Albania

EARLY CHILDHOOD DEVELOPMENT

SABER Country Report
2014

Policy Goals	Status
1. Establishing an Enabling Environment Albania has a well developed set of laws governing sectoral policy and service delivery for all children (0-18 years old). However, an enabling environment specifically for early childhood development (ECD) is not streamlined. Limited mechanisms are in place to align multi-sector policymaking to promote holistic development of children younger than 6 years old. An institutional anchor to coordinate ECD across sectors does not exist. The education sector reports expenditures on preprimary education, but the government cannot accurately report public ECD expenditures in the health, nutrition, or protection sectors.	Emerging
2. Implementing Widely A wide scope of ECD services exists in Albania, including maternal and child healthcare, preprimary education, and programs for vulnerable children. However, levels of coverage vary. For example, prenatal care and childhood immunizations are close to universal, yet roughly one in three pregnant women have anemia and nearly one in five children suffer from moderate/severe stunting, suggesting limited access to nutrition interventions. Only one-third of children have access to preprimary education. While some ECD services are provided equitably, such as birth registration and prenatal care, inequities exist for some essential ECD services, particularly in the education sector. The net preprimary enrollment rate for the richest quintile of children is twice as high (48%) than the poorest quintile (23%).	Established
3. Monitoring and Assuring Quality The Government collects administrative data related to access to most ECD services, but individual children's development outcomes are not tracked. Standards for early learning have been developed, and a new early childhood education curriculum framework is under development. The inspection process for ECD facilities is in the process of reform. It will be useful for the Government to ensure a streamlined inspection process to ensure compliance with quality standards.	Emerging

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

Albania and Early Childhood Development

Albania has a population of over 3 million people, of which about 20%, or approximately 600,000, are under the age of 14. Just over half (52%) of the population lives in urban centers.[2] Albania ranked 70th out of 187 countries, according to the United Nations Development Program's Human Development Index. The per capita income was estimated in 2012 to be $8,200, ranking Albania 131st in the world for this indicator. The country derives less than one-fifth (17.5%) of its GDP from agriculture. In 2008, 12.5% of the population was estimated to be living below the poverty line.[3]

A series of disparate ECD-relevant laws covering health, education, nutrition, and child and social protection exist in Albania. There is no overarching ECD law or policy; rather, an Action Plan for Children (2012-2015) drafted and approved by the Ministry of Labor, Social Affairs, and Equal Opportunities (MoLSAEO) guides the overall policies for children in Albania. The Ministry created the State Agency on Protection of Children's Rights (SAPCR) to promote children's protection and social inclusion, rights to healthcare and education, but the agency does not focus solely on ECD-aged children (i.e. children under 6 years old), and instead is charged with overseeing the rights of all children, aged 0-18. Other relevant ministries, mainly the Ministry of Education and Sports (MoES) and the Ministry of Health (MoH)—implement services for young children. The National Council for Children's Rights aids the SAPCR to protect and promote children's rights. Table 1 provides a snapshot of ECD indicators in Albania with regional comparisons.

Table 1: Snapshot of ECD indicators in Albania with regional comparison

	Albania	Bosnia and Herzegovina	Croatia	Macedonia	Serbia
Infant Mortality (deaths per 1,000 live births, 2010)	**8.8**	**6**	**4**	**7**	**24**
Below 5 Mortality (deaths per 1,000 live births, 2010)	**17**	**7**	**5**	**7**	**7**
Moderate & Severe Stunting (Below 5, 2006-2010)	**19%**	**8.9%**	**No data**	**4.9%**	**6.6%**
Net Preprimary Enrollment Rate (3-6 years, 2011-2012)	**33%**	**11.6%**	**63.8%**	**23.5%**	**55.6%**
Birth registration 2005-2012	**98.6%**	**99.5%**	**No data**	**99.7%**	**98.9%**

Source: UNICEF Country Statistics (2012); UNESCO, Institute of Statistics (2012); Albania Ministry of Health (infant and child mortality); Albania Living Standards Measurement Study (preprimary enrollment)

[1] SABER-ECD is one domain within the World Bank initiative, Systems Approach for Better Education Results (SABER), which is designed to provide comparable and comprehensive assessments of country policies.
[2] CIA Factbook, 2014
[3] CIA Factbook, 2014

Systems Approach for Better Education Results – Early Childhood Development (SABER-ECD)

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

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

Three Key Policy Goals for Early Childhood Development

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

Strengthening ECD policies can be viewed as a continuum; as described in Table 2 on the following page, countries can range from a latent to advanced level of development within the different policy levers and goals.

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

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

Figure 1: Three core ECD policy goals

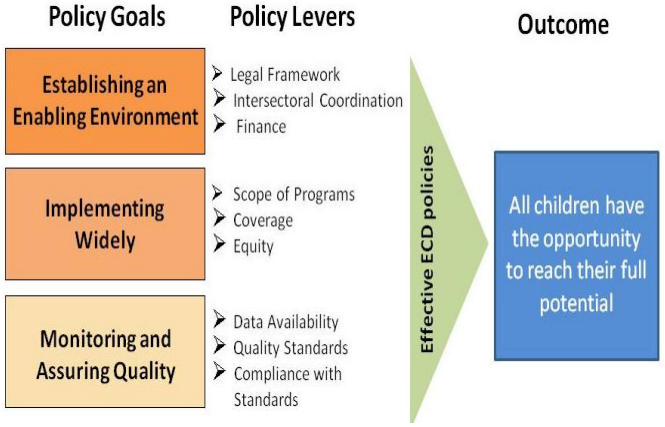


Table 2: ECD policy goals and levels of development

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

Policy Goal 1: Establishing an Enabling Environment

➢ Policy Levers: Legal Framework • Intersectoral Coordination • Finance

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

Policy Lever 1.1: Legal Framework

Established ●●●○

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

Laws and regulations promote adequate healthcare for pregnant women and children. All pregnant women are entitled to antenatal visits; uninsured women are entitled to four visits, including three ultrasounds during pregnancy. The Government of Albania (GoA) provides skilled care to pregnant women during pregnancy, delivery, and after the birth of the child as part of a basic package of services for primary healthcare. Pregnant women receive prenatal care according to the *Guideline* and *Protocol of Antenatal Care.* HIV screening of pregnant women is not mandatory, but is encouraged and HIV-positive women are referred for services. Children are required to receive immunizations according to a national immunization program calendar administered by the Institute of Public Health (IPH) at the Ministry of Health (MoH). Children are also required to have regular well-child visits according to a schedule defined by the *Guildeline* and *Protocol of 'Postnatal Care' and 'Child Wellbeing and Development'*. These include home visits and office visits until the child is 12 months old, quarterly visits from age 1 to 3, and a comprehensive exam at age 6 prior to entering 1st grade.

National laws promote appropriate dietary consumption by pregnant women and young children. Albanian laws encourage breastfeeding and require the iodization of salt. However, according to the MoH, there is no policy requiring cereals or other food staples to be fortified with iron.

Laws protect new mothers' ability to provide care to their newborns during the first year of life. In 2010, the

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

GoA ratified the Maternity Protection Convention. Albanian law requires the Government to provide one year of paid maternity leave to new mothers. Article 105 of the Labor Code prevents a pregnant woman from losing her job due to her pregnancy. And a decision by the Council of Ministers in 1996 required employers to guarantee women nursing breaks. Box 2 provides an overview of key laws, regulations, and policies governing ECD in Albania.

Box 2: Key laws, regulations and policies governing ECD in Albania

- Law No. 8876 for Reproductive Health (2002)
- Action Plan for Children (2012-2015)
- Law for the Protection of Children's Rights (2010)
- Law No. 9952 for the Prevention and Control of HIV/AIDS (2008)
- Ministry of Health, Guidelines for Antenatal Care (2013)
- Law No. 8528 for the Encouragement and Protection of Breastfeeding (1999)
- Strategic Document for Reproductive Health (2009-2015)
- Law No. 9942 for the Prevention of Disorders Caused by Iodine Deficiency (2008)
- Law No. 7703 on Social Insurance
- Decision of the Council of Ministers, No. 397 to allow nursing breaks for new mothers during working hours (1996)
- Law No. 69 one the Pre-University Education System (2012)
- Law No. 10 129 for Civil Status (2009)
- Law No. 9669 for the Prevention of Family Violence
- Law No. 8153 for the Status of Orphans (1996)
- Law No. 9355 for Social Assistance and Social Services (2005)
- Guideline No. 7, Procedures and Documents (for birth registrations) (2010)

Source: Government of Albania

Albanian law does not mandate preprimary school education. The GoA passed Law No. 62 in 2012 that calls for free and mandatory education, but the law applies only to children aged 6-16. Preprimary school is not mentioned in the law. The Government's vision is to mandate the last year of kindergarten by 2017. Other laws establish goals for the functioning of nurseries serving children 0-3 and preschools for children 3-6, but do not mandate free services. In Albania, the Government calls for all preuniversity education to be free of charge. At the kindergarten and nursery level, fees are only applied for meals. This expense is subsidized by local government units.

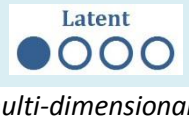
Child and social protections are established in Albania. Albanian law mandates the registration of children at birth. Laws also safeguard against domestic violence and provide protection to victims of violence in the home. The Ministry of Welfare and Youth (MoWY) is the lead authority in issues related to domestic violence, but several other ministries are also involved, including the Ministry of Interior (MoI), MoH, the Ministry of Justice (MoJ), and the Ministry of Education and Sports (MoES). Amendments to the law address parental obligations and issues such as abuse and neglect.

Law enforcement officers are trained in the prevention of domestic violence and the prosecution of perpetrators and family courts address issues regarding children aged 0-18. The Action Plan for Children, which is in the process of implementation, calls for training for judges and lawyers involved in child protection issues.

Several laws have been passed to provide protection and ECD services to orphans and vulnerable children and children with special needs. Albania has established Residential Social Care Institutions for orphans and children facing vulnerable conditions, including those exposed to domestic violence, a risk of trafficking, or homelessness. However, the law does not differentiate by age, but instead covers children 0-18.

Children with special needs are given access to public preschools and are covered by social protection policies that provide social insurance according to disability type. One of the strategic goals of the Action Plan for Children (2012-2015) is inclusive and quality education for all children. It calls for the inclusion of Roma children in preprimary education and their smooth transition to first grade. The Plan also calls for inclusion and individualized work with children with special needs. The government tracks children with disabilities, including mental, physical, visual, and hearing.

Policy Lever 1.2: Intersectoral Coordination



Development in early childhood is a multi-dimensional process.[5] *In order to meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non-state actors (either domestic or international) participate in ECD service delivery; for this*

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

reason, mechanisms to coordinate with non-state actors are also essential.

Albania does not have a multi-sectoral ECD policy and no ministry or government body has been appointed as an institution anchor specifically to coordinate ECD services. The GoA has not endorsed a comprehensive ECD policy or initiated a method of implementing ECD services across sectors that is coordinated by one government body. In 2011, the GoA approved a regulatory framework for the organization and functioning of the State Agency for the Protection of Children's Rights (SAPCR). The Action Plan for Children (2012-2015) outlines strategies for ensuring that children receive services in various sectors and authorizes the SAPCR to oversee implementation of the plan and to work across sectors to ensure that the plan is followed. However, the Agency is charged with overseeing strategies for all children, aged 0-18, and has not created a department specifically to address the needs of ECD-aged children.

Limited mechanisms exist for multi-sectoral coordination specifically for the 0-6 age group. While the SAPCR does coordinate across sectors, there is currently no institutional structure for cross-sector collaboration to address the specific needs of children 0-6. Additionally, no specific manual or integrated service delivery guidelines exist for this age group. Mechanisms to promote coordination across relevant ministries are needed in Albania to facilitate aligned ECD policy development and implementation with clearly delineated responsibilities.

The National Council for the Protection of Children's Rights (NCPCR) has interministerial and civil society representation, but does not meet on a regular basis. The Council of Ministers (CoM) decided in 2012 to establish regulations for collaboration between state and non-state actors involved in child protection policies and service delivery aimed at at-risk children.

Policy Lever 1.3: Finance

Emerging

While legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns, but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits[6]. Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

Criteria are used for budget planning in some sectors, but not others; budgets are not coordinated across sectors. There is a transparent budget process involving specific criteria to provide ECD services in health, education and social protection, but not in nutrition or child protection. There is no coordination of an ECD budget across sectors. No specific budget exists for ECD services. Expenditures are reported for kindergartens only. The parliament has passed a resolution calling on the GoA to fund ECD services across sectors.

The level of financing for ECD services is either not known or is inadequate to meet the needs of the population. With the exception of the education sector, total expenditures for specifically for services across ECD sectors are not reported. The SAPCR, MoWY, and MoH cannot accurate report total expenditures for ECD services within their respective sectors. The MoWY reports total expenditures for social protection services, but not specifically for the ECD-aged population.

In 2013, MoES allocated 3 billion Leke to kindergarten, representing 7.2% of the total Education budget. Fees are levied for ECD services in education for tuition and meals. There are no fees levied for health services for pregnant women or young children. However, the level of out-of-pocket expenditures as a percentage of total health expenditures is quite high, at 52%.[7] Table 5 provides a snapshot of total public expenditures on education and ECCE in Albania. Table 6 provides a comparison of regional healthcare expenditures in Albania and four other Eastern European countries.

Table 5: Total public expenditures on education and ECCE in Albania

	Total public expenditure on education	Total public expenditure on education as % of government expenditure	Total public expenditure on ECCE	Total public expenditure on ECCE as % of education expenditures
2013	42,499,732,000	10.7%	3,077,387,000	7.2%
2012	42,479,116,000	10.1%	2,749,860,000	6.5%
2011	40,293,501,000	10.7%	2,774,901,000	6.9%

Source: Ministry of Education and Sports, SABER-ECD Policy Instrument, 2014

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

[7] World Health Organization

Table 6: Regional comparison of select health expenditure indicators[1]

	Albania	Bosnia	Croatia	Macedonia	Serbia
Out-of-pocket expenditure as a percentage of total health expenditures	52%	28%	14%	36%	37%
Total expenditure on health/capita at purchasing power parity (NCU/US$)	541	928	1,410	835	1,250
Private expenditure on health (PvtHE) as a % of total health expenditure	52%	29%	18%	36%	39%
Total health expenditure as a percentage of GDP	6%	10%	7%	7%	10%
Percentage of routine EPI vaccines financed by government	100%	No data	100%	No data	No data

Source: WHO Global Health Expenditure Database, 2012; UNICEF Country Statistics, 2010; Institute of Public Health (EPI vaccine financing in Albania)

The level of pay for employees in some ECD services is high, but not for others. The MoES pays preprimary schoolteachers a minimum of 96% of what primary schoolteachers make. However, employees of community-based childcare centers are not paid by the government, but instead are paid by different non-state organizations, such as Save the Children. The Government does not pay extension healthcare workers.

Policy Options to Strengthen the Enabling Environment for ECD in Albania

Legal framework:

- **The GoA may wish to consider expanding laws to promote healthcare for pregnant women and young children.** Albanian law guarantees free access to a menu of health and nutrition interventions, but does not require screening of HIV or STDs for pregnant women or the fortification with iron of cereals and other staples. By mandating these two additional interventions and creating mechanisms for outreach to the community to encourage uptake of services, the GoA could improve women and children's health.
- **The GoA should consider working towards mandatory free preprimary school in the future.** The GoA has established comprehensive education laws mandating free and mandatory schooling for children age 6-16, but has not extended the law to preprimary school-aged children. The government vision to mandate the last year of kindergarten by 2017 is commendable. The GoA could also encourage enrollment in lower levels of preprimary school. Although this may be difficult in the short term given the tight fiscal space, some efficiency gains could be achieved through the declining student population in primary and secondary levels, allowing the GoA to at least enhance access for poor and vulnerable children.

Intersectoral Coordination:

- **The GoA may consider developing a multi-sectoral ECD strategy.** The GoA has not established coordination between sectors involved in ECD service delivery. In doing so, the GoA would be able to track services and funding across sectors and better allocate resources to the sectors and services most in need. A good example of this strategy occurred in 2005 in Chile when the Government introduced the *Chile Crece Contigo (CCC)* intersectoral ECD policy, a multi-disciplinary approach to ECD service delivery. The GoA may benefit from studying the CCC program and considering the adoption of a similar multi-sectoral system in Albania. Box 3 on the next page describes Chile's ECD intersectoral system in detail.
- **The GoA may wish to consider appointing one government entity to coordinate ECD services across sectors.** While the SAPCR has been established to promote the rights of children aged 0-18, it has not been specifically mandated to oversee the delivery of ECD services, or to coordinate services across sectors. By appointing an institutional anchor, the GoA would be better positioned to ensure that ECD policies and service delivery mechanisms reached all ECD-aged children in all sectors. The GoA may benefit from looking at the example of Jamaica. The government there established an Early Childhood Commission responsible for advising the Ministry of Education on ECD policy matters. Details of the commission are described in Box 4 on the next page.

Finance:

- **The GoA may wish to establish criteria to determine ECD funding earmarked for services in nutrition and child and social protection.** The GoA currently determines funding based on specific criteria in the education and health sectors only. The relevant ministries involved in nutrition and child and social development may also benefit from developing mechanisms to track specific criteria to determine a budget for ECD-aged children.

- **The GoA may wish to create a mechanism to report ECD expenditures across health, nutrition, and protection sectors.** With the overall budget for ECD services drawn from disparate sectors, it is critical that mechanisms exist to coordinate budgeting and allocations amongst key agencies. Currently, only the MoES reports expenditures, and does so for preprimary schools only. The MoH cannot accurately report expenditures for health and nutrition services specifically allocated towards the ECD-aged population. Similarly, the SAPCR does not report total expenditures on child protection services. The MoWY reports total expenditures on social protection services, but not specifically for the ECD age group. By creating mechanisms to report expenditures in other ECD sectors, the GoA may be able to determine where money would be better allocated to promote desired ECD outcomes.

Box 3: Lessons from Chile: Multisectoral policy design and implementation

Summary: A multisectoral ECD policy articulates the services provided to children and key stakeholders involved, including responsibilities of service providers and policy makers. The policy should also present the legal and regulatory framework and address any possible gaps. A policy can include a set of goals or objectives and an implementation plan that outlines how they will be achieved. The benefits of doing so are manifold. The preparation process requires all stakeholders to contribute, which in turn promotes a more holistic, synergetic approach to ECD and identifies possible duplication of objectives by individual stakeholders. Another benefit is that the policy framework clarifies the boundaries within which all stakeholders are to operate and can create accountability mechanisms.

One such example is *Chile Crece Contigo* ("Chile Grows With You", CCC), an intersectoral policy introduced in 2005. The multi-disciplinary approach is designed to achieve high quality ECD by protecting children from conception with relevant and timely services that provide opportunities for early stimulation and development. A core element of the system is that it provides differentiated support and guarantees children from the poorest 40% of households key services, including free access to preprimary school. Furthermore, the CCC mandates provision of services for orphans and vulnerable children and children with special needs. The creation and implementation of the CCC has been accomplished through a multisectoral, highly synergistic approach at all levels of government. At the central level, the Presidential Council is responsible for the development, planning, and budgeting of the program. At each of the national, regional, provincial, and local levels there are institutional bodies tasked with supervision and support, operative action, as well as development, planning and budgeting for each respective level. The *Chile Crece Contigo* Law (No. 20.379) was created in 2009.

***Key considerations for Albania**:*

- ✓ Multisectoral policy that articulates responsibilities for each government entity
- ✓ Highly synergetic approach to service delivery
- ✓ Guaranteed support for poorest households

- **The GoA may wish to consider establishing a mechanism to coordinate the budget across ECD sectors.** By coordinating an ECD budget across sectors, the GoA may be better equipped to determine where there are shortages of funds and where funds would best be allocated to reap desired ECD outcomes.

Box 4: Relevant lessons from Jamaica: multisectoral institutional arrangements for ECD

Summary: In 2003, the Government of Jamaica established the Early Childhood Commission (ECC) as an official agency to govern the administration of ECD in Jamaica (*Early Childhood Commission Act*). Operating under the Ministry of Education (MoE), the ECC is responsible for advising the MoE on ECD policy matters. It assists in the preparation as well as monitoring and evaluation of ECD plans and programs, acts as a coordinating agency to streamline ECD activities, manages the national ECD budget, and supervises and regulates early childhood institutions (ECIs). The ECC includes a governance arm comprised of the officially appointed Executive Director, a Board of Commissioners, and seven sub-committees representing governmental and non-governmental organizations. It also has an operational arm that provides support to the board and subcommittees. The ECC is designed with representation from all relevant sectors, including education, health, local government and community development, labor, finance, protection, and planning. Each ministry or government agency nominates a representative to serve on the Board of Commissioners. The seven sub-committees which provide technical support to the ECC board are comprised of 50 governmental and non-governmental agencies.

Furthermore, the newly established National Parenting Support Commission creates links between Jamaican parents and the Government of Jamaica. In 2012, the MoE introduced the *National Parenting Support Policy.* The Government recognized that parents should serve an important role to promote and coordinate organizational efforts and resources for positive parenting practices. The *National Parenting Support Commission Act* further established an official coordinating body to ensure effective streamlining of Government activities related to parenting.

***Key considerations for Albania**:*

- ✓ Established cross-sectoral institutional anchor with representation from all relevant sectors, including education, health, local government and community development, labor, finance, protection, and planning
- ✓ Highly synergetic approach to policy design
- ✓ Improved coordination amongst relevant sectors to effectively respond to the comprehensive

Policy Goal 2: Implementing Widely

➢ Policy Levers: Scope of Programs • Coverage •Equity

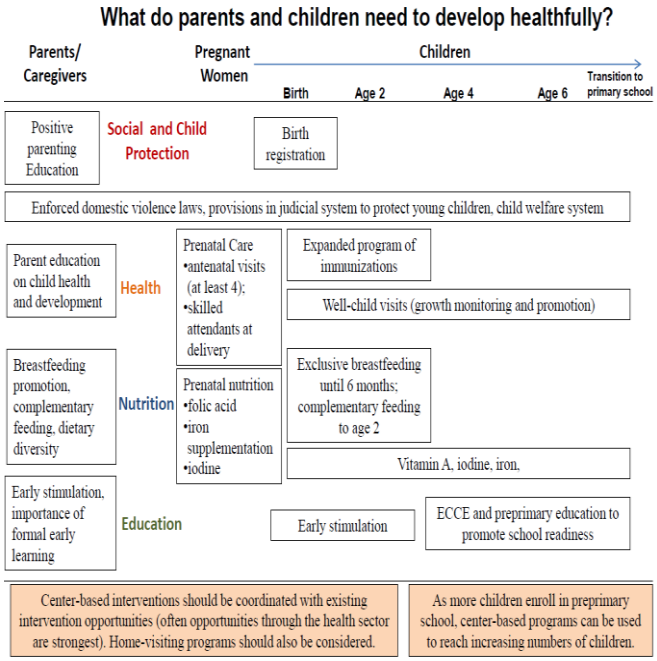
Implementing Widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and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

Policy Lever 2.1: Scope of Programs

Established

Effective ECD systems have programs established in all essential sectors and ensure that every child and expecting mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 2 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

Figure 2: Essential interventions during different periods of



Albania has implemented essential health and nutrition programs that target all beneficiary groups. The MoH provides a package of essential healthcare interventions that target all pregnant women and children, including antenatal care, immunizations, child wellness visits, screening for maternal depression, and home visits for parents with young children. Nutrition programs have also been established to target all beneficiaries, including micronutrient support for pregnant women and children younger than 7 years old, the promotion of breastfeeding, and feeding at preprimary schools.

Essential education programs exist in the country to target preprimary school-age children. Albania has public preschools and kindergartens as well as private, for-profit ECCE centers for children aged 3-5. There are also partial-day public and private ECE centers for children 0-36 months. There are parents committees at all preprimary schools and daycare centers.

Essential child and social protection programs target all beneficiaries. Albania has residential and social care institutions for orphans and vulnerable children, as well as children with special needs. Free anti-retroviral medication is provided for children with HIV/AIDS. Some social assistance programs are available that focus partially on ECD. A pilot program to offer cash transfers for enrollment in preprimary school operates in three districts.

On the following page, Figure 3 provides an overview of the scope of ECD interventions in Albania by target population and sector. Table 7 provides an overview of the scale of ECD services in Albania.

Figure 3: Scope of ECD interventions in Albania by target population and sector

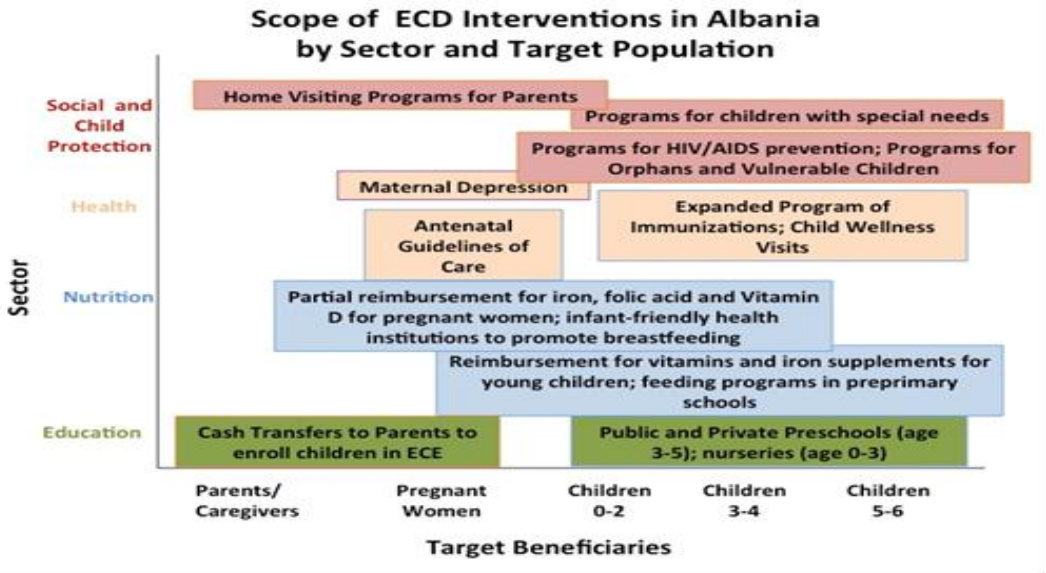


Table 7: Scale of ECD programs in Albania

ECD Intervention	Number of Districts Covered (out of 12)
Education	
Government-subsidized early childhood care and education *Public Kindergarten*	**12** **(42,292 children reached)**
Privately-provided early childhood education *Private kindergarten and first grade*	**12** **(2,735 children reached)**
Community-based early childhood education	**None**
Health	
Antenatal healthcare for expecting mothers *Antenatal guidelines of care*	**12**
Childhood wellness and growth monitoring *Post-natal guidelines of care*	**12**
Immunizations *Post-natal guidelines of care*	**12**
Maternal Depression screening program *Protocol of care for post-natal women*	**12**
Nutrition	
Micronutrient support for pregnant women *Partial reimbursement for iron, folic acid and vitamin D*	**12**
Food supplements for pregnant women	**None**
Micronutrient support for young children *Reimbursement of vitamins and iron*	**12**
Food supplements for young children	**None**
Breastfeeding promotion programs *Accreditation of infant-friendly health institutions*	**7**
Feeding programs in preprimary schools *Menu and norms for preschool and kindergarten*	**12**
Child Protection	
Parenting integrated into health and community programs	**None**
Home visiting programs to provide parenting and health messages *Package of primary health care*	**12**
Social Protection	
Programs for OVCs	**6**
Interventions for children with special needs	**9**
Programs for HIV/AIDS Prevention	**12**
Anti-poverty/Integrated Programs	
Integrated programs to provide interventions in a variety of sectors	**None**
Cash transfers conditional on ECD services or enrollment	**3**
Cash transfers focused partially on ECD	**9**

Source: SABER-ECD Program and Policy Instruments

Policy Lever 2.2: Coverage

Established

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

Access to essential ECD health and nutrition interventions varies for pregnant women and young children. More than 99% of pregnant women give birth in the presence of a skilled attendant and 97% attend at least one antenatal visit. Far fewer, however, roughly 67%, benefit from at least four antenatal visits during their pregnancies. According to the Institute of Public Health, in 2013, there was only one case of an HIV+ woman who received anti-retroviral medicines for the prevention of mother-to-child transmission of HIV. While 99% of 1-year-olds are immunized against DPT, other indicators of the breadth of coverage of health interventions are lower. Only 54% of children with diarrhea receive oral rehydration and continued feeding, and slightly less than 60% receive antibiotics for suspected pneumonia. There is no information on the number of children who receive Vitamin A supplementation. Table 8 provides a regional comparison of levels of access to essential health and nutrition interventions for pregnant women in Albania and four other Eastern European countries.

Table 8: Regional comparison of levels of access to essential health and nutrition interventions for pregnant women

	Albania	Bosnia	Croatia	Macedonia	Serbia
Skilled attendant at birth	99.3%	99.9%	100%	98%	99.8%
Pregnant women receiving antenatal care (at least four visits)	66.8%	84.2%	No data	93.9%	94.2%
Pregnant women receiving antenatal care (at least one visit)	97.3%	87%	No data	98.6%	99%
Prevalence of anemia in pregnant women (2005)	31%	No data	No data	No data	No data

Source: UNICEF Country Statistics, 2007- 2012; UNAIDS, 2012; WHO Global Database on Anemia, 2006

Table 9 provides a regional comparison of levels of access to essential nutrition interventions for ECD-aged children in Albania and four other Eastern European countries.

Table 9: Regional comparison of levels of access to essential nutrition interventions for ECD-aged children

	Albania	Bosnia	Croatia	Macedonia	Serbia
1-year-old children immunized against DPT (corresponding vaccines DPT3)	99%	92%	96%	96%	91%
Children below 5 with moderate/severe stunting	19%	8.9%	No data	4.9	6.6%
Infants exclusively breastfed until 6 months	38.6%	18.5%	No data	23%	13.7%
Infants with low birth weight	3.6%	3.1%	5%	5.5%	6.1%
Prevalence of anemia in children below 5 (2005)	No data	No data	No data	No data	No data

Source: UNICEF Country Statistics, 2007- 2012; WHO Global Database on Anemia, 2005

The vast majority of newborns are registered in Albania. Albania has a very high birth registration rate, at 98.6%. Albanian laws provides for all children to be registered. The state police and municipality are responsible for identifying children who have been abandoned or have not been registered and registering them with local authorities. Table 10 provides a comparison of birth registration rates in Albania and four other Eastern European countries.

Table 10: Regional comparison of birth registration rate

	Albania	Bosnia	Croatia	Macedonia	Serbia
Birth registration 2000-2010	98.6	99.5%	No data	99.7%	99.7%

Source: UNICEF MICS4, 2011; UNICEF Country Statistics, 2007- 2011

Albania children have limited access to early learning opportunities. Reported net enrollment rates range depending on the source, from 33% (Living Standards Measurement Study (LSMS), 2012) to 76% (Institute for Statistics, 2013). According to the 2012 LSMS data, the main reasons parents report as to why they do not send their children to preschool are that they believe their children are too young or they prefer to keep them at home. More than two-thirds of parents of children 3-4 years old who were not attending preschool thought their children were too young, suggesting that perhaps early learning experiences are not appropriately catered to the younger age group. Nearly one-quarter of parents of all ECD-aged children (3-6 years) reported that they preferred to keep their children at home.

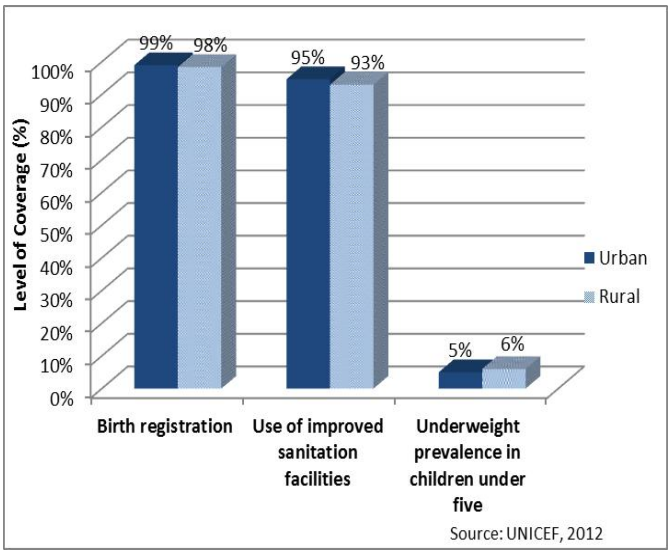
Policy Lever 2.3: Equity

Established

Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services[8]. One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

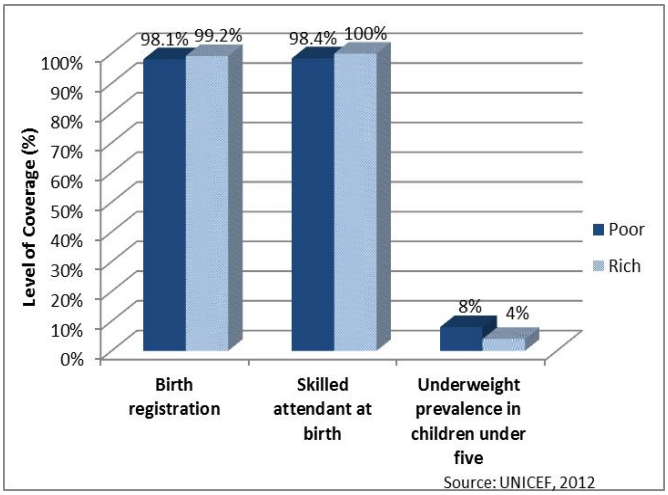
There is equity in service delivery across many ECD sectors, but indicators suggest that delivery is not equal in key areas. Disparity between urban and rural is evident in the birth weights of newborns, with twice as many poor children being born with low birth weights as wealthier children. Other health and nutrition indicators suggest parity in service delivery between urban and rural. Figure 4 provides a snapshot of equity in three selected health, nutrition, and social protection ECD indicators in rural and urban areas in Albania.

Figure 4: Selected health, nutrition, and protection ECD indicators in rural and urban areas in Albania



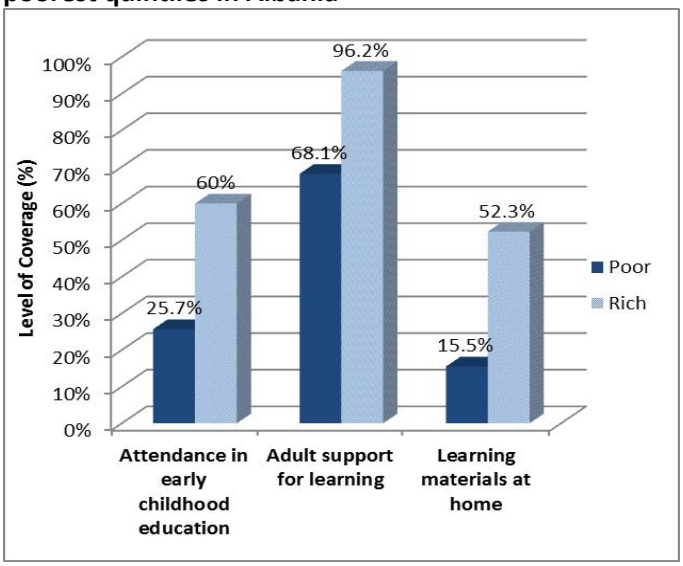
There is parity between rich and poor in access to some essential ECD services, but disparities exist in newborn birth weight. Birth registration among the richest and poorest Albanians is almost equal, as is access to a skilled attendant during labor. However, the number of poor children born with low birth weights is greater than the number of rich children born with low birth rates—suggesting that poor pregnant women are not receiving equal access to essential health and nutrition services. Figure 5 provides a snapshot of these selected health, nutrition, and social protection indicators for richest and poorest in Albania.

Figure 5: Selected health, nutrition, and protection ECD indicators for richest and poorest quintile in Albania



Wide disparities between rich and poor exist in the ECCE sector. Only roughly a quarter of poorest quintile of Albanian children attends preprimary school, while 60% of children from the richest quintile children do. The gap in prevalence of learning materials for children at home is even wider, with just 15.5% of Albanians from the poorest quintile providing learning materials at home, compared to 52.3% of the children in the wealthiest quintile. The gap in adult support learning is also substantial: 68.1% of Albanians in the poorest quintile supported learning, while 96.2% in the wealthiest quintile did. Figure 6 provides a snapshot of the disparity in early learning indicators between the richest and poorest quintiles in Albania.

Figure 6: Early learning indicators for the richest and poorest quintiles in Albania



[8] Engle et al, 2011; Naudeau et al., 2011

Policy Options to Implement ECD Widely in Albania

Scope of Programs

- **The GoA may consider implementing an integrated program to provide ECD services across all four sectors.** Such a move would help to provide comprehensive interventions to ECD-aged children based on individual need. The GoA may benefit from studying the Colombian example, where an ECD strategy called *De Cero a Siempre*, or "From Zero to Forever," was recently implemented. Box 5 describes the strategy in detail.

Coverage

- **The GoA may consider increasing outreach to pregnant women and women with young children to ensure essential health and nutrition services are utilized.** By increasing awareness among women of the importance of antenatal checkups and good nutrition during pregnancy, the GoA may be able to increase the number of times pregnant women see a doctor. Similarly, by reaching out to women with nutrition and health information, the GoA may be able to increase the percentage of children who receive oral rehydration for diarrhea and antibiotics for suspected pneumonia.
- **The GoA may consider increasing outreach efforts to target mothers to increase breastfeeding.** While the GoA has infant friendly programs in hospitals, raising awareness of the benefits of breastfeeding through enhanced outreach may increase the number of women who choose to exclusively breastfeed their newborns for the first six months.
- **The GoA could benefit by focusing coverage of healthcare services on children aged 0-3.** The GoA currently focuses its healthcare services for children on all children aged 0-18. By focusing on healthcare services by age, including a focus specifically on ECD-aged children, the GoA could improve essential health outcomes for young children.
- **The GoA should consider existing entry points and community outreach to encourage parents of ECD-aged children to enroll their children in preprimary school.** While Albania has implemented free preprimary schools for ECD-aged children, less than 40% of ECD-aged children are enrolled in preprimary school. Expanding a pilot program designed to provide cash transfers to parents to enroll their children in preprimary school may be a good option for the Government to consider to increase enrollment. Another idea is to offer community based grants for the establishment of new preprimary education programs through a community-driven development approach, targeting areas with poor or vulnerable children. To ensure young children receive adequate stimulation at home, health workers could be trained to talk to caretakers about the importance of early exposure to reading. At the same time, health service delivery points for young children could be used as opportunities to provide free books for families to take home. Finally, the GoA may consider a comprehensive media and information campaign targeting parents of young children, with key messages developed by a government entity appointed to coordinate ECD services across sectors.

Equity

- **The GoA may consider implementing nutrition programs for poor pregnant women to ensure normal birth weight of newborns.** Many of Albania's ECD services appear to be equitably delivered across socio-economic levels and across demographics, but nutrition outcomes suggest a significant disparity in the uptake of essential health and nutrition services.Poorer women give birth to low birth weight babies at a greater rate than rich women. Increasing coverage of micronutrient programs and supplemental feeding programs in poorer areas may reduce the disparity between rich and poor in the birth weight of newborns.

Box 5: Lessons from Colombia: *From Zero to Forever* strategy and scheme for comprehensive services

Summary: The Government of Colombia has recently developed the *De Cero a Siempre,* or "From Zero to Forever" strategy to promote comprehensive ECD system across relevant sectors. A major component of the new strategy is the *Ruta Integral de Atenciones,* or the "Scheme for Comprehensive Services," which is an established list of specific ECD services that should be delivered to all young children. This *Ruta Integral* provides an operational framework which spans from the prenatal period to 6 years of age and includes interventions related to the health, nutrition, socio-emotional development, cultural understanding, and protection of the child. Colombia's new ECD strategy emphasizes implementation at the local level; each municipality is expected to establish a municipal ECD committee. These municipal committees are responsible for coordinating interventions at the level of service delivery to ensure that children receive all essential services outlined in the *Ruta Integral.*

Key considerations for Albania:

- ✓ Because policy decisions and interventions in ECD span across multiple ministries in Albania, it is important to have a common plan of action, not only at the policy level, but at the service delivery and local level.

Policy Goal 3: Monitoring and Assuring Quality

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

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

Policy Lever 3.1: Data Availability

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

Data are collected in all ECD sectors. The GoA collects data on enrollment and usage of services in all four ECD sectors, but does not collect data on training of service providers and tracks child outcomes only in health and nutrition. Data are collected on enrollment in preprimary school at the sub-national level and include metrics on urban/rural, gender, ethnic minority status, and special needs. Data on health indicators are also collected at the subnational level and according to whether the child is urban or rural. Data are not collected for ECD-aged children in these categories in the nutrition sector or in the child and social protection sector.

Data are not collected to measure child development in several categories. There are no data collected on cognitive, linguistic, physical or socio-emotional levels of development among ECD-aged children. Similarly, individual children's development outcomes are not tracked. Table 11 provides a comprehensive list of the availability of data to monitor ECD in Albania and the institution responsible for gathering the data.

Table 11: Availability of data to monitor ECD in Albania

Indicators -- General	Source
Number of Children according to age groups	INSTAT (Inst. Of Statistics)
Indicators for Child and Social Protection	**Source**
Number of children in residential social institutions (age 0-6)	State Social Services (SSS)
Number of people with disabilities, by age	SSS
Number of children in foster care, by age	SSS
Number of children in adoption process, by age	Adoption Committee
Number of children adopted, by age	Adoption Committee
Number of children trafficked, by age	Ministry of Interior
Number of cases opened for children at risk at local level, by age	Children's Protection Unit
Number of children reporting violence, by age	State Police
Indicators for Health	**Source**
Maternal, infant, and child mortality 0-5 years old	MoH
Number of children born underweight	MoH
% of children breastfed (age groups)	Surveillance studies
% of children under 5 who are underweight	Surveillance studies
% of children under 5 who are overweight	Surveillance studies
Prevalence of iodine and salt deficiency among children and pregnant women	Surveillance studies
Immunization (% of children getting immunized)	Institute of Public Health, MoH
Antenatal care	MoH
Number of children attending wellchild visits	MoH
Number of children benefiting from public nutrition interventions	MoH
Number of women receiving prenatal nutrition interventions	MoH
ECD spending in health sector differentiated within health budget	MoH
Indicators for Education	**Source**
% of children 6-7 years old registered at school (NET enrollment rate)	INSTAT
Number of children in nursery/creche	Commune/ municipality
% of children 3-6 years old registered in kindergarten, compared to all children 0-3	INSTAT
ECCE enrollment rates by region	INSTAT
Special needs children enrolled in ECCE (number of)	MoES
Children enrolled in ECCE by sub-national region (number of)	MoES
Average per student-to-teacher ratio in public ECCE	MoES
ECCE spending in education sector differentiated within education budget	MoES

Source: Counsel of Ministers, Decision No. 267, 2012[9]

Policy Lever 3.2: Quality Standards

Emerging

Ensuring quality ECD service provision is essential. A focus on access – without a commensurate focus on ensuring quality – jeopardizes the very benefits that policymakers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children[10].

Mechanisms for ensuring quality preprimary education in Albania are critical. According to the OECD (2011), 15-year-old students in Albania who had attended some preprimary school scored only 18 points higher on the PISA reading assessment than those who did not. The effect of preprimary school on reading scores at age 15 is quite low compared to other countries. In Kyrgyzstan, for example, students who attended preprimary school scored an average of 47 points higher than those who did not; and in all OECD countries, the average advantage of preprimary was 33 points.

Standards for what children should learn exist, but there is no approved curriculum. In 2003, the Institute for Education Department established learning standards, called the Albanian Achievement Standards, for ECD-aged children that include physical health, approaches to learning, social and emotional development, cognitive and linguistic development, and motor skills development. The Institute is in the process of developing a new curriculum framework that will replace an existing one.

There is a high level of training required to become preprimary schoolteachers and there is regular in-service training. Preprimary schoolteachers must obtain a bachelor's degree and pass an annual exam. Failing the exam or receiving low scores for five years results in the teacher losing his or her license. Credits and qualifications must be continually upgraded and preprimary schoolteachers must complete in-service training. Caretakers at nurseries and crèches that serve children aged 0-3 must be nurses. However, there is no public authority in charge of pre-service fieldwork and fieldwork is not required.

Health workers are required to receive training in delivering ECD messaging. Doctors, midwives, and psychologists receive training in ECD messaging, including developmental milestones, childcare, parenting, and methods of early stimulation methods to enhance early child development. In addition to basic ECD messaging, health workers could be trained to also talk about preprimary education enrollment. This might be a multi-sectoral strategy to take advantage of an existing entry point, particularly in delivering basic messages to poor and rural families.

The child-to-teacher ratio is high and there is no standard for the minimum number of hours a preprimary school must remain open. Child-to-teacher ratios in Albania are high for small children, at 7:1 for nurseries. There is no official ratio for ECD-aged children, but an MoES directive allows for a ratio of between 10:1 and 25:1, depending on whether the children are urban or rural. Albanian law specifies the number of hours an ECD learning center must remain open for 18- to 36-month-olds only (from 6 a.m. to 7 pm), but does not specify the hours of operation for institutions service other ages other than to say that centers should offer full or half day services.

Infrastructure and construction standards for ECD facilities exist: guidelines for nurseries and healthcare facilities are issued by the MoH, and guidelines for preprimary schools are set forth by the MoES. MoH guidelines specify that nurseries, which provide for children aged 0-36 months, should be 25 square meters at both public and private institutions. The MoES requires preprimary schools to provide 20 to 25 square meters of space per classroom at both public and private preschools. Similarly, the MoH has established construction standards for hospitals and other healthcare facilities.

Some mechanisms exist to enforce requirements, but quality monitoring could be improved. Responsibility for identifying quality improvements to ECCE centers now rests with local authorities and the state construction inspectorate. The inspection process is in process of reform. The State Inspectorate of Education will be responsible for monitoring compliance with quality standards for preprimary. An inspectorate of health and inspectorate of construction also exist. New quality standards for construction of schools are under development and still need to be approved.

[9] Indicators described in Table 11 are those related to ECD; additional info/data on children (0-18) are included in the decision table of the Counsel of Ministers

[10] Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011V; Victoria et al, 2003

Policy Lever 3.3: Compliance with Standards

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

Compliance with infrastructure standards is unknown. No data are reported to track whether institutions meet construction standards. Local government units and regional education offices are responsible for monitoring compliance with standards. A new regulatory framework is under process of development and should better delineate monitoring roles.

A majority of preprimary schoolteachers comply with teacher qualifications requirements. Almost 60% of public preprimary schoolteachers and 78% of private preprimary schoolteachers hold a bachelor's degree as required by MoES standards.

Preprimary schools comply with child-to-teacher ratio guidelines set by the MoES and are open for at least 15 hours per week. Public and private preprimary schools appear to comply with child-to-teacher ratios, though private schools maintain a slightly better ratio than public schools—18.4:1 at public schools and 15.8:1 at private schools. Public preprimary schools operate an average of 30 hours per week; data are not available on hours of operation for private preprimary school; similarly, there is no data available on compliance with construction standards at public or private ECD centers.

Policy Options to Monitor and Assure ECD Quality in Albania

Data Availability:

- **Streamlining the system to collect timely ECD data.** The GoA may benefit from tracking the cognitive, linguistic, physical and socio-emotional development of preprimary school children. By tracking the individual development of children, the GoA would be able to ensure that a comprehensive network of ECD services benefited every child. The GoA may wish to review the Chile Crece Contigo program for direction in this lever of ECD policy. The CCC program created a Biopsychosocial Development Support Program that tracked individual children, making it possible for ECD service providers in all ECD sectors to access a child's record. Box 6 provides details of the CCC data collection strategy.

Quality Standards

- **The GoA could consider streamlining the quality inspection process to ensure collaboration between national and local governments as well as across the health and education sectors.** The MoES may wish to consider reinstating the department responsible for overseeing construction of preprimary schools to ensure that quality standards are maintained. The Ministry may also wish to move forward with approving a document outlining standards that is currently under development. By outlining a clear registration and accreditation process, the GoA can assure uniform quality standards of ECD centers across geographic locations in Albania.
- **The GoA may wish to consider requiring pre-service fieldwork for preprimary schoolteachers and appointing a public authority to oversee pre-service requirements.** The MoES may wish to apply pre-service practicums or fieldwork for preprimary schoolteachers similar to the requirements for teachers of 1st grade. While most preprimary schoolteachers in Albania are highly educated, adding this element to their curriculum may help to enhance the quality of ECD education.

Box 6: Lessons from Chile: The biopsychosocial development support program

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

Compliance with Standards

- **Implementing measures to ensure that preprimary schools are inspected and in compliance with building codes.** Regular inspection of preprimary schools for compliance with building codes is important. The Ministry may also wish to develop a mechanism to oversee private preprimary schools, for which compliance with infrastructure standards and hours of operation are currently unknown.
- **ECD service delivery would benefit if the GoA considered streamlining the inspection process for nurseries serving children age 0-3.** Studying the service delivery oversight mechanism established by the Government of Jamaica may be uesful. Jamaica streamlined inspection and registration under the authority of one body to ensure compliance with ECD standards. Box 7 describes in detail the Jamaican oversight mechanisms employed to ensure compliance with quality standards.

Box 7: Lessons from Jamaica: Ensuring quality in ECCE provision

Summary: The Early Childhood Commission (ECC) in Jamaica has the responsibility to ensure the integrated and coordinated delivery of early childhood services. The Commission has a range of legislated functions, one of which indicates direct responsibility to supervise and regulate early childhood institutions (ECI).

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

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

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

Key Lessons for Albania:

- ✓ Consider establishing legally binding requirements for ECCE service provision to guarantee that acceptable minimum standards are met.
- ✓ Consider assigning a special entity with a delineated role to monitor and regulate ECCE service providers. An improved quality monitoring system will ensure that best outcomes are achieved.

Comparing Official Policies with Outcomes

In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned. For instance, Albanian law encourages new mothers to breastfeed their infants for the first six months of life, but less than 40% of women exclusively breastfeed for 6 months. Similarly, Albania has a policy to provide iodized salt, but one-fourth of the population does not consume salt that has iodine added. Preprimary school is not mentioned in the country's education laws guaranteeing access to free education (those apply only to children aged 6-16) and fewer than 40% of ECD-aged children in Albania are enrolled in a public or private preprimary school. Table 12 compares ECD policies with ECD outcomes in Albania.

Table 12: Comparing ECD policies with outcomes in Albania

ECD Policies	Outcomes
Law complies with the International Code of Marketing of Breast Milk Substitutes →	Exclusive breastfeeding rate (> 6 mo.): **38.6%**
Albania has national policy to encourage the iodization of salt →	Household iodized salt consumption **75.6% %**
Preprimary school is not covered by Albania's education laws →	Preprimary school enrollment: **39.8 %**
Young children are required to receive a complete course of childhood immunizations →	Children with DPT (12-23 months): **99 %**
Policy mandates the registration of children at birth in Albania →	Completeness of birth registration: **98.6%**

Source: UNICEF, Country Statistics; Government of Albania,

Preliminary Benchmarking and International Comparison of ECD in Albania

On the following page, Table 13 presents the classification of ECD policy in Albania within each of the nine policy levers and three policy goals. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges.

Table 14 presents the status of ECD policy development in Albania alongside a selection of OECD countries. Albania's ECD system functions on par with these countries, performing better than some in a few policy levers. For instance, Albania's coverage of ECD programs and equitable distribution of ECD services score higher than countries of comparison. While policy levers covering data availability, quality standards, and compliance ranked as "emerging," they are on par with other countries listed. And while Albania's coordination of services across sectors was very low, at "latent," several other countries of comparison also ranked low in that category.

Table 13: Benchmarking Early Childhood Development Policy in Albania

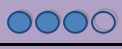
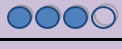
ECD Policy Goal	Level of Development	Policy Lever	Level of Development
Establishing an Enabling Environment		Legal Framework	
		Inter-sectoral Coordination	
		Finance	
Implementing Widely		Scope of Programs	
		Coverage	
		Equity	
Monitoring and Assuring Quality		Data Availability	
		Quality Standards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

Table 14: International Classification and Comparison of ECD Systems

ECD Policy Goal	Policy Lever	Level of Development				
		Albania	Armenia	Bulgaria	Kyrgyz Republic	Russian Federation
Establishing an Enabling Environment	Legal Framework					
	Coordination					
	Finance					
Implementing Widely	Scope of Programs					
	Coverage					
	Equity					
Monitoring and Assuring Quality	Data Availability					
	Quality Standards					
	Compliance with Standards					
Legend:	**Latent**	**Emerging**	**Established**	**Advanced**		

Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners to identify opportunities for further development of effective ECD systems. This Country Report presents a framework to compare Albania's ECD system with other countries in the region and internationally. Each of the nine policy levers are examined in detail and some policy options are identified to strengthen ECD are offered.

Table 15 summarizes the key policy options identified to inform policy dialogue and improve the provision of essential ECD services in Albania. For instance, to establish a stronger enabling environment, it is recommended that Albania consider establishing free preprimary school for children aged 3 to 5 and appointing a body to oversee intersectoral coordination among ECD sectors, among other policy suggestions. To implement ECD services more widely, Albania may consider integrating service delivery across sectors and increasing outreach to pregnant women. To better monitor quality of ECD services, the Government may wish to streamline data collection as well as the inspection process in place to ensure compliance with quality standards.

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

Policy Dimension	Policy Options and Recommendations
Establishing an Enabling Environment	• Establish free preprimary school for children aged 3 to 5 • Expand laws to promote essential health and nutrition services to women and young children • Develop a multi-sectoral strategy • Appoint an institutional anchor to coordinate ECD service delivery • Create a mechanism to coordinate the budget across ECD sectors • Establish and utilize specific criteria to determine the budget for all ECD sectors • Set up a mechanism to report ECD expenditures in all ECD sectors
Implementing Widely	• Implement an integrated program to delivery ECD services across sectors • Increase outreach to pregnant women and parents of young children to ensure that essential health and nutrition services are utilized • Increase outreach to pregnant women to encourage breastfeeding exclusively during the first 6 months of their newborn's life • Focus coverage of ECD services on children aged 0-3 • Scale up implementation of cash transfer programs designed to encourage parents to enroll their children in preprimary school • Implement programs or work with development agencies to implement programs designed to increase nutrition among poor pregnant women to close the gap in birth weight of newborns between rich and poor
Monitoring and Assuring Quality	• Implement a system to track linguistic, cognitive, physical, and other child development indicators • Streamline the collection of data to ensure data are collected in a timely manner • Establish a registration and accreditation process for public and private preprimary schools • Require pre-service fieldwork and appoint a government body to oversee pre-service compliance • Implement measures to ensure that public and private preprimary schools comply with building codes • Streamline the inspection process under one body mandated to ensure compliance with quality standards

Acknowledgements

This Country Report was prepared by the SABER-ECD team at the World Bank headquarters in Washington, DC. The report presents country data collected using the SABER-ECD policy and program data collection instruments and data from external sources. The report was prepared in consultation with the World Bank Human Development, Europe and Central Asia Europe team and the Government of Albania. For technical questions or comments about this report, please contact the SABER-ECD team (helpdeskecd@worldbank.org)

Acronyms

CCC	*Chile Crece Contigo* ("Chiles Grow With You")
CoM	Council of Ministers
ECC	Early Childhood Commission (Jamaica)
ECI	Early Childhood Institution (Jamaica)
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECE	Early Childhood Education (used interchangeably with *preprimary* or *preschool*)
GoA	Government of Albania
IPH	Institute of Public Health
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MoJ	Ministry of Justice
MoLSAEO	Ministry of Labor, Social Affairs and Equal Opportunities
MoWY	Ministry of Welfare and Youth
NCPCR	National Council for the Protection of Children's Rights
SABER	Systems Approach for Better Education Results
SAPCR	State Agency for the Protection of Children's Rights

References

SABER-ECD Policy Instrument, Albania 2014

SABER-ECD Program Instrument, Albania 2014

Britto, P., Yoshikawa, H., Boller, K. 2011. "Quality of Early Childhood Development Programs: Rationale for Investment, Conceptual Framework and Implications for Equity." *Social Policy Report,* 25 (2):1-31.

Engle, P. L., L. C. H. Fernald, H. Alderman, J. Behrman, C. O'Gara, A. Yousafzai, M. Cabral de Mello, M. Hidrobo, N. Ulkuer, and the Global Child Development Steer Group. "Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries." *The Lancet*, Early Online Publication, 23 September 2011. Doi:10.1016/S0140-6736(11) 60889-1.

Hanushek, E. (2003). "The Failure of Input-Based Schooling Policies." *The Economic Journal 113;* 64-98.

Hanushek, E. A. and D. D. Kimko. (2000). "Schooling, Labor-Force Quality, and the Growth of Nations." *The American Economic Review*, Vol. 90, No. 5, 1184-1208.

Naudeau, S, N. Kataoka, A. Valerio, M. J. Neuman, L. K. Elder. 2011. *Investing in Young Children: An Early Childhood Development Guide for Policy Dialogue and Project Preparation*. World Bank, Washington, DC.

Neuman, M. & Devercelli, A. 2013. "What Matters Most for Early Childhood Development: A Framework Paper." SABER, World Bank, Washington DC

Neuman, M. J. 2007. "Good Governance of Early Childhood Care and Education: Lessons from the *2007 Education for All Global Monitoring Report*." UNESCO Policy Briefs on Early Childhood. United Nations Educational, Scientific and Cultural Organization, New York.

OECD (Organisation for Economic Co-operation and Development). 2011. "Starting Strong III: A Quality Toolbox for Early Childhood Education and Care." OECD Publications, Paris.

UNESCO-OREALC. 2004. "Intersectoral Co-ordination in Early Childhood Policies and Programmes: A Synthesis of Experiences in Latin America." Regional Bureau of Education for Latin America and the Caribbean, United National Educational, Scientific and Cultural Organization.

Vargas-Barón, E. 2005. *"Planning Policies for Early Childhood Development: Guidelines for Action."*

Paris: UNESCO/ADEA/UNICEF (United Nations Educational, Scientific and Cultural Organization/ Association for the Development of Education in Africa/United Nations Children's Fund).

Victoria, B. H., L. Adair, C. Fall, P. C. Hallal, R. Martorell, L. Richter, and H. S. Sachdev 2008. "Maternal and Child Undernutrition: Consequences for Adult Health and Human Capital. " *The Lancet* 371 (9609): 340-57.

Appendix: SABER-ECD Policy Classification Rubric Findings

Policy Goal/Lever/Indicator	Level of Development/ Indicator Result
1. Establishing an Enabling Environment	**Emerging**
1.1 Legal Framework	**Established**
ai) Is there a policy that guarantees pregnant women free antenatal visits and skilled delivery?	**Both free antenatal visits and skilled delivery**
aii) Are standard health screenings provided for HIV and STDs for pregnant women?	**No**
bi) Are young children required to receive a complete course of childhood immunizations?	**Yes**
bii) Are young children required to have well-child visits?	**Yes, and on a regular basis**
ci) Do national laws comply with the International Code of Marketing of Breast Milk Substitutes?	**Many provisions law or law**
cii) Does a national policy to encourage salt iodization exist (or has it ever existed)?	**Mandatory**
ciii) Does a national policy to promote the fortification of cereals/staples with iron exist (or has it ever existed)?	**No**
di) Are parents/caregivers guaranteed paid parental leave following child birth?	**1 year with at least 50% pay**
dii) Are women guaranteed job protection and non-discrimination, breastfeeding breaks and breastfeeding facilities in accordance with the ILO Maternity Protection Convention?	**All guidelines are followed**
e. Does the education law mandate the provision of free preprimary education before primary school entry?	**No**
fi) Is there a policy mandating the registration of children at birth?	**Yes**
fii) Does the government promote the reduction of family violence?	**2-3 services**
fiii) Does the national judicial system provide the following specific protection interventions to young children: provision of training for judges, lawyers, law enforcement officers, and establishment of specialized courts and child advocacy body?	**3 to 4 select services provided**
gi) Is there a policy to provide orphans and vulnerable children with a range of ECD services?	**Policy exists and services provided within one sector**
gii) Are there laws in place to protect the rights of children with disabilities and promote their participation and access to ECD services, including healthcare and ECCE?	**Legal right to services in 2 to 3 sectors**
1.2 Intersectoral Coordination	**Latent**
a. Does the government have an explicitly-stated multi-sectoral ECD strategy?	**No multi-sectoral ECD strategy**
b. Has an institutional anchor been established to coordinate ECD across sectors?	**No**
ci) Are there any regular coordination meetings between the different implementing actors at the sub-national level?	**Regular coordination meetings attended by all actors**
cii) Is there any integrated service delivery manual/guideline (i.e. any sort of common plan of action)?	**No**
d. Is there a mechanism for collaboration between state and non-state stakeholders?	**There are consultation meetings involving non-state stakeholders**
1.3 Finance	**Emerging**
ai) To what extent does the budget use explicit criteria at the national or sub-national level to decide ECD spending?	**Criteria are used in 2 to 3 sectors**
aii) To what extent is determining the budget a coordinated effort across ministries?	**No coordination mechanisms**
aiii) Can the government accurately report public ECD expenditures?	**Expenditure on ECD are reported in 1 sector**
bi) What percentage of the annual education budget is allocated towards preprimary	**5% to 9%**

education?	
bii) What percentage of routine EPI vaccines is financed by government?	100%
ci) According to policy, what types of fees are levied for ECD services?	4 to 7 types of fees
cii) What is the level of out of pocket expenditures as a percentage of total health expenditures?	40% or more
di) Is the remuneration for preprimary teachers entering the field competitive?	75% but less than 100% of primary teacher salary
dii) Are community-based childcare center professionals paid by the government?	No
diii) Are extension health service professionals paid by the government?	No
2. Implementing Widely	Established
2.1 Scope of Programs	Established
a.Do essential health programs exist in the country to target all beneficiary groups?	4 essential health interventions
b.Do essential nutrition programs exist in the country to target all beneficiary groups?	4 essential nutrition interventions
c. Do essential education programs exist in the country to target all beneficiary groups?	2-3 education interventions
d.Do essential child and social protection programs exist in the country to target all beneficiary groups?	4 essential protection interventions
2.2 Coverage	Established
ai) What is the rate of births attended by skilled attendants?	90% and above
aii) What percentage of pregnant women benefits from at least four antenatal visits?	51% to 70%
aiii) What percentage of HIV+ pregnant women and HIV-exposed infants receive ARVs for PMTCT?	#N/A
bi) What percentage of children under five years of age with diarrhea receive oral rehydration and continued feeding?	41% to 84%
bii) What percentage of 1-year-old children is immunized against DPT?	91% and above
biii) What percentage of children below five years of age with suspected pneumonia receives antibiotics?	51% to 90%
biv) What percentage of children less than five years of age (in at-risk areas) sleeps under an ITN?	#N/A
ci) What is the Vitamin A supplementation coverage rate for children 6-59 months of age?	#N/A
cii) What percentage of children is exclusively breastfed below the age of six months?	21% to 40%
ciii) What percentage of the population consumes iodized salt?	51% to 89%
civ) What percentage of pregnant women have anemia?	10% to 39%
d. What is the gross enrollment rate in preprimary education?	35% to 59%
e. What is birth registration rate? (children below 5 years)	91% and above
2.3 Equity	Established
ai) What is the ratio of preprimary enrollment at the sub-national level for the regions with the highest and lowest enrollment?	#N/A
bi) Is there equitable access to preprimary school for boys and girls?	Equal to or less than 1.1
ci) Is there an inclusive education policy to cater to the needs of special needs children within regular ECCE services?	Yes
cii) Is curriculum or teaching materials translated into major language groups?	No
di) What is the ratio of birth registration comparing richest to poorest?	1
dii) What is the ratio of skilled attendants at birth comparing richest to poorest?	1
diii) What is the underweight prevalence in children comparing richest to poorest?	Greater than 2 less than 0.7
ei) What is the ratio of birth registration for urban regions to rural regions?	1
eii) What is the ratio of urban to rural access to improved sanitation facilities?	1
3. Monitoring and Assuring Quality	Emerging
3.1 Data Availability	Emerging
ai) To what extent are administrative data collected on access to ECD?	7 or more indicators are collected and available
aii) To what extent are survey data collected on access to ECD and outcomes ?	7 or more indicators are collected and available
b. Are data available to differentiate ECCE access and outcomes for special groups (gender, mother tongue, rural / urban, socio-economic status, special needs)?	Data differentiate access and outcomes for 3 to 4 special

	groups
c. Are data collected to measure child development (cognitive, linguistic, physical, and socio-emotional)?	No
d. Are individual children's development outcomes tracked?	No
3.2 Quality Standards	Emerging
ai) Do standards for what students should know and learn exist?	Yes
aii) Is there one or more preprimary curricula that have been approved or are available for teachers to use?	No
aiii) Is the preprimary curriculum coherent and continuous with the curriculum for primary education?	No
bi) What are the entry requirements to become a preprimary teacher?	Formal tertiary training with specialization in ECD
bii) Is there regular in-service training for ECCE professionals to develop pedagogical and teaching skills?	Yes
biii) Is there a public authority in charge of regulating pre-service training for ECCE professionals?	No
biv) Is some form of pre-service practicum or fieldwork required?	No
c. Are health workers required to receive training in delivering ECD messages (developmental milestones, childcare, parenting, early stimulation, etc.)?	2-3 types of health worker
di) What is the required child-to-teacher ratio?	More than 15:1
dii) What is the required minimum number of hours of preprimary education per week?	No standard
diii) Do infrastructure standards exist?	Yes and includes all elements of infrastructure standards
e. Are there established registration and accreditation procedures for both state and non-state ECCE facilities?	No
fi) Do construction standards exist for all health facilities?	For hospitals, health centers and health posts
3.3 Compliance with Standards	Emerging
a.Do ECCE professionals comply with established pre-service training standards/professional qualifications?	Between 51% and 85% compliance
bi) Do average child-to-teacher ratios comply with established standard?	Compliance with established standard of more than 15:1 ratio
bii) Do preprimary schools comply with the established minimum number of opening hours of preprimary education per week?	Compliance with established standard of 15 hours or more
biii) What percentage of preprimary facilities comply with infrastructure standards?	Less than 60%
ci) Do average child-to-teacher ratios comply with established standard?	Compliance with established standard of 15:1
cii) Do preprimary schools comply with the established minimum number of opening hours of preprimary education per week?	No compliance or unknown
ciii) What percentage of preprimary facilities comply with infrastructure standards?	No compliance or unknown

.

www.worldbank.org/education/saber

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

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

THE WORLD BANK