qualifications. The five countries that responded - Jordan, Tunisia, Iraq, Palestine, and Libya - require that a nursery teacher have a high school diploma and above. The proportion of qualified teachers ranged from 80% in Palestine to 90% in Jordan. As for the director of the nursery, a university degree is a requirement in all these countries.

There is wide variation among the Arab countries when it comes to staff qualifications for preschools. Almost all countries require that staff possess a university degree of bachelor or above in order to work as a teacher or administrator. Few countries such as Iraq, Mauritania, and Yemen require secondary certificate for preschool teachers. In spite of the existence of formal regulations, which require a bachelor degree, the reality is significantly different as is the case in Syria where the percentage of qualified teachers is 14% and in Bahrain 12%. The low percentage of qualified personnel has to do with low salaries and the absence of legislation which forces private educational institutions to employ only qualified staff.

For the first and second grade levels, the majority of Arab countries require that teachers and administrators be holders of a bachelor degree except for Iraq which accepts a high school with six months training. It must be noted that despite the regulations, a large number of teachers in the first cycle of the primary still do not have the academic qualification as is the case in Jordan and the UAE and Oman.

In conclusion, the entry qualifications for early childhood teachers are highly variable and range from lower secondary (9th grade education) to (2- or 4- year university degree) in the Arab countries. Usually, formal qualification requirements exist mainly for teachers working in education programmes (preschools) more than care programmes (nursery). Kindergarten for 3-6-year-olds requires teachers to have a 4-year college degree. As for nurseries, the requirements are that teachers should possess a secondary education degree or equivalent and short-term training.

Furthermore, there are salary differences between pre-primary teachers and nursery/daycare teachers, and even between those who work in the formal system and those working in more informal programmes. These factors are worthy of future investigations.

Despite the fact that research has shown that teacher's qualifications make a difference in the type of delivery of curriculum and activities in ECCE programmes (Kagan and Neuman, 1996), there is shortage of qualified personnel in the Arab countries. The low pay, social status of teachers and the way society looks at their roles as 'child minders' and not 'child educators' especially for staff working in the nursery poses great problems and has tremendous impact on the high turnover and retention of teachers of young children.

2.8 Financing Early Childhood Programmes

Financing is considered a critical factor in either improving the level of service, or causing it to deteriorate. Without relevant detailed data, arriving at a reasonable understanding of the sources and amounts of early childhood programmes, funding is extremely difficult. Financing a full-day care programme for children aged 1 to 3 requires a different level and organization of resources than "financing a parental education programme for children of the same age or supporting a half-day pre-school programme for children aged 4 and 5" (Myers, 2000). It is difficult to discuss the mechanisms for financing such services and programmes without dealing with social, cultural, contextual, and technical issues. The issues have to deal with the funding agencies or providers, the target population, social background, and the children's age group and background (Myers, 2000).

When the questionnaire asked about the amount of money ministries allocate to early childhood programmes, the response from most countries was that there is no clear and specific percentage for this age group. Jordan is the only Arab country which reported the specific percentage for the age group (0-8 years) which amounts to 0.03% of the Ministry of Education's budget. However, the allocations for similar programmes by the ministries of health and social development usually fall within the overall budget just like other Arab countries. There is no doubt that earmarking a specific percentage of the state budget for a comprehensive early childhood programme increases the opportunities for provision, development, and documentation of these services.

Reports indicate that the sources of funding for early childhood care and education programmes in the Arab countries rely on government support, regional and international donors, civil society and parents. Usually, parents are responsible for the costs of enrollment of their children in nurseries and private preschools. The findings also showed

that many of the projects and programmes are funded by several regional organizations such as the AGFUND and the ACCD as well as international organizations which collaborate with the Ministries of Health and Social Affairs and the Ministries of Education. However, no information on the duration or intensity of funding was reported.

Furthermore, there are variations in the extent of funding for the projects and programmes. It is interesting that Jordan, Egypt, and Mauritania have quite a number of projects receiving both regional and international financing. This illustrates these countries' commitment to improve their early childhood services. For example, Egypt has several projects with CIDA, JICA, ECEEP, and the USAID that aim to renovate preschools, conduct programme evaluation, and train teachers. On the other hand, countries like Sudan, Libya, Tunisia, and Morocco did not mention the existence of any projects. For example, Morocco does have a reintegration programme for street children which is funded by ACCD but is not mentioned here. This scarcity of information could be due to the flaw in documentation and lack of proper coordination among various government and non-government sectors in a country.

Based on the information presented, investments in programmes for children 0-3 continue to be limited and uncoordinated across various ministries, making it difficult to assess how much funding is specifically focused on children in this age group. AGFUND is considered a pioneer in its efforts to improve early childhood programmes in the Arab countries. It began its initiative in 1986 in Jeddah - Saudi Arabia in collaboration with the Ministries of Education and some international organizations by establishing centers to improve the teachers' performance of children (3 - 5 years). This was followed by the establishment of several other centers in a number of Arab countries. In addition to AGFUND, UNICEF contributes to early childhood through its collaboration with various countries' sectors.

3. Challenges and Obstacles Facing the Progress of the ECCE in the Arab Countries

In an earlier report from the Arab Regional Conference (2004) on *Improving Policies and Practices on Early Childhood Care and Education* a set of challenges were noted such as poor quality, low access, inadequate training of teachers, assessment problems, lack of effective regulatory and quality control, high pupil/teacher ratios, insufficient funding and lack of strong public commitment. Recommendations were that the system needs to be more inclusive to involve all children particularly for the marginalized and priorities should be set for education-for-all objectives in each country to benefit more children. Unfortunately, many young children in the poor Arab countries like Yemen, Mauritania, and Sudan are exposed to multiple risks, including poverty, malnutrition, poor health, and lack of stimulating home environments. These detrimentally affect the cognitive, motor, social and emotional development of children.

When the 15 countries were asked what they consider to be their challenges or obstacles that impede or hamper progress efforts, there was uniqueness in each country's response and some similarities to the aforementioned earlier report. These were grouped in the following manner:

- Lack of awareness at the community level and decision-makers of the importance of stage and its future impact on the growth of the child's mental and physical, emotional and social development.
- There is no single entity responsible for the planning and implementation, documentation, leading to poor cooperation and coordination, and often repeat some of the programmes at the expense of other programmes. Poor governance, coordination and integration; weaknesses in the provision of holistic services.
- Limited services provided by the government which are few in number, come with high operating costs for both nurseries and preschools.
- Difficulty of providing early childhood services to rural and remote areas.
- Failure to provide poor and marginalized children with appropriate early childhood services despite the fact that they stand to gain the most as various research studies have shown.
- Shortage of specialized academic programmes for children age (0-8 years) as well as limited number of in-service training for its staff.
- The apparent shortage of early intervention programmes for children with special needs which compounds their problems as a result of late developmental screening and follow-up (There is a need to catch them early).
- Concentration of early childhood services in the private sector. This renders the programmes limited to people living in major cities and to those who can afford the cost.
- Although there are formal regulations concerning staff qualification for working in nurseries and preschool, there is no legislation that forces the private sector to adhere to these requirements.
- Low salaries and lack of job security since the majority of early childhood programmes belong to the private sector.
- The academic nature of the curriculum in a majority of early childhood programmes especially those in the private sector where the focus is on the child's ability to read and write at the expense of other important skills. The curriculum should be holistic enhancing the child's social, emotional, physical, creative, and cognitive skills.
- Deficiency in the measurement tools for the comprehensiveness of child development instruments. Furthermore, those who conduct these evaluations need extensive training.
- Weakness of follow-up and quality control measures in early childhood programmes.
- Dearth of accurate statistics and longitudinal studies of early childhood programmes.

Perhaps the most critical challenge is that services for children younger than five years of age are scarce. Because this age cohort is not receiving the care it is supposed to get, Heckman (2000, p. 3) predicts that 'the later in life we attempt to repair early deficits, the costlier the remediation becomes' haunts the government. The government should not miss this critical opportunity. Investing in disadvantaged young children should become a public policy initiative that promotes fairness and social justice, and at the same time promotes productivity in the economy and in society at large (Heckman, 2006). Increased parental involvement, for example, may strengthen home support for children's learning by motivating higher aspirations for children's educational performance and increasing the quality of interactions and activities that occur.

4. Moving Forward: Initiatives and Opportunities for Improvement

The final section of this report presents the initiatives taken by some Arab countries to develop ECCE programmes and reviews the main factors and influences that improve such programmes. The section also presents opportunities and suggestions that could contribute to advancing ECCE programmes in the Arab region.

4.1 Initiatives

The response from selected countries showed a series of initiatives that are being implemented in a number of Arab countries. In addition, there are some initiatives being planned for future implementation.

Findings from the initiatives demonstrate commitment of these Arab countries to achieve some progress in early childhood. These initiatives have the potential to develop and improve early childhood services. The data depicts these countries as having established more preschool centers and implemented projects to improve quality through training of preschool teachers, update and develop curricula and expand the access to preschool. Some countries, through their ministries of education, are working towards providing pre-primary education for children 5-6 years. For example, sections of the preparatory year or kindergarten are now implemented in Tunisia, and similar projects are under way in Oman. In addition, the education supervision of Koranic schools in Morocco, Tunisia, and Oman is an indication of improvement.

In spite of the initiatives made in early childhood services, this progress is still slow in terms of quantity as well as weak in monitoring and evaluation when it comes to quality and measuring the effectiveness of the programmes. Some Arab countries still focus on primary education without reference to early childhood. Bahrain is such an example where it refers to a number of projects aimed at developing primary education, which includes the age group 6-8 years, since they are part of basic education, while the development of early childhood is still suffering from poor government support. Bahrain has closed a preschool teacher training center in 2004, and discontinued a diploma and a BA programme in preschool in 2002 due to low enrollment.

4.2 Opportunities for Improvement

To identify opportunities for the development of early childhood development in the Arab countries, there are a number of factors that contribute to adoption of policies and strategies and support early childhood programmes to serve young children; notably:

1. **Political will:** the growing political will is one essential factor that has the greatest influence. For example, the official attention in Jordan represented by the King and the Queen and in Tunisia by its president has had a major impact on influencing the concerned ministries and following-up on its implementation of early childhood. The same can be said about Egypt and Syria where the first ladies were instrumental in bringing the early childhood to the official agendas.

2. **Compliance with International Agreements:** The most important commitment to the International community is the Convention on the Rights of the Child (1989), the objectives of Education for All (Dakar 2000) and the Millennium Development Goals (2000-2015). There are sincere efforts from majority of Arab countries for the development of early childhood services since it is largely linked to the ratification of these international pacts.
3. **National Strategies and Plans:** There is no doubt that the national strategies for early childhood that have been developed, adopted and became action plans will make significant influence as evident in the experience of Jordan, Tunisia, and Syria. These countries benefitted greatly from having such plans because they were able to set priorities and implement programmes and conduct follow-up and evaluation.
4. **Laws and Legislations:** These laws helped regulate the work through issuance of licenses, assessing the infrastructure and physical facility, and appraise performance of the staff, especially in the private sector which is responsible for the bulk of early childhood programmes. Sudan has recently enacted legislation adopting the stage of pre-primary into basic education.
5. **Specialized Early Childhood Departments in the Concerned Ministries:** The information indicates that the majority of Arab countries established a specialized early childhood department in their ministry of education.
6. **Special Academic Departments and Training Centers:** Establishing academic departments in early childhood and in-service training centers is needed since academic qualification makes the staff more professional and training courses or workshops contribute to quality improvement. Furthermore, regional and international organizations in collaboration with the ministry of education have established in-service training centers.
7. **Regional and International Support:** This is evident in the funding and provision of technical assistance to a number of development projects for early childhood in a number of Arab countries. One of the outcomes of such support is the valuable experience gained from working with international experts in the field.
8. **Monitoring and Evaluation Criteria:** In spite of the apparent lack of follow-up and evaluation methods, there are indications that monitoring criteria are being set in some Arab countries like Jordan, Syria and Mauritania.

5. Conclusion and Recommendations

Survey findings from the participating countries provide evidence on the quantitative and qualitative progress that has occurred in recent years in the field of early childhood. Most notable progress has been in the health sector, where the rate of infant mortality and under-5 mortality has declined in most Arab countries. Previous years have also witnessed an increase in the number of children enrolled in early childhood services, especially for the

age group 3-6 years, with enrollment increasing from 2 million in 1999 to 3 million children (UNESCO, 2010).

In spite of what has been achieved in this field, this progress has been slow and is not yet a priority for many governments in the Arab region. Marked progress has been achieved in some countries in terms of policies and programmes that cater to the rights and needs of their young citizens and in some cases the marginalized children. However, there are other countries in the region whose attention to the rights of children and to their need for various services is progressing at a slow rate. There is an urgent need to think about availability and affordability for those who need it the most but receive it the least.

The average GER's in Arab States is below 20%. Hence, it will take decades to reach the first EFA goals. Thus, exceptional efforts should be exerted to change the current progress rate and achieve an accelerated progress that would get them closer to the goal in the coming ten years.

Now as most Arab countries approach universal primary education (UNESCO, 2007), and with the growing attention to the importance of the early childhood years, its significant effect on the child's development and what is known about brain research and early intervention along with quality program outcomes, the priorities must change.

The report concludes with a set of recommendations to the Arab states:

1. Adopt a national strategy for early childhood care and education and an action plan with a clear and specific budget and implement comprehensive programmes for all areas of child's development to include health, nutrition, educational and psychosocial. It is important to note that the Arab countries that had a national strategy and action plan have a clear road map for both qualitative and quantitative improvement in early childhood programmes.
2. Establish a commission / board or a leading ministry that is in charge of the planning, implementation, follow-up and evaluation. The function of this body is also to cooperate and coordinate between ministries and various sectors concerned with early childhood programmes. This was most apparent in the findings with difficulty of coordinating between different agencies in providing data required for this report. On the other hand, some countries have already established such bodies such as the National Council in Jordan, the Ministry of Women, Family, Children and Elderly Affairs in Tunisia, the National Commission for Family Affairs in Syria and the National Council for Child Welfare in the Sudan.
3. Pursue relentlessly the development of programmes for children (0-3 years) for its importance in providing a future that benefits children in their health, social, and academic, especially for disadvantaged children.

4. Adopt parent education programmes and use a variety of methods to reach the disadvantaged children and those with special needs particularly those who live in rural areas and remote areas.
5. Pay greater attention to the transition years (6-8 years). The findings show that within the primary education group there is limited information on children aged 6-8. Arab children in their first year of schooling face difficulties due to an inappropriate curriculum and traditional teaching methods that are at odds with the essential developmental needs of children in this particular age group. This results in a large number of retained children in their first years of primary school especially among the poor and disadvantaged. Studies (Suwaigh, 2004) show that the majority of Arab countries there is a gap between kindergarten and primary school which often leads to psychological and social adjustment problems among young children.
6. Benefit from the regional and international organizations' support to improve early childhood programmes and implement pilot projects and design instruments to assess their effectiveness. The findings show that the support is limited and at times short-lived in many Arab countries when compared with countries of other world regions. Thus, the issue of sustainability should be addressed in terms of intensity and duration.
7. There is an urgent need for a database, accurate statistics, and laboratory studies that reflect the realities of early childhood and provide detailed data that is supported by scientific evidence which is communicated to policy makers. A national data center could create a tracking system for the various age groups targeted in early childhood programmes. Furthermore, such a center would provide reliable data on children who are particularly hard to access, especially in countries where significant numbers of children are placed in unregulated services or informal care arrangements, come from various social and economic backgrounds and various geographical areas. There is a need to track programme quality across multiple years and relate findings to child, adolescent, and adult outcomes. To achieve this, the Arab governments are expected to improve the nature of work in relevant departments and develop systems and mechanisms for collecting information and data.

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