# Financing Investments in Young Children Globally: Summary of a Joint Workshop by the Institute of Medicine, National Research Council, and The Centre for Early Childhood Education and Development, Ambedkar University, Delhi

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Deepali M. Patel and Charlee M. Alexander, Rapporteurs; Forum on Investing in Young Children Globally; Board on Children, Youth, and Families; Board on Global Health; Institute of Medicine; National Research Council

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Forum on Investing in Young Children Globally

Board on Children, Youth, and Families

Board on Global Health

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**VENITA KAUL,** Director, School of Education Studies and Director, Center for Early Childhood Education and Development, Ambedkar University, Delhi

**JOAN LOMBARDI,** Senior Advisor, Bernard van Leer Foundation

**CHLOE O'GARA,**[2] Independent Consultant

**LORRAINE SHERR,** Professor of Clinical and Health Psychology, University College, London

**QUENTIN WODON,** Adviser, Human Development Network, World Bank

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[2] Forum member until December 1, 2014.
[3] Forum member since November 25, 2014.
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**ALAN PENCE,** UNESCO Chair, Early Childhood, Education, Care and Development, and Professor, School of Child and Youth Care, University of Victoria

[5] Forum member until July 30, 2014.
[6] Forum member since January 9, 2015.
[7] Forum member until January 10, 2015.
[8] Forum member since December 10, 2014.

**RUTH PEROU,** Acting CDC Mental Health Coordinator, Program Performance and Evaluation Office, U.S. Centers for Disease Control and Prevention
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**LINDA ULQINI,**[10] Senior Program Officer, Aga Khan Foundation
**SUSAN WALKER,** Professor of Nutrition and Director, Tropical Medicine Research Institute, Epidemiology Research Unit, University of the West Indies
**SARA WATSON,**[11] National Director, ReadyNation, Council for a Strong America
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**HIROKAZU YOSHIKAWA,** Courtney Sale Ross University Professor of Globalization and Education, New York University

*Forum Staff*

**KIMBER BOGARD,** Project Director and Director, Board on Children, Youth, and Families
**SARAH TRACEY,** Research Associate
**CHARLEE ALEXANDER,** Research Assistant
**AMANDA PASCAVIS,** Senior Program Assistant
**PAMELLA ATAYI,** Administrative Assistant

[9] Forum member until December 21, 2014.
[10] Forum member until November 4, 2014.
[11] Forum member since December 5, 2014.

**FAYE HILLMAN,** Financial Associate
**PATRICK KELLEY,** Director, Board on Global Health

*Consultant*

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# Reviewers

This workshop summary has been reviewed in draft form by individuals chosen for their diverse perspectives and technical expertise, in accordance with procedures approved by the National Research Council's Report Review Committee. The purpose of this independent review is to provide candid and critical comments that will assist the institution in making its published workshop summary as sound as possible and to ensure that the workshop summary meets institutional standards for objectivity, evidence, and responsiveness to the study charge. The review comments and draft manuscript remain confidential to protect the integrity of the process. We wish to thank the following individuals for their review of this workshop summary:

**AMINA ABUBAKAR ALI,** Kenya Medical Research Institute/ Wellcome Trust Research Program
**RAQUEL BERNAL,** Universidad de los Andes
**PETER McDERMOTT,** Children's Investment Fund Foundation
**HIROKAZU YOSHIKAWA,** New York University

Although the reviewers listed above have provided many constructive comments and suggestions, they did not see the final draft of the workshop summary before its release. The review of this workshop summary was overseen by **Herminia Palacio,** Senior Program Officer, Robert Wood Johnson Foundation. Appointed by the Institute of Medicine, she was responsible for making certain that an independent examination of this workshop summary was carried out in accordance with institutional procedures and that all review comments were carefully considered. Responsibility for the final content of this workshop summary rests entirely with the rapporteurs and the institution.

# Acknowledgments

The planning committee and project staff deeply appreciate the many valuable contributions from individuals who assisted us with this project. First, we offer our profound thanks to all of the presenters and discussants at the workshop, who gave so generously of their time and expertise. These individuals are listed in full in the workshop agenda in Appendix B. We are also grateful to the many participants who attended the workshop both in person and via the live webcast. The engagement of all those in attendance was robust and vital to the success of the event.

In addition, the forum wishes to recognize the sponsors that supported this activity. Financial support for this project was provided by the Accordia Global Health Foundation; the Aga Khan Foundation; Autism Speaks; the Bernard van Leer Foundation; The Bill & Melinda Gates Foundation; the Fraser Mustard Institute for Human Development; Grand Challenges Canada; the William and Flora Hewlett Foundation; the Inter-American Development Bank; the Jacobs Foundation; the National Institutes of Health Fogarty International Center, National Institute of Child Health and Human Development, and National Institute of Mental Health; Nestlé Nutrition Institute; Office of the Assistant Secretary for Planning and Evaluation; the Open Society Institute–Budapest Foundation; ReadyNation; the Society for Research in Child Development; UNICEF; U.S. Agency for International Development; U.S. Centers for Disease Control and Prevention; U.S. Department of State; the Maria Cecilia Souto Vidigal Foundation; and the World Bank.

## A NOTE ABOUT THE COVER ART

The Forum on Investing in Young Children Globally is committed to confronting the challenges and harnessing the opportunities surrounding the global nature of integrating the science of health, education, nutrition, and social protection. One of the ways the forum has committed itself to being global in scope is through the workshops that occur in different regions throughout the world. The cover design is intended to embrace the diversity in place, culture, challenges, and opportunities associated with forum activities at each of the workshops, but this global trajectory is done keeping in mind the momentum that comes in connecting these diverse locales to one another through the work of the forum. The bright orange dot represents the location of the workshop this report summarizes, and the lighter orange dots represent workshop locations across the first 3 years of the forum. The dotted orange line suggests that the forum will link what was gleaned from the convening activities from this workshop to the next. We would like to thank Jocelyn Widmer for her contributions to the cover design.

# Contents

# 1

# Introduction[1]

## FORUM ON INVESTING IN YOUNG CHILDREN GLOBALLY OVERVIEW

In January 2014, the Board on Children, Youth, and Families of the Institute of Medicine (IOM) and the National Research Council (NRC), in collaboration with the IOM Board on Global Health, launched the Forum on Investing in Young Children Globally. At this meeting, the participants agreed to focus on creating and sustaining, over 3 years, an evidence-driven community of stakeholders that aims to explore existing, new, and innovative science and research from around the world and translate this evidence into sound and strategic investments in policies and practices that will make a difference in the lives of children and their caregivers. Forum activities will highlight the science and economics of integrated investments in young children living in low-resourced regions of the world across the areas of health, nutrition, education, and social protection. As a result, the forum will explore a holistic view of children and caregivers by integrating analyses and disciplines that span from neurons to neighborhoods and discuss the science from the microbiome to culture.

[1] The planning committee's role was limited to planning the workshop. The workshop summary has been prepared by the rapporteurs (with the assistance of Kimber Bogard) as a factual account of what occurred at the workshop. Statements, recommendations, and opinions expressed are those of individual presenters and participants and are not necessarily endorsed or verified by the Institute of Medicine. They should not be construed as reflecting any group consensus.

Moreover, the forum will support an integrative vision to strengthen human capital. This work will be done through the forum and will engage in a series of stakeholder consultative sessions or public workshops, each focusing on specific aspects of science integration, bridging equity gaps, and implementing and scaling evidence-informed efforts.

A set of forum goals includes supporting the development of integrated science on children's health, nutrition, education, and social protection and working with policy makers, practitioners, and researchers to raise awareness of integrated approaches to improve the lives of children and their caregivers. Forum objectives to meet these goals are as follows:

1. To shape a global vision of healthy child development across cultures and contexts, extending from preconception through at least age eight, and across currently siloed areas of health, nutrition, education, and social protection.
2. To identify opportunities for intersectoral coordination among researchers, policy makers, implementers, practitioners, and advocates to improve quality practices in public and private settings and bring these practices to scale, in the context of the economics of strategic, integrated investing in young children.
3. To inform ongoing conversations and activities of groups working on issues related to young children globally, such as the sustainable development goals and indicators being developed.
4. To identify current models of program and policy financing across health, education, nutrition, and social protection within the framework of reproductive, maternal, newborn, and child health that aim to improve children's developmental potential. This information could be used to illuminate opportunities for new financing structures and forms of investments that may be more effective in improving child outcomes and potentially drive economic development.

## WORKSHOP FRAMING[2]

On August 26–27, 2014, the Forum on Investing in Young Children Globally hosted its second workshop in New Delhi, India. The forum's first workshop, titled "The Cost of Inaction," was held in Washington, DC, in April 2014 and focused on the science of promoting optimal development through investing in young children and the potential eco-

[2] This section summarizes information presented by Ann Masten, University of Minnesota; Chandan Mukherjee and Venita Kaul, Ambedkar University, Delhi; and Pia Rebello Britto, UNICEF.

nomic consequences of inaction. This second workshop, on financing investments for young children, built on the first workshop and brought together stakeholders from such disciplines as social protection, nutrition, education, health, finance, economics, and law and included practitioners, advocates, researchers, and policy makers. A complete statement of task of this workshop is shown in Box 1-1.

Forum co-chair Ann Masten of the University of Minnesota opened the workshop with a description of the forum and noted that the science of early childhood has made many advances in recent years. Researchers and practitioners in the field now want to "raise the bar" and promote programs and policies that allow children not only to survive but to thrive. Stakeholders in the field of early childhood development now recognize that early childhood experiences are deeply linked to the health and well-being of both people and societies and the development of human capital. Thus, Masten asserted, there is now a desire to make strategic investments to reduce childhood adversity and promote healthy development. The vice chancellor of Ambedkar University, Chandan Mukherjee, echoed Masten's views and highlighted the importance of the workshop in his welcome address by noting that investment in early childhood is

**BOX 1-1**
**Workshop Statement of Task**

The Forum on Investing in Young Children Globally (iYCG) of the U.S. National Academy of Sciences, in partnership with the Center for Early Childhood Education and Development, Ambedkar University, Delhi, will conduct an interactive public workshop featuring presentations and discussions that identify some of the current issues in financing investments across health, education, nutrition, and social protection that aim to improve children's developmental potential. Speakers will explore issues across three broad domains of financing: (1) costs of programs for young children; (2) sources of funding, including public and private investments; and (3) allocation of these investments, including cash transfers, microcredit programs, block grants, and government restructuring. Some models of current financing structures will be presented in order to illuminate potential opportunities for new financing structures targeted toward improving child outcomes.

A set of research presentations will highlight the links among sources of funding, types of funding mechanisms, and the pathways through which they operate with respect to maternal and child health, education, and social protection outcomes. Existing and emerging research will address the following thematic areas: (1) how to incorporate the issues of access and quality into costing models of early childhood programs, and (2) the impact of alternative models of financing (such as public–private partnerships) on child outcomes.

crucial to ensuring the development of future citizens. This theme was supported by several other participants who suggested that such investments required an exploration of and attention to creating sustainable mechanisms of finance.

Following Masten's remarks, Venita Kaul and Pia Rebello Britto expounded on the workshop's aims. Kaul, whose Center for Early Childhood Education and Development, Ambedkar University, Delhi, cohosted the workshop, noted that appropriate financing is necessary to enhance the development of youth. She said that financing creates an enabling environment for universal early childhood development with the establishment of laws, policies, and institutional capacity. In addition, Kaul emphasized the importance of examining not just the means of financing but also the target of financing and looking at how financing flows from donors to recipients. She closed by noting three domains discussed at the workshop: costs of programs, sources of funding, and allocation of investments.

Britto discussed the presence of a funding gap in early childhood development. Although this gap has existed for some time, Britto argued that now is the time to close it because the science of early childhood development has come of age; it has successfully moved past proof of concept with a new goal of scaling up. She pointed out that there is a considerable amount of knowledge on the design and implementation of successful programs and on measurement of child outcomes. She said that these programs and measurement tools should now be scaled up and applied across the globe, a process that would require significant financing at various levels. To accomplish this goal, she stressed the need to continue to find ways to move the conversation beyond silos and across disciplines. For her, finding a common vocabulary among researchers, practitioners, and investors is key to increasing investment. In particular, whereas health and well-being outcomes have been well delineated in the scientific literature, there is little understanding of how these outcomes translate to financial and economic domains. To bridge the divide, Britto stated, those in the early childhood development field need to learn both the language of investment and the means of communicating their own research to those from other sectors.

## WORKSHOP OVERVIEW

Several foci of discussion were raised during the workshop. A few participants brought up the role of the various sources of funding that might be available for early childhood development. Some speakers noted that although the public sector is the largest source, it is not always the most responsive. Other speakers suggested that the private sector can be more innovative than the public sector but not always more sustainable. Various models of integration of funding, partnerships, and coordination were presented, all of which contain their own unique challenges and opportunities.

The challenge of ensuring that funding reaches its intended recipients was also explored. In some circumstances, this challenge differed by source of funding; in others, the type of programming, requirements for reporting, and means of monitoring and evaluation complicated the flow of funding. Participants shared their diverse experiences with this issue and commented on solutions and additional obstacles raised. Another challenge raised by a few speakers was demonstrating value for investment. They mentioned that much is known about what is needed in early childhood development and how to implement it, but noted that additional work is needed to demonstrate that programs not only provide value, but that refusing to act creates negative consequences, including financial ones.

Speakers also discussed issues of financing the expansion of services versus the quality of services. Some speakers cautioned against an either/or approach, while others said that quality was not something that could be addressed merely by increasing funding. In addition, a couple of speakers noted that while the goal might be to increase financing of early childhood development programs and services overall, access to the services and the quality of those services were gaps that needed further attention.

## ORGANIZATION OF THE WORKSHOP SUMMARY REPORT

This summary report details presentations given during the public workshop. Each section corresponds to a presentation from an individual speaker or moderator, and on three occasions summarizes discussions held during one of three concurrent breakout sessions. These sessions are then grouped into thematic chapters.

# 2

# The Case for Financing Investments in Young Children

Speakers reflected on the big picture of financing early childhood development. They described the various elements of the financing puzzle, including donors and recipients, contextual factors such as demographics and the political climate, and assessments of value. They highlighted challenges and opportunities; gaps in policy making, program development, and financing; and mechanisms for utilizing funds in efficient and valuable ways.

## REFLECTING ON FINANCING FOR EARLY CHILD DEVELOPMENT[1]

Joan Lombardi of the Bernard van Leer Foundation opened her talk by stating that financing could be considered in three parts: sources of financing, allocation of funding, and cost. She noted that there has been more discussion on costing than on sources and allocation. For example, stakeholders need to know more about public funding mechanisms, the structure of public–private partnerships, and the delivery mechanisms, including the roles of various levels of government and the ways to make funding support both quality and efficiency. In addition, improving investments in child development programming requires a harmoniza-

[1] This section summarizes information presented by Joan Lombardi, Bernard van Leer Foundation.

tion of funding streams. Regarding allocation, she pointed out that as this field is multisectoral, the challenges in allocation are also multisectoral.

Lombardi noted that now is the time to bridge previous dichotomies in early child development—focusing on surviving as well as thriving. Funding is no longer just public or private, but can be a mix of the two. For her, child care is not just a support to families but a child development environment. Issues from education to health to social protection need to be approached from a cross-sectoral approach. Finally, she stated that children develop over time, not just in one stage or age, so promoting child development must be seen as a continuum from prenatal through the early primary years.

## BUILDING AN INVESTMENT PORTFOLIO FOR EARLY CHILDHOOD[2]

Pia Rebello Britto, UNICEF, stated that investment is about "transferring today's purchasing power to the future with an expectation of positive returns." Early childhood development is similar—it provides the foundation for human and social development with economic and social gains. In exploring the need to expand investment in the field, Britto and her colleague, Lorraine Sherr of University College, London, proposed a model for analyzing the process of investment, with four guiding questions (see Figure 2-1):

1. What is investment in early childhood development?
2. Who are the investors?
3. Why do they or do they not invest?
4. What are the investment tools?

### Investment in Early Childhood Development

According to the presentation by Britto and Sherr, investment is a commitment, one made with the expectation of profitable returns, and this commitment involves making choices about a set of assets that form an investment portfolio. The first consideration in creating a portfolio, they said, is fair allocation. Investments should be fairly allocated, distributed, and sustained. Second, there should be a timeline for the payoff. For some outcomes, that timeline is long, but for others, it can be short. Britto proposed that immediate and visible returns are more attractive to investors, as they feed into the short-term funding and result cycles, but

[2] This section summarizes information presented by Pia Rebello Britto, UNICEF, and Lorraine Sherr, University College, London.

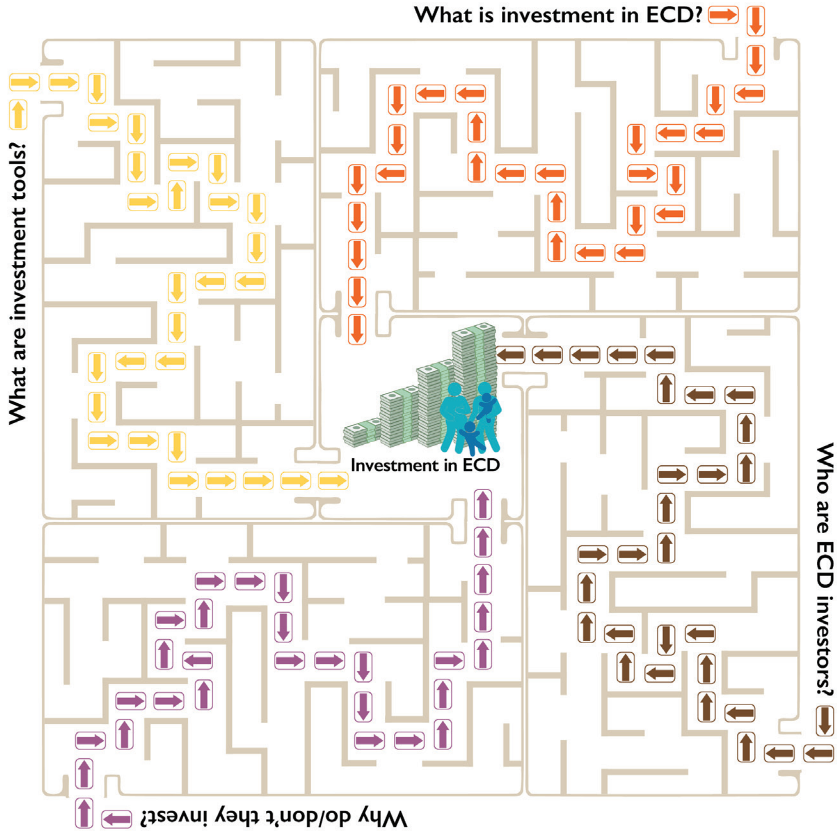


**FIGURE 2-1** Understanding investors in early childhood development.
NOTES: Image by Adrian Cerezo. ECD = early childhood development.
SOURCE: Britto and Sherr, 2014.

long-term payoffs are difficult to secure funding for. Third, the assessment of risk is complicated in terms of assessing not only profitability but also risks related to social factors, politics, population demographics, religion, culture, and legal frameworks. Because child development initiatives are multisectoral, limited costing information is available, making it difficult to calculate risk.

### Early Childhood Development Investors

Britto categorized three types of investors:

1. public sector, including governments and large national sources;
2. private sector, including corporate social responsibility and financing for social impact; and
3. civil society, including fee-for-service, charitable giving, and development agencies.

However, she clarified that these are not necessarily discrete categories when it comes to funding, as a number of public–private mechanisms are growing, and investors are starting to coordinate their approaches. Learning how and why these different actors come together could help increase investment in this area.

### To Invest or Not to Invest

In examining the literature on why organizations or governments invest or do not invest, Britto and Sherr's analysis concluded that it comes down to the perceived value of both the issue and the possible gains obtained from investment. This perception, in turn, determines willingness to pay. A huge consideration for stakeholders is the opportunity cost of funding early childhood programs—if these programs are funded, what does not get funded in exchange? Britto and Sherr's presentation found that for investors with children as a priority, assessing returns is easy. For those with other priorities, such as economic growth, however, the value proposition is more difficult to determine because outcomes are more long term and externalities cloud the assessment. In addition, they said investment is essentially distilled to an equation of benefits exceeding costs. This means that a clear understanding of costs is necessary, but calculating those costs can be difficult because of the multisectoral nature of early childhood development. Speakers added that it is not just the cost of the intervention that matters, but the cost of quality. How to measure this quality can be difficult, particularly when some elements of quality, such as parent–child interaction, are not readily monetized. Britto and Sherr said that competing priorities often take money away from early childhood initiatives. Finally, families are not well informed about the benefits or positive externalities of early childhood development. The market has failed to educate caregivers about the need for investing in young children, thus reducing demand for programs and policies.

### Investment Tools

Investing in early childhood is about more than making and losing money, Britto and Sherr asserted. It is about creating change. Social investment tools can make a difference in this area as they move beyond an expectation of return toward achieving impact and sustainability. One of these tools, microfinance, has proved successful for small businesses and households in achieving poverty reduction and financial inclusion. Another tool, social impact bonds, allows partnerships between the private sector and government. Social impact bonds are a useful financing mechanism because governments pay for programs—administered by innovative private companies—on the basis of their performance. Programs receive funds only if they have reached previously defined targets and outcomes. This arrangement can result in a cost savings for the public sector.

Through this exploration of the literature, Britto and Sherr noted that investment in early childhood as a statement of values is not a priority for public, private, or civil society investment. This is partly because child development stakeholders have not fully made a compelling case for the value of this investment. The presenters concluded that although much progress has been made, additional work is necessary to raise the profile of investing in children.

## BUILDING A FRAMEWORK WITH THE SUSTAINABLE DEVELOPMENT GOALS[3]

Jan van Ravens, a consultant affiliated with the Yale School of Medicine, spoke about the global community's commitment to promoting the health and development of children. He stated that as the Millennium Development Goals (MDGs) reach their deadline, the post-2015 agenda has moved toward the creation of a series of more long-term Sustainable Development Goals (SDGs). The last draft SDG is "Strengthen the means of implementation and revitalize the global partnership for sustainable development." Van Ravens pointed out that among the themes listed under this SDG, the first is finance, with five subgoals[4]:

1. strengthen domestic resource mobilization, including through international support to developing countries to improve domestic capacity for tax and other revenue collection;

[3] This section summarizes information presented by Jan van Ravens, a consultant affiliated with the Yale School of Medicine.

[4] See http://sustainabledevelopment.un.org/focussdgs.html (accessed September 4, 2014).

2. developed countries to fully implement their Official Development Assistance (ODA),[5] including to provide 0.7 percent of Gross National Income (GNI) in ODA to developing countries of which 0.15–0.20 percent to least-developed countries;
3. mobilize additional financial resources for developing countries from multiple sources;
4. assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief, and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries (HIPCs) to reduce debt distress; and
5. adopt and implement investment promotion regimes for less-developed countries (LDCs).

Through these five subgoals, van Ravens proposed a framework of the three elements highlighted therein: domestic funding, foreign aid, and alternative resources. He started with domestic resources, such as tax revenue, which come from numerous sources and are channeled through the treasury. From there, he indicated, funds are allocated and dispersed across all government sectors, including the sectors related to early childhood development, such as social services, health, and education. To allocate a greater proportion of government funding for early childhood programing, van Ravens argued, either other sectors will lose funding or tax levels will have to increase, neither of which are popular approaches. More promising, he notes, is economic growth, which tends to be higher in low-income countries than in high-income countries (see Figure 2-2). With economic growth, tax levels can remain the same, but tax revenue will increase.

Van Ravens pointed out that countries can increase efficiency in government spending by reducing leakage and combating tax evasion. According to him, in many instances, public funds are available for early childhood development, but they do not reach children. In a costing exercise for one country, he calculated the amount needed to universalize essential services across health, education, and social protection and found the country was already spending that amount. Funds did not

[5] ODA is defined by the Organisation for Economic Co-operation and Development (OECD) as "flows to countries and territories on the Development Assistance Committee List of ODA Recipients and to multilateral institutions" that are provided by official agencies and administered to promote economic development and welfare of developing countries and that are "concessional in character, and convey a grant element of at least 25 percent." For more information on ODA, see http://www.oecd.org/dac/stats/34086975.pdf (accessed September 30, 2014).

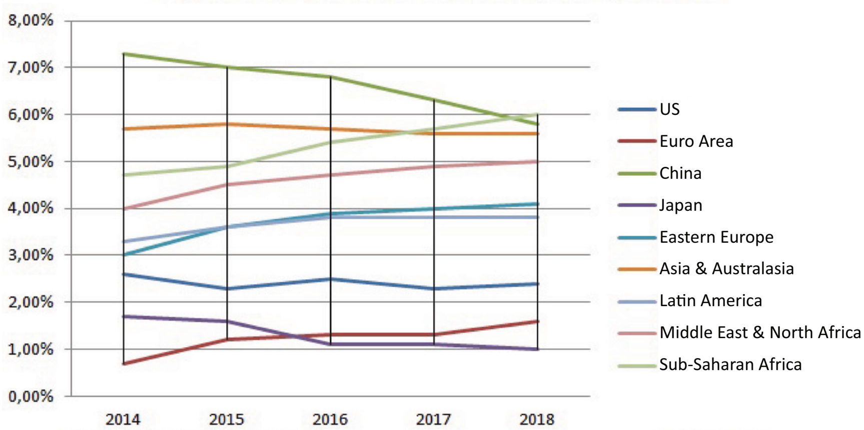


**FIGURE 2-2** Global gross domestic product growth projections.
SOURCE: Van Ravens, 2014. Data reused by permission of the Economist Intelligence Unit.

reach children due to inefficient spending, leakages in the system, and poor governance.

Finally, van Ravens suggested that countries can promote private provision for some segments of the population, while reserving public money for the services to the poorest, as long as systematic coherence is maintained. He championed public–private partnerships, but cautioned against relying too heavily on private funds. For him, relying on private funding threatens the longevity of early childhood development programs and removes the burden of service provision from governments, who are ultimately responsible to their citizens.

In terms of foreign assistance, a demographic shift in many countries indicates that there are more working-age people supporting the population. This has implications for focusing ODA in pretransition countries with high fertility. And in terms of alternative sources, van Ravens differentiated between sources and mechanisms; some programs are financed via domestic funding but funneled through outside mechanisms. To conclude his remarks, van Ravens reiterated that while foreign and alternative sources of funding are important, most crucial is funding from sustainable, domestic public sources, particularly promising in countries with lower fertility and higher growth.

# 3

# Financing for Outcomes and Equity

As the early childhood development community continues to learn more about what works to promote growth and development, speakers noted a need to finance successful programs beyond the pilot or subnational stage to the national or regional level. Both globally and nationally, there is recognition at the country level of the importance of early childhood development, but gaps still exist in financing these programs. Speakers discussed financing programs to reach marginalized populations, to reduce disparities among recipients, and to support child rights.

## KEYNOTE: WHAT IT MEANS TO FINANCE INVESTMENTS IN YOUNG CHILDREN[1]

Sumit Bose, former finance secretary and member of the Expenditure Management Commission of the government of India, presented the keynote address, speaking about lessons learned from India's commitment to financing investments for its sizable population of children under age 8. India is home to the largest number of children in the world; nearly one in five children between birth to 18 years lives in the country. While this has spurred the government to invest in education, care, and health, many children continue to fall through the cracks each year, for both financial and nonfinancial reasons. Bose framed his remarks by describing a feder-

[1] This section summarizes information presented by Sumit Bose, former finance secretary and member of the Expenditure Management Commission of the Government of India.

alist system of governance in India, in which both the central government and state and local governments are assigned specific functions, which include both policy and regulatory duties. Taxation mostly lies within the realm of the central government, and every 5 years a finance commission is convened to determine how to allocate tax revenue among government levels.

### Financing Education

Bose stated that in the realm of elementary education, for example, financing is shared between the central government and the states, with the states obligated to provide free and compulsory education up to age 14, per a court ruling that education is a fundamental right. This commitment began in the 1990s, with funding from external donors such as the World Bank, and it was formalized in a program for universal education in 2001 as determined by a constitutional amendment, according to Bose. In 2009, the Right to Education law was passed, providing free and compulsory education for children and including provisions for resources in the form of teachers, classrooms, and schools. It also reserved 25 percent of private school admissions for disadvantaged groups, reimbursed at a level equal to per-child expenditure at equivalent government schools. Bose stated that in the past decade, funding for universal education has increased both at the central government and state government level, with state governments now taking on up to 35 percent of expenses. He described this program as a successful undertaking made possible by a commitment to financing: in 2004, to fund primary education, the government levied a central tax at the rate of 2 percent. Similar measures have been duplicated at the state and municipal level. Bose pointed out that in the state of Madhya Pradesh, for example, the Indore municipality levied a surcharge of 20 percent on property taxes to fund school infrastructure.

Bose noted the success of this financing scheme, including the ability to raise both the relative level of funding (as a percentage in relation to an increase in the federal budget) and absolute level of funding (the overall number of dollars), but cautioned that increasing levels of central government and external donor expenditure could result in "substitution funding." For Bose, there is a danger in the federal government providing funds to state governments without the state governments maintaining their level of funding. However, Bose said, this problem was addressed in the latest Finance Commission's report, which mandated a minimum growth rate of 8 percent in state budgets for elementary education in order to receive central government funds. He also noted that additional means of funding school education, through private individuals and institutions, are encouraged via various tax exemptions.

### Financing Nutrition in Education and Care Settings

Bose stated that in 1995, India launched a midday meal program in primary schools in parts of the country. As they did for education, civil society organizations organized to promote the concept of a right to food, which resulted in a series of Supreme Court decisions in 2001, 2004, and 2006 that first recognized that right, and also called for the universal provision of the midday meal program as well as the expansion of the Integrated Child Development Service (ICDS) for children under age 6. Bose noted that following the 2006 decision, central government funding for the midday meal skyrocketed from 6 billion rupees to 132 billion rupees to cover the expansion of services, with states providing an additional 25 percent of funding.

Bose went on to describe the ICDS, which provides supplementary nutrition, preschool education, health and nutrition services for children and mothers, immunizations, primary health care, and referral services. The ICDS, initiated in 1975 and expanded through later provision, is the largest early child development program in the world, reaching more than 80 million children and 20 million mothers. Services are provided through Anganwadi centers, of which there are more than 1 million. Anganwadi centers are located in communities and are the main interface for women and their children. Through the 2013 National Food Security Bill, the Anganwadi centers are authorized to provide free meals for women, children, and adolescent girls, and cash transfers as part of maternity benefits (see Box 3-1 for additional information on Anganwadi centers). Bose stated that the current budget for the ICDS is 18 billion rupees.

### Linking Financing to Outcomes

Bose also discussed the limitations to financing large-scale child development schemes. In particular, ensuring that funding reaches the appropriate recipients is dependent on robust and transparent institutions and governance structures. Sometimes, because of the pressure to create short-term solutions, there is a failure to develop sustainable institutions. At the same time, redundancies develop, as now in India. He said there is a need to merge such institutions to ensure transparency.

These limitations can be barriers to achieving the ultimate goal of financing social welfare schemes that lead to positive outcomes in child development. Despite various attempts at ensuring the efficiency of funding, Bose stated that sometimes expenditures do not convert into outcomes, and "those who control the purse strings" must be shown that these expenditures produce the desired results. In situations where this is not true, Bose argued that stakeholders need to be ready to respond with corrective action in both how the money flows and how the pro-

**BOX 3-1**
**Anganwadi Centers[a]**

Anganwadi centers were established in 1975 as part of the Integrated Child Development Services scheme with the goals of improving the nutrition, health, and development of children ages 0 to 6 and strengthening caregivers' ability to monitor the well-being of children in low-income families. These aims are achieved by providing a package of services, including

- supplementary nutrition,
- immunization,
- health check-ups,
- referral services,
- preschool nonformal education, and
- nutrition and health education.

Currently there are more than 1 million Anganwadi centers across India, employing 1.8 million workers, most of whom are women. According to government figures, centers reach approximately 58.1 million children and 10.23 million pregnant or lactating women.

[a] All information contained in this box is provided by http://www.aanganwadi.org (accessed October 20, 2014).

grams operate. There is political conviction that funding child programs is important, but it has to translate into results.

Although funding child development programs in India has been a success, Bose questioned whether that was sufficient to see improved child growth and development outcomes. He noted that despite the increase in numbers of schools and enrollment of children, there has been a decline in reading levels, math skills, and even attendance. One problem, he observed, is that top-down resourcing often produces significant bottlenecks in funding flows, preventing funds from reaching schools themselves. He also cited a survey, the *Hungama Survey Report* by the Naandi Foundation, which found that although Anganwadi centers were widespread, they were not always efficient.[2] On the day of the survey, for example, only 50 percent of the centers examined provided food, and only 19 percent provided nutrition and education services for mothers. He cited a similar example in which, following a scale up of sanitation

[2] For more information about the Hungama Survey Report, please visit http://www.hungamaforchange.org/index.html (accessed October 20, 2014).

infrastructure provision, there was no increase in toilet usage. It is not enough, he noted, to simply provide services—campaigns to raise awareness and generate behavior change are also necessary. In this regard, Bose underscored the role that various stakeholders play and the coordination required to ensure success.

## FINANCING IN THE CONTEXT OF CHILD RIGHTS[3]

Enakshi Ganguly of the HAQ: Centre for Child Rights in India noted that budget analysis plays a crucial role in monitoring state performance and ensuring government transparency and accountability. In budgeting for children's rights, she suggested that budgeting be based on the following principles: nondiscrimination, indivisibility of rights, and best interests of the child. In financing child programs, she asked, are these principles being upheld?

Ganguly reiterated that the population in India ages 0 to 6 consists of 158 million children, many of whom lack social protection and food security. In this context of vulnerability, she finds that despite some commitments to children as a group and to the young child in particular, there are still gaps. For example, the right to education as dictated by the courts only covers children ages 6 to 14, neglecting the 0 to 6 population. In addition, despite laws that have provisions for a number of services for children, including daycare facilities, for example, the services are not always funded. In response to the growing demand for a separate law for early childhood care in India, Ganguly raised a number of questions regarding the reality of creating new laws and policies: Whose concern is the young child? Do different categories of children require separate laws? Should the rights of children be mainstreamed? What does it mean to create a law, in terms of financing?

Ganguly pointed out that, within India, programs for young children are spread across multiple government ministries and departments. Given that children have a multitude of needs, this is somewhat understandable, she stated, but it makes budgeting and budget analysis difficult. This also means that, practically speaking, except for one program, all others are under the Ministry of Women and Child Development. This ministry is also responsible for drafting and implementing the National Policy for Early Childhood Care and Education, although it has little experience in education, and there is a separate ministry responsible for education, said Ganguly. This point was further highlighted in her response to a question about how to better locate services and provide coordination. She noted

[3] This section summarizes information presented by Enakshi Ganguly, HAQ: Centre for Child Rights.

that, because the right to education specifically includes ages 6 to 14, those under age 6 are not covered by the Ministry of Education at all. Ganguly pointed out that while it makes certain sense to separate children into age groups to ensure age-specific interventions, it is also important to make the cross-cutting connections among age, category of children, and the issues that confront them. At the same time, it is also important to make these interventions in the context of the continuum of childhood, as each stage impacts the next. When asked about the creation of a common institutional platform, however—a body that integrates programming across multiple departments and ministries such as health, labor, education, and women and child development—she cautioned on its use. For her, specific ministries and departments exist to ensure services for all populations. One overarching platform may become too cumbersome to cover all groups and might lead to the exclusion of some marginalized populations who require extra services or funding. Furthermore, she emphasized that the method of delivery is not the outcome of interest, but rather the development of the child, which might in some circumstances be better served with segmented programming.

Ganguly discussed an array of programs in India dedicated to the young child that are provided by various agencies and ministries for children ages 0 to 6. On the basis of a computation of the allocations made by the government, HAQ: Centre for Child Rights found that their share is 1.16 percent of the national budget for India.[4] This does not include the allocations made in the states. Furthermore, she found that funding was not uniformly applied across groups, often leaving out the most marginalized groups, such as social and ethnic minorities and children with disabilities. In particular, she observed an urban/rural divide in the ICDS, which, as previously stated, offers services through Anganwadi centers. Ganguly stated that while children in rural areas receive more services from Anganwadi centers than children in urban areas, rural centers are underperforming, and in urban areas, they are nothing more than feeding centers.

An additional challenge Ganguly highlighted in financing in the context of child rights is that the private sector, both organized and unorganized, is perhaps the second-largest service provider of early childhood education and development. According to her, the quality of service this sector provides is varied and is largely exclusive and expensive, thus inaccessible to those who need it the most. In addition, there is no estimate of the number of children it caters to and the financial resources spent by families. Ganguly added that there is an increasing push for privati-

[4] This figure was calculated by comparing the federal budget for India from 2008–2009 to 2013–2014 to the budgets of all programs impacting the young child.

zation of programming for the young child but that the government is ultimately responsible for providing these services. According to her, the state's responsibility was recognized and clearly articulated in General Comment No. 7—Implementing Child Rights in Early Childhood—in the United Nations Convention on the Rights of the Child.[5] Therefore, she said, the entry of the private sector into basic services, on its own and in public–private partnerships, must not lead to the state's abdication of its responsibility. Instead, it should contribute to the pool of resources available to the government to be used to augment its own resources. Finally, Ganguly stated the need to harmonize the activities of private service providers with program mandates, standards, and legislation, the primary responsibility for which lies with the government.

## WHERE FINANCING IS MINIMAL[6]

Caroline Arnold of the Aga Khan Foundation (AKF) discussed the state of financing for early childhood education across the globe. While acknowledging progress made in India and other countries, she highlighted the reality of gaps in funding in many countries. In looking at trends in access to early childhood education, she indicated that although gross enrollment ratios have increased in all regions, enrollment is still quite low in several others (as presented by Arnold, 2014). For example, enrollment in preprimary education is high in Latin American countries and the Caribbean, as well as in central and eastern Europe, but it is very low in South Asia, the Arab states, and sub-Saharan Africa. Arnold also highlighted gaps in education among children within countries. In preprimary schools in Tajikistan, for example, enrollment is 4 times higher for urban children than rural children and 20 times higher for rich children than poor children (as presented by Arnold, 2014). Figure 3-1 shows the discrepancy in enrollment status by income within countries. Arnold argued that these gaps show a lack of financing for early childhood education and that political will for investments is necessary to create equity.

AKF works in several countries to address these gaps and mobilize public financing for early childhood education. Arnold shared a few examples from AKF's work in Central Asia. In several countries in this region, school classrooms go underutilized. AKF has worked with governments to initiate preprimary classes in these empty spaces, with teachers being paid by the community. The ministries of education have committed to taking on these salaries as the program scales nationally. In Tajikistan, for

[5] For more information on General Comment No. 7, see http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/GeneralComment7Rev1.pdf (accessed October 5, 2014).

[6] This section summarizes information presented by Caroline Arnold, Aga Khan Foundation.

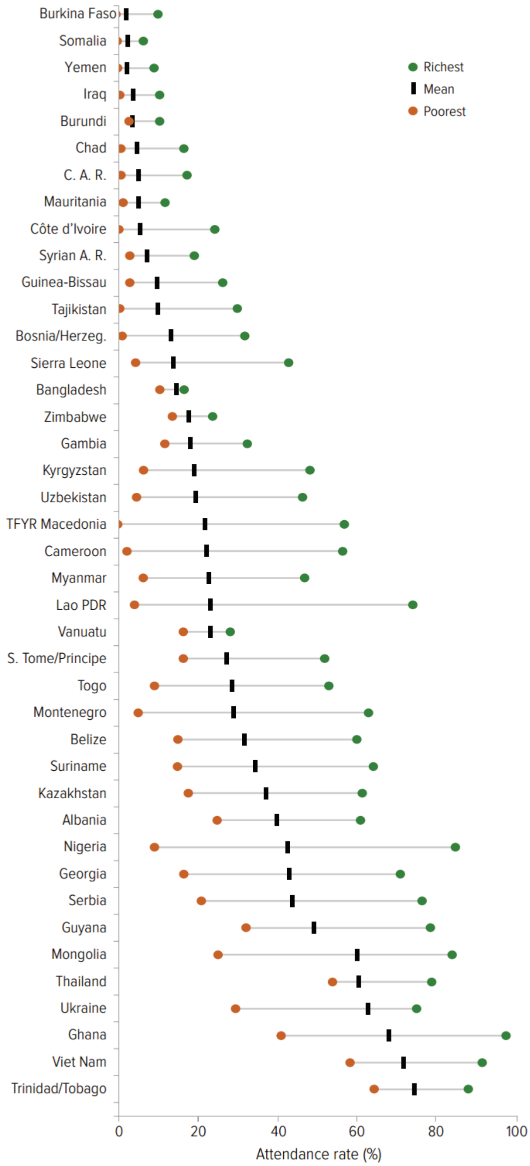


**FIGURE 3-1** Disparities between rich and poor in access to preprimary education (percent of children aged 36 to 59 months attending some form of organized early childhood education program, by wealth).
NOTE: Created using information contained in the World Inequality Database on Education.
SOURCE: Arnold, 2014.

example, the commitment to absorb costs has been made, and in Kyrgyzstan, the government has almost wholly done so in terms of both salaries and operations, according to Arnold. She stated that in Afghanistan, the program is still a decade away from government uptake. In these countries, where public financing is still in its infancy, Arnold said there is a role to be played by the community in terms of assessing fees, fundraising, and generating income for schools, even while public financing remains the biggest piece of the puzzle (see Figure 3-2). The financial investment from the community builds local ownership of financing.

When some workshop participants questioned a fee-for-service structure of early childhood education, Arnold argued that free education is a worthwhile goal but not necessarily achievable in the short term. She asserted that the key element was ensuring that the ability to pay was not a factor in access and that some provision must exist to include children from families who could not afford to pay. While the goal is to have gov-

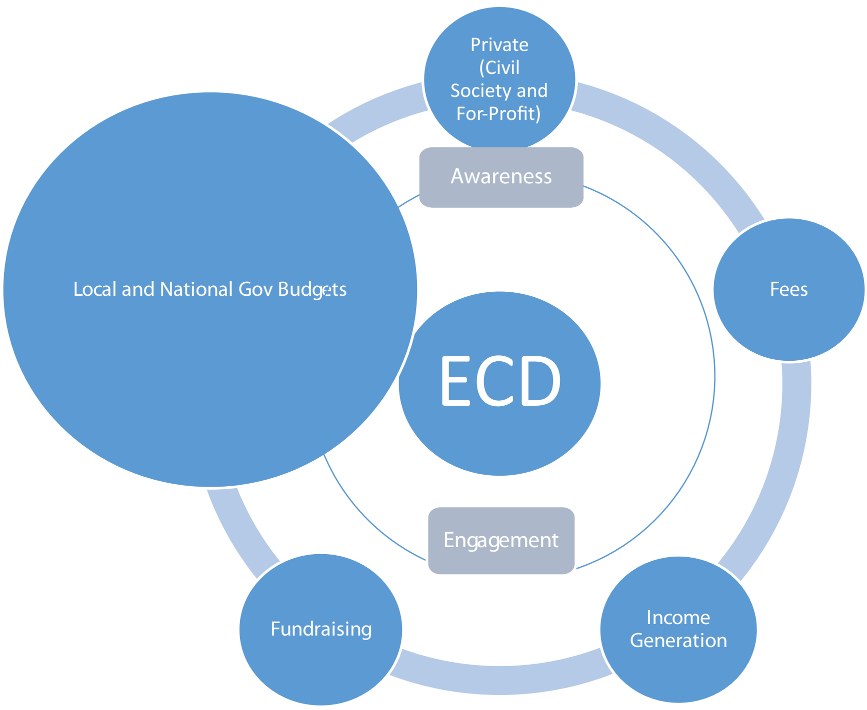


**FIGURE 3-2** Elements of the financing puzzle.
NOTE: ECD = early childhood development.
SOURCE: Arnold, 2014.

ernments absorb costs, having parents contribute even a small amount lends itself to sustainability, Arnold stated.

She also emphasized the role of local engagement not only in financing but also in providing a rationale for such financing. In the countries in which AKF works, she noted that having local evidence for the cost-saving benefit of early childhood education programs has had a significant influence on policy makers prioritizing scarce resources. Arnold closed her talk by referencing a new program of AKF in which an investment vehicle is created to invest in businesses, with a portion of the financial returns going into a nonprofit trust mechanism to fund social development. Although the program is still in early stages, Arnold noted that it held promise for innovating financing schemes for social impact in underresourced locations.

## FINANCING SERVICES FOR CHILDREN WITH DISABILITIES: SHISHU BIKASH KENDRA CHILD DEVELOPMENT CENTERS OF BANGLADESH[7]

Ashrafi Ahmad of the Directorate General of Health Services spoke about the rising rates of neurodevelopmental disorders in Bangladesh. From 1990 to 2013, she said, the rate of under-5 infant mortality has declined steadily (UNICEF et al., 2014). Neurodevelopmental disorders, however, have risen in almost inverse proportion, from 68 per 1,000 in 1988 (Zaman, 1990) to 185 per 1,000 in 2013 (GOB Survey, 2013). To combat this issue, Ahmad said, the government of Bangladesh has incorporated into its Hospital Management Plan the establishment of Shishu Bikash Kendras (SBKs), or child development centers, located within medical college hospitals throughout the country. According to Ahmad, SBKs are comprised of child physicians, child psychologists, and developmental therapists whose collective aim is to prevent disability in children, optimize their development, and improve their quality of life. These objectives, she said, are achieved through providing cost-free early screenings, assessments, interventions, early treatment, and management of developmental delays and disabilities. To date, 15 centers have been established, with an additional 5 planned per year. As of June 2014, 110,000 children have been screened, some of whom were referred from other wards in the hospitals. Ahmad indicated that SBKs have been successful in the early detection of neurodevelopmental disorders.

Ahmad noted that SBKs fall under the government of Bangladesh's operating budgeting and are funded by a donor pool fund. She added that

[7] This section summarizes information presented by Ashrafi Ahmad, Hospital Management Services, Directorate General of Health Services.

some challenges are found in the system, particularly in funding flows. For example, she explained that donors contribute their funds to a pool, which is held in the operating portion of the government's budget. The program operates per its own budget, and funds are then requested from the donor pool for reimbursement. However, she said, the request goes through numerous layers of bureaucracy in the central government, such that reimbursement requests (which are used to pay salaries, for example) often take months to be processed. To address these lags, Ahmad said, additional direct funding is being sought from potential donors to whom the program would be directly accountable.

# 4

# Lessons on Financing Investments from India

## INVESTING IN YOUNG CHILDREN: INDIA'S EXPERIENCE[1]

Subrat Das and Protiva Kundu of the Centre for Budget and Governance Accountability gave a presentation on India's investment in young children and opened their talk by noting that India's birth-to-age-6 population is larger than the total population of some other countries and makes up almost 13 percent of the national population (Ministry of Home Affairs, 2011; UNICEF, 2012). Responsibility for 158 million children poses unique budgetary challenges for the government of India and has numerous implications with regard to policy and budget priorities. It is in this context that Das and Kundu framed their presentation.

Because policies in India disaggregate the child population into different age categories, said Das, some age groups have better coverage than others. In addition, he asserted that maternal health is not as prioritized as it should be. This has led to alarming maternal and child health indicators. For example, the infant mortality rate in India is high nationally and uneven across states (Ministry of Home Affairs, 2012). The child-sex ratio of women to men is another area of concern, with a constant decline across the country since 1961, and indicators on malnutrition show limited investment in interventions for young children (International Institute for Population Science and Macro International, 2007). Das noted that two reasons for this underinvestment are the poor alignment of financing

[1] This section summarizes information presented by Subrat Das and Protiva Kundu, Centre for Budget and Governance Accountability.

at the government level and the lack of coordination among the different departments and their programming. He also mentioned that the schemes are limited and fail to address the interconnectedness of women's needs and rights and those of young children. He gave the example of a housing project for urban poor that was intended to give preference to women with children, but failed to be implemented properly.

Das highlighted one essential challenge to implementing and funding policies for child development—the low magnitude of public resources available in India, or what Das termed a "limited fiscal policy space." Gross domestic product (GDP), he said, captures total spending by government, households, and companies, and when a government has a larger fiscal policy space, it is able to spend more on public services. Compared to other large countries with rapid economic growth (also known as BRICSAM countries) and countries belonging to the Organisation for Economic Co-operation and Development (OECD), India's total spending as a percentage of GDP has remained low (see Figures 4-1 and 4-2).[2] In 2010, for example, Brazil's total spending was close to 40 percent, whereas India's was at 27 percent. Also in 2010, India spent 1.2 percent of GDP on health and 3.1 percent of GDP on education when other countries such as Argentina spent 4.4 percent and 6.0 percent, respectively, and Norway spent a remarkable 8.0 percent on health and 7.3 percent on education. In addition, while other countries' fiscal policy trajectories show ever-increasing expenditures as a percentage of GDP, India's has been fairly stagnant (see Figure 4-3; OECD, 2014). One reason for this, Das noted, is a limited capacity for tax revenue as a result of a low tax–GDP ratio. Das argued that India should follow in the footsteps of other rapidly developing economies in increasing tax revenue in order to finance social priorities. Some effort toward this has been made—social sector spending has increased from 5 to 7 percent in the past 10 years, but India still ranks in the bottom 10 countries in terms of public spending on health and education (UNDP, 2013). Das acknowledged that funding for early childhood development programs and services comprises 4 percent of the central government budget, or about 0.6 percent of GDP (Ministry of Finance, 2013a) and noted that several programs supporting early childhood development funded by this allocation are underresourced, with health in particular severely lacking investment.

While increased funding can go a long way in providing services, Das made clear that more money does not directly translate to better outcomes and that governments should seek to improve the quality of services.

[2] This information was compiled by the Centre for Budget and Governance Accountability (CBGA) from the International Monetary Fund, World Economic Outlook Database, April 2014.

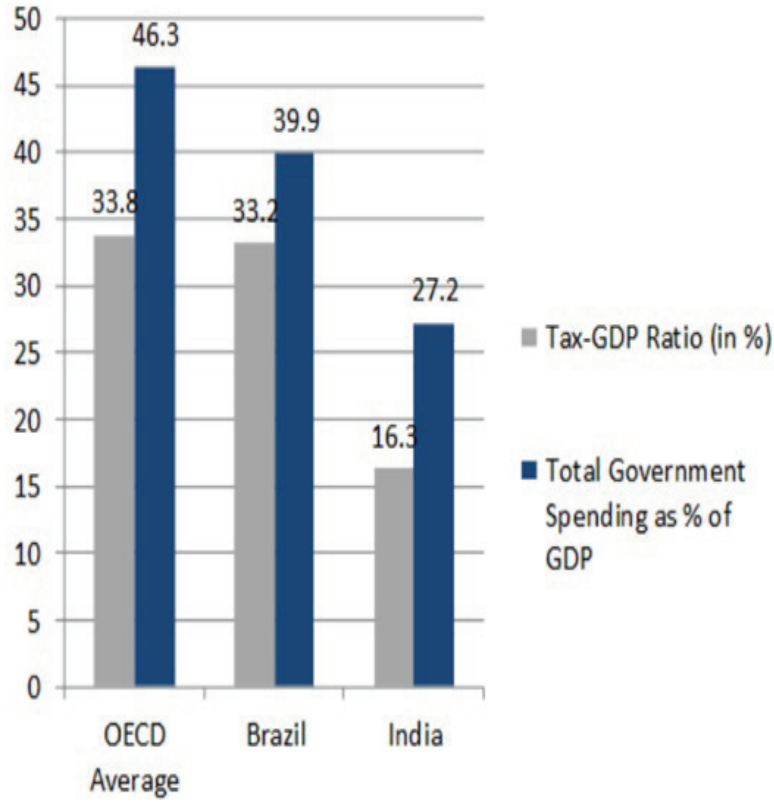


**FIGURE 4-1** Limited fiscal policy space in India.
NOTE: Figures in the chart are for 2010 and are compiled by Centre for Budget and Governance Accountability (CBGA) from (1) OECD (2014), "Total tax revenue," in *OECD Factbook 2014: Economic, Environmental and Social Statistics*, OECD Publishing. (2) OECD (2014), "Government expenditures, revenues and deficits," in *OECD Factbook 2014: Economic, Environmental and Social Statistics*, OECD Publishing. (3) IMF (2014), "World Economic Outlook—Recovery Strengthens, Remains Uneven," April 2014. (4) Government of India (2013), "Indian Public Finance Statistics 2012-13," Ministry of Finance, 2013b.
SOURCE: Das and Kundu, 2014.

At the same time, even if unit costs could be determined on the basis of quality, these costs would differ across the country because of local contextual factors. Proper allocation of resources for child development, then, requires a commitment on the part of the states, too. Das asserted that at both the central government and state government levels, these initiatives are underresourced, lacking adequate staff, training, and materials, and underfinanced, lacking funds to provide high-quality services.

| Country | Public Spending on Health as % of GDP (in 2010) | Public Spending on Education as % of GDP (in 2010) |
|---|---|---|
| Norway | 8.0 | 7.3 |
| US | 9.5 | 5.4 |
| UK | 8.1 | 5.6 |
| Argentina | 4.4 | 6.0 |
| Russia | 3.2 | 4.1 |
| Mexico | 3.1 | 5.3 |
| Brazil | 4.2 | 5.7 |
| China | 2.7 | 4.0* |
| South Africa | 3.9 | 6.0 |
| India | 1.2 | 3.1 |

**FIGURE 4-2** Public spending on health and education: An international comparison.
NOTE: Compiled from UNDP (2013), *Human Development Report 2013*.
* Figure for China is from UN database (http://data.un.org).
SOURCE: Das and Kundu, 2014.

Looking at the ICDS in particular, Das noted a number of gaps in service that indicated a failure to adequately finance the national program. As mentioned by others in the workshop, not only are there staff shortages in the Anganwadi centers but also the existing staff is underpaid. In addition, there is a shortage in program management staff, such as project officers and supervisors. In an assessment completed in a few districts across India (CBGA and UNICEF, 2012), Das and his team noted that monitoring and supervision of services is not done because there are no resources to hire such finance and accounting staff. Because there are few supervisors on staff, the child development officers themselves take on a number of tasks meant for other positions and cannot sometimes fulfill their own duties.

Another challenge raised by Das is the underutilization of resources. As noted by other speakers, funding flows often get blocked, and resources fail to reach their recipients. Poor utilization of resources is

| Sectors | 2010-11 | 2011-12 | 2012-13 |
|---|---|---|---|
| Nutrition | 0.24 | 0.27 | 0.27 |
| Care and Protection | 0.003 | 0.003 | 0.003 |
| Health | 0.07 | 0.07 | 0.07 |
| Education | 0.25 | 0.23 | 0.24 |
| *Total* | *0.57* | *0.57* | *0.58* |

**FIGURE 4-3** Spending on young children as a percentage of India's GDP.
NOTE: Compiled from Union Budget, Expenditure Budget, Vol. II, various years; and Economic Survey, Government of India, various years.
SOURCE: Das and Kundu, 2014.

another issue, with funds not always being spent efficiently. In the case of the ICDS, there is unequal spending across regions and through the fiscal year. Das found that utilization is higher at district headquarters, but lower in centers that are farther away, a problem exacerbated by a lack of infrastructure. In addition, Das added, there is a widespread perception of corruption within the scheme. He noted, however, that it is very difficult to prove corruption and that the perception of corruption is not enough to promote change in the government. Social audits, public hearings, and other actions by the court are necessary to prove wrongdoing, and such actions often lie outside the scope of many organizations. To address corruption, Das suggested that there should be greater effort to make budgeting and expenditure more transparent. Although locally relevant budget information is collected, it is not released to the public. Rather, the information is aggregated and presented at the national level. Das asserted that this information should instead remain local and disseminated to better understand the nuances within specific centers and districts.

In the discussion that took place after the presentation, Das and Kundu reiterated that simply increasing funding would not necessarily improve the quality of services. Improving infrastructure and resolving leakage of funds are also important. But given shortages in staff, one possible approach is to first increase expenditures and then begin to assess the various components of programs. In response to another question about human resources shortages, Kundu noted that training is not necessarily something that is prioritized in budgeting. There are sometimes adequate numbers of people receiving the required training, but the training itself is not always adequate for the job duties required. When queried about the value of budget analysis on policy making, Das acknowledged that although information regarding gaps in funding and service provision can be highlighted, it will not necessarily create any sense of urgency on the part of policy makers. It is necessary to convince and empower government officials to take ownership of the issue.

## LESSONS LEARNED

In his discussion, Bose explained that a pattern has emerged: civil society movements pushed the courts to actively establish general principles of governance for the best interests of society, efforts which were taken up by the central government in a series of legislation that led to expanded and sustainable financing of early childhood development programs. He emphasized that not only did the courts recognize certain rights but also the government acted to uphold those rights. This pressure resulted in yearly budget increases for child welfare schemes, to 810 billion rupees today.

Bose also highlighted the need for transparency in budgeting—central government expenditures on children are part of the national budget, providing a template for state governments to follow in their own financing. In addition, such transparency allows for examination by external parties. He noted that some criticism has arisen around what is a nominal increase in funding but a decline relative to India's GDP. Therefore, the same civil society pressure that brought forth these schemes initially could also be used to ensure sustained increases in funding over time.

At the state government level, Bose described the situation in the state of Madhya Pradesh. Ten to 15 years ago, social spending dropped in a number of states because of fiscal crises. In response, the 12th Finance Commission recommended transfers through states to fund programs, as well as debt consolidation schemes. In addition, many states replaced sales tax with value-added tax, which buoyed up revenues. Because of these measures, Madhya Pradesh was able to increase spending on children's programs and is currently one of the few states where the state's own contribution exceeds that of the central government. Bose noted that the adoption of fiscal responsibility legislation proved helpful in this state. Rather than decreasing spending, it resulted in better management of finances and, in turn, higher expenditures on social services.

# 5

# Building Equitable Costing Models

Several speakers made presentations on the challenges of building costing models given the complexity of the early childhood development space. They raised such issues as multiple inputs, outputs, stakeholders, and mechanisms, which complicate the issue, while lack of transparency makes it difficult to determine how much programs cost and how much is currently being spent. Speakers raised several questions around priorities for funding, ensuring value, determining cost-effectiveness, and creating best practices for both assessing costs and guaranteeing that funding reaches its recipients.

## HOW TO BUILD COSTING MODELS ON THE PRINCIPLE OF EQUITY FOR CHILDREN AND FAMILIES[1]

Tamar Atinc of the Brookings Institution opened the session by reiterating that gaps exist in funding early childhood development programs and services. There are little data on how much services should and do cost, what it would actually take to provide such services to children, and how much countries are currently spending. Atinc offered three reasons why better information on expenditure is necessary:

[1] This section summarizes information presented by Tamar Atinc, the Brookings Institution.

1. *Transparency:* To have informed conversation around public spending, there needs to be information on how much is being spent on children versus other groups in society.
2. *Expansion:* Many countries need to expand services for young children, and all countries need to improve the quality of these services. Atinc asked, what will it cost to expand and upgrade services to a specific standard? These changes require a level of granularity on costing information that is currently inadequate.
3. *Fiscal data systems and management:* To establish per capita funding that takes into account the diversity of a population in federal systems with multiple layers of budgeting, specific costs need to be enumerated.

## WHAT IS THE COST OF INVESTING IN YOUNG CHILDREN IN INDIA?[2]

Anit Mukherjee of the Center for Global Development explored in further detail the funding flows and per capita costs of investing in young children in India. He described a survey he undertook—"PAISA: Planning Allocations, Expenditures and Institutions: Studies in Accountability"—to determine whether funds allocated for elementary schools were reaching their recipients. In one particular location, he discovered that not only had the funds not reached the school but that enrollment had fallen, leading to the disuse of one of the classrooms. Instead, the classroom was taken over by the ICDS to be used as an Anganwadi center. In another location, he discovered a dilapidated building being used as an early childhood development center. Per the mechanisms set in place to fund early childhood development, both centers should have been robust centers of activity, encompassing various components to support children's development, such as nutrition, care, and education. However, in practice, they were serving as little more than feeding centers, mainly because appropriate funding was not in place. While in theory all the elements of the investment cycle were in place, according to Mukherjee, the process was not working. He reiterated what other speakers had also noted—that child development outcomes were not being fully achieved.

Taking a life cycle investment perspective, Mukherjee noted that investments in young children are very difficult to cost because there are many inputs, outputs, mechanisms, and outcomes to consider, in addition to the various stakeholder groups. Within the ICDS, designed to coordinate all components of supporting child development, unit costs are

[2] This section summarizes the information presented by Anit Mukherjee, Center for Global Development.

broken out by four main programs: supplementary nutrition; preschool education; care and nutritional counseling; and health services. In addition, Mukherjee indicated there are fixed costs, such as for infrastructure and salaries. But although a large amount of funds are allocated for young children, much of that funding is tied up in bottlenecks, never reaching its intended recipients. Mukherjee pointed out that for several years, only 50 percent of federal funds that were allocated for the ICDS were disbursed, and within the past couple of years, that number has increased to only 70 percent (Accountability Initiative, 2014). In examining why, he noted that bureaucracy ties up funding because it often falls to already overburdened staff to complete the necessary paperwork.

Because investments in young children cross multiple departments, Mukherjee noted that inefficiencies are often built into the system. The use of a common delivery platform, a theme raised a few times during the workshop, could help reduce these inefficiencies. Using the child as the central focus of the platform could help converge interests and funds.

## DESIGNING COSTING MODELS[3]

During the concurrent breakout sessions that occurred during the second day of the workshop, discussants from the breakout session on designing costing models raised questions around what should be considered in a cost-effectiveness analysis: should one consider outcomes, inputs, programs, policies, projects, scaling up, cost efficiency, or something else? Several participants thought that setting this goal would help guide the analysis. Some possible goals discussed included the following:

- Determining what competencies in children that programs should aim to develop;
- Assessing parent and caregivers needs, particularly in the birth-to-age-3 range;
- Addressing different learning needs and different learning capacities of children, particularly those who might require greater investment;
- Setting minimum standards for both outcomes and service provision; and
- Quantifying outcomes.

Group discussants also raised the question of determining who the audience is—who would benefit from having a costing model? Some participants also raised the concern that a costing model is only as useful

[3] This section summarizes individual remarks by participants in concurrent session 2.

as affordability. One participant expounded that if funds are scarce, then determining the cost of programs or outcomes still cannot address the lack of investment. At the same time, where funds are available, another participant indicated it takes only 20 years or so to determine whether the model is a useful one.

In the discussion following the reporting back, audience participants raised additional points. In building a costing model, one participant noted, several categories of costs could be enumerated, including types of populations to be targeted, human resources, supplies, administration, supervision, training and capacity building, advocacy, infrastructure, repairs and maintenance, communication, operations, monitoring and evaluation, travel, and others. Some participants also asserted that boundaries should be created to determine which costs should be included because it is possible to cost inaction, opportunity costs, future costs, and other indirect costs and externalities that are not specific program or intervention costs. In addition, another participant mentioned some costs are not always shown, such as the cost of leakage or waste. Finally, one participant noted that policy makers do not tend to care about big picture costs, but rather their attention is focused on short-term costs and marginal gains. He also emphasized that attention to cost–benefit ratios, particularly in showing that there is high marginal gain even where there might be high marginal investment, is essential in convincing policy makers to fund interventions.

# 6

# Cash Transfers and Affordability

In a panel on cash transfers and affordability, speakers offered information on opportunities and challenges presented by the use of demand-side interventions. Cash transfers, which can be implemented in various ways, generally serve the purpose of bridging gaps in income or fee-for-service programs. They can be conditional, based on a set of requirements to receive the money or on how it can be spent, or unconditional, without any stipulations. Both approaches have shown evidence of success in various contexts. Speakers discussed the role cash transfers play in improving access to services, as well as their limitations. They also examined cash transfers in the larger context of additional inputs for systems improvements.

## FAMILY INVESTMENTS[1]

Quentin Wodon of the World Bank introduced the session on cash transfers and affordability with some reflection on the value parents place on early childhood development. He provided qualitative evidence that most parents know the value of investing in their young children and are willing to invest but that they often cannot do so because the cost of services is too high. Work on Uganda, for example, shows that while the country has implemented free universal primary and lower secondary education, preprimary education is provided mostly by private organi-

[1] This section summarizes information presented by Quentin Wodon, the World Bank.

zations, and the cost of attendance is often high. Even when fees may be lower, they are not always affordable for the poor (Tsimpo and Wodon, 2015).

For low-income families, both conditional and unconditional cash transfers have proved useful in some circumstances. They are generally well designed, but not necessarily a panacea. Wodon cautioned that, where possible, it may be better to simply provide key services for free. He gave the example of Burundi, which saw a 20 percent increase in enrollment when the government made public primary schools free (Sommeiller and Wodon, 2015). At the same time, however, Wodon noted that good quality matters to increase take-up of services, as again evidenced in Uganda. When birth delivery services were provided for free, some women still did not use the services provided by health facilities in part because of quality issues both in terms of personnel and infrastructure (Tsimpo and Wodon, 2015).

Wodon also mentioned the successful experience of Muso in Mali, which has succeeded, at low cost, in reducing child mortality by a factor of 10 thanks to a network of community health workers and free care for families in need. A poster on Muso presented by Naina Wodon (2014) at the workshop summarized results from an evaluation of the impact of the project in its catchment area by Johnson et al. (2013) and provided information on the innovative financing mechanism—part of the topic for this workshop—used to fund the project. Financing for Muso came in part from a global Rotary grant managed by the Rotary Club of Washington, DC, with 24 dozen Rotary Clubs in 11 countries across 4 continents coming together to support the project.

## A HUMAN DEVELOPMENT PLATFORM WITH CASH TRANSFERS AND QUALITY SERVICES[2]

Amarjeet Sinha of the Department of Social Welfare, Government of Bihar emphasized the importance of ensuring quality in services. Although cash transfers increase access, health indicators will not improve unless backed by quality services. He gave the example of Janani Suraksha Yojana, a safe motherhood intervention that aims to reduce maternal and infant mortality by bringing more women to facilities to deliver their babies. The initiative provides financial assistance for this service to women living below the poverty line. Sinha stated that deliveries in facilities did increase—between 55 and 90 percent—but that the quality of services did not change. He also spoke of a program in Bihar in which

[2] This section summarizes information presented by Amarjeet Sinha, principal secretary, Department of Social Welfare, Government of Bihar.

girls (and later boys) were given bicycles for enrolling in school when they reached the ninth grade. Bicycles were not only provided as an incentive to increase enrollment but also had the more practical benefit of providing children a means of transport to school and other locations. According to Sinha, therefore, to improve outcomes, there needs to be a focus on the quality and utility of the interventions and services themselves. However, he suggested that cash transfers are difficult to implement in the context of the developing child because children are very resource- and labor-intensive. It is not just about paying for services, but providing the time for parents to interact with their children, as well as meeting children's health and nutritional needs.

Sinha proposed that a common platform for human development takes a more holistic approach to incorporate such mechanisms as cash transfers to support children and their caregivers. In the state of Bihar, Sinha pointed to a cabinet committee on human development with 16 to 18 indicators on child development, such as education, health, and age at marriage. According to him, this committee—the first of its kind in India—takes a common approach to addressing issues around children, ensuring that their cross-sectoral needs are met but avoiding redundancy in service provision. Sinha recalled that this platform was developed within the context of the MDGs and the question of what each sector's role should be in achieving the MDGs.

With a shared set of indicators to measure these outcomes, Sinha argued that it is then easier to allocate responsibilities to specific departments. In addition, he said the use of a common platform allows for more intersectoral approaches to financing investments in young children because many outcomes are interrelated. For example, nutritional inadequacy affects learning ability over time. He suggested that a segmented approach might lack the coordination necessary to bring the sectors together but that a common platform could cut through bureaucratic red tape more easily. Although each department has its own budget to implement its programs, Sinha said those programs constitute a larger plan approved at the cabinet level.

Sinha outlined several challenges inherent in public delivery that might be easier to address with greater cohesion in the government. For example, he noted that food security is an issue in which cash transfers can be useful, but only insofar as there is actual supply of these goods. Nowhere in the world, he postulated, has human development happened without credible and functional public systems.

In response to a question about ensuring access for disabled or "differently abled" children, Sinha noted that identifying such children has been a challenge because they are not always picked up in a census. He also noted that often the solution is to increase the number of teachers in a community, which does not address the special needs that might be present. If the goal is mainstreaming children with disabilities, fully integrating them into the school system, then the best approach might be to include a residential school with suitable accommodations for these children, he suggested.

## CASH TRANSFERS, SOCIAL CARE, AND HIV PREVENTION[3]

Lucie Cluver of Oxford University shared a set of findings on the impact of cash transfers on HIV risk behavior. Using propensity school matching[4] to simulate a randomized control trial, her team compared 6,000 adolescents whose families received a small child support grant from the South African government against those who did not (Cluver et al., 2013). They found promising results. For girls whose families received the funds, there was a 50 percent odds reduction in transactional sex[5] and a 70 percent odds reduction in the risk of disparate sex.[6] Both of these are big risks for girls in sub-Saharan Africa, according to Cluver.

Cluver noted that while there was success with girls, cash transfers did not have an effect on boys' risk of contracting HIV or behaving in risky sexual ways, such as multiple partners, unprotected sex, and having sex while drunk or taking drugs. In other words, she said, the intervention had little effect on the teenagers' risky behavior and other behaviors that are not related to having money. It did, however, give girls the ability to make decisions around who their sexual partners would be by reducing the dependence on men who might pay their school fees.

While these results were somewhat successful, Cluver noted that several stakeholders thought there might be a way to introduce an additional component to the program to improve results. What they found most effective was a system of cash plus care with care defined as positive parenting, school counseling, teacher support, or other components as determined at the country level (Cluver et al., 2014). For girls, cash plus care had an additional benefit, but for boys, while cash alone did nothing, cash plus care resulted in a 50 percent odds reduction in HIV risk behavior incidence.

In explaining the mechanism of this successful program, Cluver displayed a model with multiple points of intervention (see Figure 6-1). In the model, structural deprivation, such as living in an AIDS-affected

[3] This section summarizes the information presented by Lucie Cluver, Oxford University.

[4] Cluver and her team matched participants on numerous characteristics and compared those in the group receiving cash transfers against those in the group who did not receive cash transfers.

[5] Sex in exchange for money.

[6] Sex with a partner more than 5 years older.

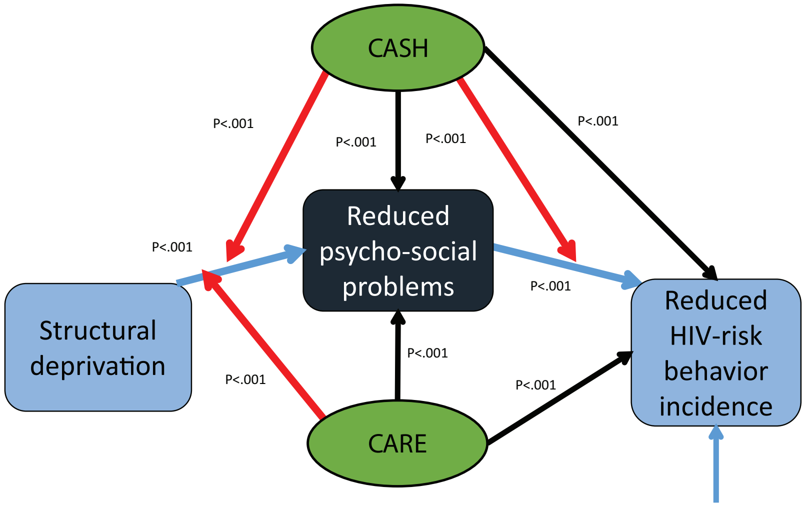


**FIGURE 6-1** Cash and care: Greatest effects for highest-risk adolescents.
NOTE: P < .001 indicates high statistical significance.
SOURCE: Cluver et al., 2014.

family, an informal settlement, the context of hunger, or high community violence setting, interacts with mediators of increased psychosocial risk, such as abuse, school dropouts, psychosocial problems, and delinquency, to lead to HIV risk behavior. Cash and care not only directly impact psychosocial risk and HIV risk behavior, but they also have a moderating effect on the pathways between these elements. Because of that latter effect, Cluver indicated the program is most effective with those who are most structurally deprived—in other words, it counters the inequalities with which children start.

Cluver pointed out that cash plus care extended beyond HIV and also had effects in areas such as reduced pregnancy, school dropout rates, and criminal behavior. She also noted strong evidence that the earlier these interventions are implemented, the more impact they will have. Studies conducted in Latin America and South Africa show positive links between early child support grants and parenting programs on HIV risk reduction. But in order to maintain the most success out of a cash plus care program, Cluver stated, it needs to start early and be sustained throughout childhood. However, she acknowledged that the research is still in early stages, and more knowledge is needed. In addition, Cluver said that more analysis is needed on the cost of the intervention to determine the best way to fund it.

# 7

# Models of Financing Structures

Speakers discussed both traditional financing models, such as grants, and innovative financing, such as public–private partnerships and social impact bonds, and the roles they could play in increasing funding for initiatives. They explored ways in which private investment can be best leveraged to support existing programs as well as to finance scale up. They also considered the limitations of private investment and examined the need for coordination of diverse financing mechanisms.

## PUBLIC–PRIVATE PARTNERSHIPS[1]

Amita Chebbi of the Children's Investment Fund Foundation noted that private funding has a significant role in early childhood education and development initiatives. She stated that in India, for example, while public funding has increased in absolute terms, year over year, in relative terms it has remained the same. Chebbi indicated this is an opportunity for private-sector investment. At the same time, she cautioned, it is important that private-sector funding does not crowd out public-sector funding, but instead serves as a catalyst to accelerate funding in neglected areas. For her, the role of private investment is to strengthen existing public systems. Private firms cannot create infrastructures and must instead work within and strengthen existing systems.

[1] This section summarizes information presented by Amita Chebbi, Children's Investment Fund Foundation, India.

Chebbi pointed out that a number of countries have demonstrated proof of concept in programming for young children and are poised to scale up their initiatives. Because this shift requires significant amounts of capital, Chebbi suggested that private investment could provide supplementary funds to support early infrastructure, systems development, and management. In addition, as countries rapidly urbanize and as programs continue to focus on rural populations, Chebbi indicated there is a coverage gap for certain populations, such as the urban poor. She suggested that the private sector could step in to finance services for this disadvantaged group.

Chebbi also raised the question of the means of private funding, particularly alternative models. Market-based solutions, she noted, could potentially be a mechanism for funding children's services. For example, she stated, there is significant investment in research and development in medication for pediatric patients by the pharmaceutical industry. She suggested that creating marketplaces that place children at the center of products and services could further early childhood development. In addition, new mechanisms that apply traditional financial instruments for social impact, such as social impact bonds and development impact bonds, could be useful means of financing early childhood development, according to Chebbi. Finally, she proposed the creation of an aggregator for corporate social responsibility funding, particularly as it is a growing source of funding in India.

In his presentation, Bose noted that public–private partnerships can also be useful for financing and sustaining large-scale child development programs and that these schemes have been used to provide infrastructure for private schools. Under a system called "viability gap funding," a one-time grant can be issued to a private school to cover up to 20 percent of costs. This grant provides important upfront funding for projects that do not have immediate commercial returns, but do have important social benefits and long-term value for public dollars. Bose stated that the public–private partnership structure could be useful in other areas as well, such as the provision of midday meals, among other areas.

Bose proceeded to describe several other areas of financing in India, including the newly introduced Companies Act, which requires corporations to dedicate 2 percent of profits to corporate social responsibility efforts. He cautioned that this funding is subject to a significant amount of competition, however. Although 2 percent of corporate profits appears substantial, many organizations are vying for a contribution; many efforts and sectors are seeking funds from corporations. He also mentioned conditional cash transfer schemes, some of which have worked successfully in health programs. In schools, however, the use of cash transfers in India comes with the risk of multiple enrollments. This hurdle, he said, could be countered with the use of unique identifiers, a solution that estimates indicate could save the state of Maharashtra, for example, 2 billion rupees.

## ILIFA LABANTWANA: INCREASING ACCESS, INCREASING EQUALITY[2]

Sherri Le Mottee is the program leader of Ilifa Labantwana, an early childhood development program in South Africa. The program focuses on the 40 percent of children who are affected by poverty in the country, providing them and their caregivers with an early and essential package of services from conception to entry to formal education. Le Mottee explained that this innovative donor collaboration is a partnership among the DG Murray Trust, the ELMA Philanthropies, and the FirstRand Foundation, with additional support from the UBS Optimus Foundation. The partners work together with the Ilifa program staff to develop a strategy for investing in young children, engaging both the government and civil society sectors when targeting interventions and communities.

A core element of the program, Le Mottee said, is the belief that government holds the primary responsibility for the provision of early childhood services. For this reason, the program's focus is not to replace public-sector responsibility, but rather to enable the system. In all areas in which Ilifa Labantwana works, there are memoranda of understanding with the government. Le Mottee emphasized that this arrangement was crucial in the setup and sustainability of the program and acts as part of the common vision. She said it also served as a guiding principle in the establishment of the fund, as a means of overcoming the challenge of aligning different institutional cultures, and in the exit of the program implementers once the government takes it over. She also emphasized that Ilifa Labantwana does not pilot initiatives, but instead co-creates testing models in conjunction with the government and civil society within the existing infrastructure. At the same time, the community plays an essential role in determining what is needed. She said the approach is bottom-up, with a focus on institutionalizing what works.

Another element of the fund Le Mottee highlighted is the need to be nimble, responsive, and adaptable to changing political circumstances. She said that rather than spending time on mapping exercises, reporting, or brainstorming solutions, the program mobilizes resources quickly once an area of intervention has been identified. Ilifa Labantwana is also engaging—donors commit a significant amount of funds into one "bucket" but maintain their own investment portfolios for other child development programming. This in essence not only doubles the

[2] This section summarizes information presented by Sherri Le Mottee, Ilifa Labantwana.

funds in the sector but also creates strategic partnerships and deeper bonds between stakeholders, Le Mottee explained. Furthermore, Ilifa Labantwana is catalytic. Although donors have increased overall funding to support early childhood development through their own contributions, the fund has also had the impact of generating additional government funding. Le Mottee gave an example of costing work done with the finance department of the Department of Social Development on providing home visitation programs. Information from this work informed the annual provincial budget process, resulting in an allocation for the first time in the Department of Social Development's budget for community-based services for young children. According to Le Mottee, the program also served a secondary function by changing the system to enable the employment of regularly paid workers for the home visitation program. In essence, Ilifa Labantwana ensured not only that funding flowed to the right intervention but also that the intervention itself could be implemented appropriately.

Le Mottee closed with a description of work currently being done to increase access to a child subsidy available to early childhood development centers in South Africa. She said that because the funding was not reaching a significant portion of children, the solution previously had been to increase the amount of money available. However this did not result in greater access, so Ilifa Labantwana was given the task of assessing the process. They found that the children who needed the subsidy the most were not getting it because they were attending centers that did not have the capacity to fulfill the onerous paperwork and registration requirements. Ilifa Labantwana has been working to streamline this process and increase participation in the scheme. Le Mottee explained that because of its ability to cut through institutional barriers, Ilifa Labantwana can demonstrate and model work that is possible and assist the public sector in developing similarly responsive mechanisms.

In response to a question about challenges, Le Mottee noted that politics often serve as a logjam in the system. She said that while having resources opens doors, navigating both individual and systemic politics can still cause delays. One solution for this, she proposed, is a continuous revisiting of the relationship to ensure that the needs of all stakeholders are being met. In addition, Le Mottee spoke further on donor engagement in addressing a question on private investment strategies. She stated that donor funding tends to mirror the existing sector, which can lead to redundancy and parallel structures. What is needed, she said, is a big-picture look at how best to use the strengths of private-sector funding in the existing space, a strategy that requires, at a minimum, mapping existing contributions.

## THE EXPERIENCE OF PRATHAM[3]

Madhav Chavan of Pratham India spoke of his experience navigating public–private partnerships in childhood education in India. He reiterated the responsibility of the government in providing both financing and programming for early childhood programs and noted that the private sector could be best utilized in supporting the government system. He also emphasized the importance of ensuring quality of services. Increased public funding, he said, is a necessity, but it should do more than expand services; it should also ensure their quality.

In India, Chavan pointed out, 35 percent of students go to private schools. He said this percentage was so high because caregivers believe private schools are superior to public schools, despite a government commitment to the right to education. For him, there is a growing divide between those who can afford to pay for privately provided services and those who cannot, and he cautioned against relying too heavily on using the private sector to create improved services. Instead, he suggested that the private sector should focus on improving existing government services.

Chavan proposed one mechanism for private investment through partnerships in which the private sector can fund gaps in existing services, perhaps by providing additional staffing in early childhood centers, for example. In addition, he noted that although strengthening institutions is an important goal, strengthening family structures is also necessary. Families and communities need to be empowered to care for children in a collective manner, according to Chavan. He stated that both the government and the private sector should support the irreplaceable role of primary caregivers early in children's lives.

In response to a question about public funding versus public provision, Chavan noted that a mix is often required, particularly in large, centralized systems. He gave an example of a community in Bihar that came together to supplement the first through eighth grades of school with two additional community-funded years. On the other hand, decentralization could more accurately address needs across diverse settings. However, Chavan stressed that a culture of distrust around decentralization needs to be addressed before it can be successfully implemented. He added that it also requires strong commitment from nongovernmental actors to create a working partnership.

[3] This section summarizes information presented by Madhav Chavan, Pratham India.

## CONVERGING FUNDS FOR IMPACT[4]

Karlee Silver of Grand Challenges Canada and a member of the Forum on Investing in Young Children Globally presented the major themes raised by the breakout group that discussed how to converge funding for impact. Participants in this group raised the notion that investment involves not just money but also people and nonmonetary resources. One theme that arose was the recognition of different stakeholders in a multisectoral area. She reported that there was a need for all sectors to be involved and aligned for maximum impact.

Some participants believed that one way to incite collaboration is through developing a common vision. A common vision could bring together multiple approaches, such as top-down governmental approaches, bottom-up grassroots implementers, and the front line of families and implementers. At the same time, existing structures of governance, decision making, and funding would dictate the means by which a common vision can be created and promoted. In developing this vision, Silver noted that several participants thought that some successful models of engagement already exist, and there was pushback against the idea of doing more case studies. Rather, several discussants believed that it was crucial that multiple sectors and stakeholders take ownership of these issues so that if the political climate changes, there is still continuity in funding and programming.

In the discussion following the reporting, several participants raised additional points. One participant noted that, in addition to funding, there is a need for convergence in policy and operations and that convergence may hold different meanings for different stakeholders. Another participant emphasized that convergence is most effective when the outcome—for example, the development of the child—is holistic and not fragmented. This participant added that when all the various departments involved in child development programming begin to work in a more collaborative manner, rather than separately and with their own measurement indicators, convergence will naturally happen.

[4] This section summarizes individual remarks by participants in concurrent session 3.

# 8

# Linking Financing and Outcomes in Early Childhood Development

Speakers reflected on the ways to link financing to outcomes. Some speakers focused on an essential package of services for children and the need to evaluate sets of outcomes, taking a holistic approach to evaluating programs for young children. Others emphasized the need to build local evidence to inform policy makers. Speakers also looked to results-based financing as a model to achieve desired outcomes.

## THE COST OF INACTION: A PRIORITY-SETTING FRAMEWORK FOR INVESTMENT[1]

Chris Desmond of the Human Sciences Research Council noted the difficulty in developing an essential package of services in early child development because of the challenge of prioritizing some outcomes over others. He noted that those in the field of early childhood development tend to prefer to talk about where they would like to end up rather than how to get there from where they are now. In that regard, he proposed three points of consideration when setting investment priorities.

First, interventions should be evaluated in sets, not individually, and across a range of outcomes. Child development involves several different inputs, many of which are added collectively and balanced together to achieve desired outcomes. Evaluating sets of interventions therefore

[1] This section summarizes information presented by Chris Desmond, Human Sciences Research Council, South Africa.

makes more sense and adds more value than evaluating individual interventions on their own. Desmond analogized this concept by comparing early childhood development initiatives to following a recipe. When baking, a cook adds all the ingredients at the beginning, balancing each item and ensuring that all complementary ingredients are present. Once completed, if prepared incorrectly, the dish cannot be saved by having the cook go back in time and add more elements. Desmond said this example is truer for early childhood development than the common idea of a production line—adding one item and then another at a later date, hoping for optimal results.

Further stressing a collective evaluation of initiatives, Desmond stated that interventions often occur in contexts where other services are already in place, and interaction with those other services might yield synergistic long-term outcomes. For example, children who receive early childhood services and have better access to primary and secondary education will benefit more from that early intervention than students who lack the later interventions, according to Desmond. If evaluating the early childhood intervention on its own, this evidence could lead stakeholders to prioritize children who are likely to receive the additional services, for example in an incentive-based financing model, thus further widening inequities, Desmond stated. On the other hand, if early childhood services are evaluated *in conjunction with* primary and secondary school interventions, stakeholders would have a more accurate picture of child development along the life span, causing them to shift resources to those who need them the most.

In discussing methods used to evaluate outcomes for children, Desmond questioned the status of the randomized control trial as the "gold standard." Although randomized control trials are suitable for clinical research, he noted that interventions "on the ground" are rarely implemented in isolation, and "everything affects everything." He suggested that traditional observational studies might, at times, be more useful because econometric analysis can be useful in unpacking all the factors that might affect outcomes.

Second, in setting priorities, Desmond said he believes interventions should be evaluated holistically. For him, the cost-effectiveness approach can be extremely narrow because it focuses only on one set of outcomes to maximize. This small set of outcomes is then prioritized, resulting in vertical programming, and interventions that take a broader perspective are not seen as valuable. Conversely, when applying a cost–benefit analysis to interventions, all outcomes are included but are assigned a monetary value. He said that stakeholders must then monetize conditions such as stunting, or decide on a value for having access to education, which is controversial.

In *The Cost of Inaction* (Anand et al., 2012), Desmond highlights a more holistic approach to evaluation, exploring the full range of benefits and laying them out in a framework. The "cost of inaction" model does not rank the outcomes; instead, it leaves the task of making value judgments to policy makers and program implementers. These value judgments, he said, are extremely important. There is no automated way to decide what should be done first to improve child development. Stakeholders must carefully weigh outcomes and all of their nuances, rather than attempting what Desmond described as an "economic technical exercise" in decision making.

Third, framing matters, according to Desmond. He explained that inaction necessarily implies a lack of action, and as discussed above, in early childhood development, there are numerous benefits to action, such as improved health, development, and education. Therefore, the child development community must show stakeholders the benefits lost and consequences incurred from inaction. Desmond commented that presenting the same information in two different ways results in two different responses. He said missing out on benefits garners one response, but talking about the consequences of failing to act links that to a "sin of commission," that is, the consequences are still linked to an action, even if the action is inaction. In his work, he achieved greater positive response when illustrating the consequences of not investing in young children, highlighting that maintaining the status quo is a choice. Framing the issues this way illuminates the value of funding and implementing essential services, Desmond concluded.

In response to a question about building simulation models to guide investment, Desmond cautioned that the state of the science in early childhood development is not at a point where predicting the future is possible, but trying to build models around prediction can help in understanding the present and examining current data better. However, in thinking about why evaluations are done, he emphasized that a great deal of knowledge already exists on what works in child development. What matters most is finding ways to reduce the cost of successful interventions without portraying the care of poor children as cheap.

## EARLY CHILDHOOD EDUCATION AND PARENTAL EDUCATION IN WESTERN AND CENTRAL AFRICA[2]

Mariavittoria Ballotta of UNICEF described a program that UNICEF is piloting in 10 countries in west and central Africa. She began by noting challenging circumstances of conflict, epidemics, and chronic mal-

[2] This section summarizes information presented by Mariavittoria Ballotta, UNICEF.

nutrition, which are competing priorities for governments in this region. Because of these other important priorities, Ballotta noted, creating local evidence is key. Although the global evidence is strong, it is not convincing enough when resources are limited.

While the program has generated evidence in a number of sectors, Ballotta shared data on school readiness. On average, about 25 percent of children have access to preschool education in west and central Africa, with the majority of them coming from urban, high-income families. Ballotta was also careful to note that in some countries, however, the number is far lower, around 2 to 3 percent.

She stated the program has three tools for rollout:

1. The *parental behavior survey* assesses the quality of the interactions between caregivers and children, looking at a number of factors, including the availability of time for caregivers to spend with children (which is not something that is usually costed). The survey also looks at social and cultural norms, some of which might be harmful, and some of which are beneficial and can help shape education programs.
2. The *early learning assessment tool* analyzes the impact of outputs and supply and demand on child outcomes. The sample consists of two cohorts—those who attended preschool and those who did not.
3. The *costing model*, based on one used for education, uses the newly generated evidence to determine the costs of implementing new early childhood development strategies in the region.

These tools are very localized, with questions based on inputs from civil society; surveys vary from country to country. Ballotta noted that the evidence is not surprising to those in the field—those children who attended preschool were more prepared to enter primary school than those children who did not. More specifically, as discovered in the Togo assessment, 90 percent of the outcomes required to start primary school come from 2 years of preschool; nearly 60 percent of outcomes come from only 1 year of preschool (see Figure 8-1). In addition, preschool teachers do not need to be high-level university teachers—specific short-term training for community teachers can contribute to good outcomes. Although community-based options have been uncertain in quality, these findings are promising. This pilot shows the impact of school readiness programs, and the strong local evidence can go a long way in ensuring that preschool is included in national budgets.

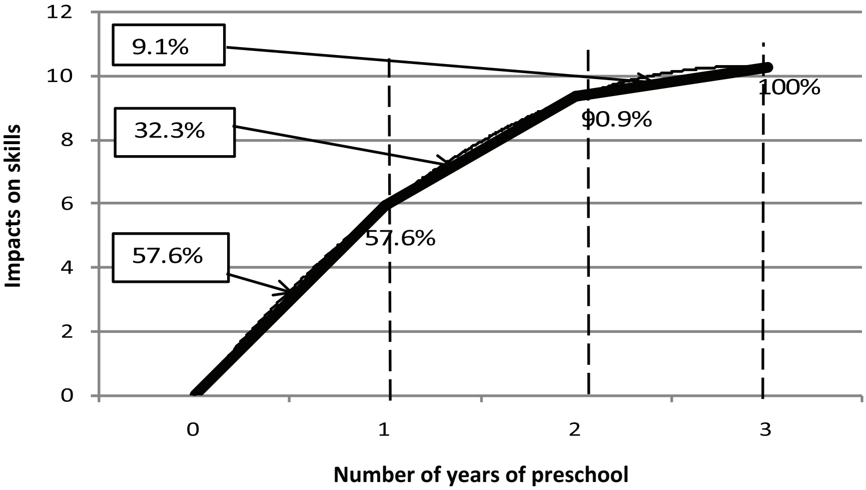


**FIGURE 8-1** Optimum length of preschool education with regard to school readiness (Togo).
NOTE: Created using the early learning assessment tool with data from Togo.
SOURCE: Ballotta, 2014.

## RESULTS-BASED FINANCING[3]

A. K. Shiva Kumar of Know Violence in Childhood: A Global Learning Initiative spoke about several key aspects of results-based financing, a funding approach in which payments are made only after agreed-on results are achieved. First, he raised the question of what should be included in an essential early childhood package in terms of direct or complementary services, staffing, resource requirements, and standards. Second, he underscored that adequacy of public financing is a prerequisite of results-based financing. According to Shiva Kumar, current underfinancing is a contributing factor to inequity, lack of access to services, poor quality of programs, and neglect of children with special needs. Third, he said that efficiency of spending requires further exploration, especially in terms of necessary systems reforms to reduce leakage and waste. Fourth, in building mechanisms for results-based financing, Shiva Kumar pointed out that both short- and long-term outcomes need to have a clear method of monitoring and tracking performance, both in terms of budget and expenditure and in terms of linking these expenditures

[3] This section summarizes information presented by A. K. Shiva Kumar, Know Violence in Childhood: A Global Learning Initiative.

to outputs and outcomes. And finally, in order to improve outcomes, he stated, there needs to be a focus on evaluation, including evaluation of processes and impacts.

Shiva Kumar also raised two additional points for discussion. The first point was related to cost—to determine how much funding to allocate, governments usually compute a unit cost. However, Shiva Kumar said, this often translates into a uniform unit cost when, in practice, geographic, demographic, and other differences generate varied costs. He raised the possibility of considering other means of determining cost on a needs basis. In his second point, Shiva Kumar stated that in countries where some provinces enjoy better fiscal health than others, the federal government should ensure that children living in provinces facing financial constraints do not get penalized. For this to happen, the federal government needs to devise appropriate compensatory and incentive mechanisms to enable provinces to offset the fiscal deficits and fulfill their obligations to children.

## INVESTING TO IMPROVE OUTCOMES[4]

Vesna Kutlesic of the U.S. National Institutes of Health and a member of the Forum on Investing in Young Children Globally reported on the discussions from the breakout group that considered the question of where best to direct investment for the purpose of improving outcomes. One theme mentioned by several participants was the importance of advocacy and awareness at all levels, but in particular at the grassroots level. Many times the approach is top-down from the government level, but community-level input, starting with the child, can be just as vital. Kutlesic noted that, from her experience at UNICEF, children are often knowledgeable about their own needs. Focusing on the child and his or her experience could serve as a useful guide for investment. In working with children, she reported, participants recommended considering the involvement of the family. In particular, she reported that the group discussed what sort of exposure the family receives in terms of education, training, or capacity building. In thinking about the family, group members noted that parents are often key participants in the child's development. Traditionally, childrearing is considered the mother's responsibility because she is the cultural focal point in the family, but several discussants thought that fathers should not be excluded and that other family members, such as grandparents, could play a role too.

One group member mentioned that the strategy of using a celebrity as the "public face" of an issue can often help bring attention to the issue

[4] This section summarizes individual remarks by participants in concurrent session 1.

among the general population. Others disagreed, saying that endorsements from local leaders can result in more immediate, actionable progress because they often know what is needed to mobilize resources. In addition, some group discussants called for improved ongoing training and education of frontline workers, as well as garnering support for other human resources development.

Other important themes raised echoed points made by various speakers throughout the workshop—promoting good governance; enhancing transparency and accountability; providing the means for monitoring and evaluation; and sharing data and information, particularly to families and communities, on how to use resources and advocate for themselves and their children. In the discussion following Kutlesic's reporting, several audience participants raised other possible areas of investment, including the following:

- An increase in the wages of employees in the child development sector, because underpayment shows a lack of value;
- Identification of a set of indicators, particularly around quality, responsive to current demographic and epidemiologic issues emerging in the target population;
- Creation of guidelines (a "how-to") on localizing and contextualizing global best practices on building an essential package of early childhood development services; and
- A platform for interdisciplinary dialogue among stakeholders.

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# Appendix A

# Abbreviations and Acronyms

| | |
|---|---|
| AKF | Aga Khan Foundation |
| CBGA | Centre for Budget and Governance Accountability |
| ECD | early childhood development |
| GDP | gross domestic product |
| GNI | Gross National Income |
| HIPC | highly indebted poor countries |
| ICDS | Integrated Child Development Services |
| IOM | Institute of Medicine |
| LDC | less-developed country |
| MDG | Millennium Development Goal |
| NRC | National Research Council |
| ODA | Official Development Assistance |
| OECD | Organisation for Economic Co-operation and Development |

| | |
|---|---|
| SBK | Shishu Bikash Kendra |
| SDG | Sustainable Development Goal |
| UNICEF | United Nations Children's Fund |

# Appendix B

# Workshop Agenda

**Forum on Investing in Young Children Globally (iYCG)**
**Financing Investments in Young Children Globally**
**Workshop #2**

Joint with the School of Education Studies and Centre for Early Childhood Education and Development (CECED)
Ambedkar University, Delhi, India

**Workshop Objectives**

1. Explore issues across three broad domains of financing:
   a. costs of programs for young children;
   b. sources of funding, including public and private investments; and
   c. allocation of these investments, including cash transfers, micro-credit programs, block grants, and government restructuring.
2. Address how to incorporate the issues of access and quality into costing models of early childhood programs.
3. Identify models of current financing structures in order to illuminate potential opportunities for new financing structures targeted toward improving child outcomes.
4. Highlight the impact of alternative models of financing (such as public–private partnerships) on child outcomes.
5. Highlight the links among sources of funding, types of funding mechanisms, and the pathways through which they operate with respect to maternal and child health, education, nutrition, and social protection outcomes.

**Background Documents**

- Workshop #1 summary: *The Cost of Inaction for Young Children Globally* (Kimber Bogard and Maureen Mellody)
- Background paper on the analysis of investments in early childhood development in India (Subrat Das)
- Discussion paper: "Building an Investment Portfolio for Early Childhood" (Pia Rebello Britto and Lorraine Sherr)

**Planning Committee**

Pia Rebello Britto, UNICEF
Venita Kaul, Ambedkar University, Delhi (Planning Committee Chair)
Joan Lombardi, Bernard van Leer Foundation
Chloe O'Gara, Independent Consultant[1]
Lorraine Sherr, University College, London
Quentin Wodon, World Bank

**Day 1 – Tuesday, August 26, 2014 PUBLIC SESSION The Oberoi Hotel**

| | |
|---|---|
| 8:00 a.m. | Networking Breakfast |
| 9:00 a.m. | Welcome<br>*Chandan Mukherjee, Pro Vice Chancellor, Ambedkar University, Delhi* |
| 9:10 a.m. | Lighting of the Inaugural Lamp |
| 9:15 a.m. | Forum on Investing in Young Children Globally (iYCG) Overview<br>*Ann Masten, University of Minnesota, Co-Chair, iYCG* |
| 9:30 a.m. | Workshop Goals and Objectives<br>*Venita Kaul, Ambedkar University, iYCG Forum Member and Workshop Chair*<br>*Pia Rebello Britto, UNICEF, iYCG Forum Member* |
| 10:00 a.m. | Keynote: What It Means to Finance Investments in Young Children<br>*Sumit Bose, Former Finance Secretary, Government of India Member, Expenditure Management Commission, Government of India* |

[1] Formerly with the William and Flora Hewlett Foundation through July 4, 2014.

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|---|---|
| | Country Perspectives<br>*Caroline Arnold, Aga Khan Foundation* |
| | Moderator: *Jan van Ravens, Yale School of Medicine* |
| 11:15 a.m. | **Break** |
| 11:45 a.m. | How to Build Costing Models on the Principle of Equity for Children and Families<br>Moderator: *Tamar Atinc, The Brookings Institution* |
| | *Enakshi Ganguly Thukral, HAQ: Centre for Child Rights*<br>*Anit Mukherjee, National Institute of Public Finance and Policy*<br>*Mariavittoria Ballotta, UNICEF* |
| 1:00 p.m. | **Lunch** |
| 2:00 p.m. | Cash Transfers and Affordability—How Should Funds Be Allocated to Provide Maximum Benefits to Children, Families, and Communities?<br>Moderator: *Quentin Wodon, World Bank, iYCG Forum Member* |
| | *Amarjeet Sinha, Principal Secretary, Department of Women and Child Development, Government of Bihar*<br>*Lucie Cluver, Oxford University* |
| 3:00 p.m. | Expanding the Role of Private Investment in Young Children Globally<br>Moderator: *Amita Chebbi, Children's Investment Fund Foundation, India* |
| | *Madhav Chavan, Pratham India*<br>*Sherri Le Mottee, Ilifa Labantwana* |
| 4:00 p.m. | **Break** |
| 4:30 p.m. | Results/Outcomes-Based Financing<br>Moderator: *A. K. Shiva Kumar, Economist and Policy Adviser* |

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|---|---|
| | *Chris Desmond, Human Sciences Research Council*<br>*Ashrafi Ahmad, Deputy Program Manager, Hospital Services Management*<br>*Directorate General of Health Services, Mohakhali, Dhaka, Bangladesh* |
| 5:30–6:30 p.m. | Adjourn and Poster Session |

**Day 2 – Wednesday, August 27, 2014 PUBLIC SESSION The Oberoi Hotel**

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|---|---|
| 8:00 a.m. | Networking Breakfast |
| 9:00 a.m. | Welcome<br>*Venita Kaul, Ambedkar University, iYCG Forum Member and Workshop Chair* |
| 9:10 a.m. | India's Experience: Investing in Child Development<br>Moderator: *Joan Lombardi, Bernard van Leer Foundation, iYCG Forum Member*<br><br>*Subrat Das and Protiva Kundu, Centre for Budget and Governance Accountability* |
| 10:00 a.m. | Building an Investment Portfolio for Early Childhood<br>*Pia Rebello Britto, UNICEF, iYCG Forum Member*<br>*Lorraine Sherr, University College, London, iYCG Forum Member* |
| 10:30 a.m. | **Break** |
| 10:45 a.m. | Breakout Session—Participants self-select into one of three groups: What should we invest in to improve outcomes? What needs to be included in cost models? How do we converge funds to have an impact? |
| 12:00 p.m. | Summary Reports from Breakout Session Chairs<br>Moderator: *Venita Kaul, Ambedkar University, iYCG Forum Member and Workshop Chair* |
| 1:00–2:00 p.m. | Networking Lunch with Public Participants; Reactions to Workshop Discussion |

# Appendix C

# Biographical Sketches of Workshop Speakers

**Ashrafi Ahmad, M.B.B.S., M.P.H., EMBA,** is deputy program manager for the Hospital Services Management section at the Directorate General of Health Services, Bangladesh. The Hospital Services Management section currently runs 15 Shishu Bikash Kendras (SBKs) in 15 medical college hospitals. Dr. Ahmad works as a desk officer from the government counterpart and oversees fund release issues for the SBKs. A multidisciplinary team consisting of child health physicians, developmental therapists, and child psychologists provide services for children with special needs, including neurodevelopmental and other delays.

Dr. Ahmad is a medical graduate with a master's degree in public health and business administration specializing in human resources management. Dr. Ahmad passed the Bangladesh civil service examination in 1995 and since then has worked closely with Bangladesh's health sector.

**Caroline Arnold** is the director of education at the Geneva-based Aga Khan Foundation (AKF), which oversees the education and early childhood portfolio across 17 countries in South and Central Asia, Eastern and West Africa, and the Middle East and Europe. Ms. Arnold has been with the Aga Khan Development Network for 10 years and has worked in education for more than 3 decades, spending two-thirds of that time living and working in South Asia and East Africa. She has worked for UNICEF, international nongovernmental organizations, and universities in Asia, East Africa, London, and the Pacific. She contributes to multiple policy fora—national and international—and is the author of numerous publications (research studies, policy articles, handbooks, and training manuals) in the area of early childhood development (ECD), transitions, children's learning, community-based rehabilitation and inclusive education, and state/nonstate partnerships.

**Tamar Manuelyan Atinc** is a visiting scholar at the Brookings Institution and is on a leave of absence from the World Bank, where she has worked in various capacities since 1984. In her last position, she was vice president for human development for 3 years, overseeing the bank's work in the areas of education, health, nutrition, and population and social protection and labor. She represented the bank in many global fora, including as a member of the Scaling Up Nutrition lead group. In her previous assignments, Ms. Manuelyan Atinc was director for human development in the bank's Europe and Central Asia region for 4 years and served as a member of the board of the Roma Education Fund. She also served in the East Asia and the Pacific region in a number of positions during a 13-year period, including acting director for human development, sector manager for the Poverty Reduction and Economic Management Network, and senior economist on China. In the Africa region, she worked for 8 years as country economist for Cameroon and Guinea, including 3 years in Yaounde. Ms. Manuelyan Atinc is also a co-author of the 2006 *World Development Report on Equity and Development*.

Before joining the bank, she worked in Geneva at the General Agreement on Trade and Tariffs and the United Nations Conference on Trade and Development. A Turkish national, Ms. Manuelyan Atinc has undergraduate and graduate degrees from Harvard University and the Kennedy School of Government at Harvard. She speaks Armenian, English, French, and Turkish.

**Mariavittoria Ballotta** is an ECD specialist with the UNICEF Western and Central Africa Regional Office. In 2003 Ms. Ballotta graduated from the University of Padova, Italy. She holds a master's degree in international relations from the Institute for International Political Studies (Milan, Italy) and is currently enrolled in a master's program on childhood and youth studies with Open University (UK). From 2005 to 2012 she served in Equatorial Guinea, Burkina Faso, Haiti, and Senegal with INGO and UNICEF and gained experience in the field of child protection and education, with a special focus on orphans and vulnerable children programming. As an ECD specialist for UNICEF, Ms. Ballotta provides technical support for ECD to 24 countries. She manages and supervises the implementation of an ECD prototype tools package developed in collaboration with Professor Alain Mingat from the Research Institute for the Economics of Education, which includes an ECD costing model, early learning assessment tool, and parental behavior survey.

**Sumit Bose** is the former finance secretary and revenue secretary, Department of Revenue in the Ministry of Finance, government of India. Educated at the Doon School, Dehradun (class of 1970), St. Stephen's College, Delhi, and the London School of Economics, he joined the Indian Administrative Service in 1976. Prior to his present appointment, Mr. Bose was secretary (expenditure) from May 2011 to August 2012. Earlier he was secretary (disinvestment) from February 2010 to May 2011. He was secretary of the Thirteenth Finance Commission from August 2007 to January 2010. Between 2004 and 2007, he was the principal secretary, finance, in the government of Madhya Pradesh. As joint secretary in the Ministry of Human Resource Development, government of India, between 1998 and 2003, he was entrusted with the task of launching the Sarva Shiksha Abhiyan. He had also served as secretary, School of Education, in Madhya Pradesh between 1994 and 1996.

**Pia Rebello Britto, Ph.D.,** global chief and senior advisor, ECD, UNICEF, is internationally renowned for her expertise in early childhood policy and programs. Dr. Britto obtained her doctoral degree in developmental psychology from Columbia University, and prior to joining UNICEF she was an assistant professor at Yale University's Child Study Center. Dr. Britto has worked in low-, middle-, and high-income countries developing integrated systems and policies for early childhood. In particular, she has investigated the role of governance and finance of national systems in achieving equity, access, and quality, conceptualized models for implementation and evaluation of quality early childhood services and parenting. Most recently, Dr. Britto is involved in work examining the relationship between early childhood and peace building.

Within the United States, Dr. Britto is known for her scientific work on young children's early literacy development, early intervention program evaluations, and identity development of Muslim and Arab children. Dr. Britto is the recipient of several national and international grants and awards in recognition for her work and has published numerous books, articles, chapters, and reports. She has presented extensively at conferences, meetings, and workshops (academic and nonacademic) globally.

**Madhav Chavan, Ph.D.,** is a cofounder of Pratham, the largest nongovernment organization in India addressing the needs of millions of children in India each year through quality education and policy change. Dr. Chavan received his Ph.D. in chemistry at Ohio State University in the United States in 1983 and returned to India in 1986 after his postdoctoral work at the University of Houston. In 1989, while teaching at the University of Mumbai, he started mass scale work for adult literacy in the slums of Mumbai as a part of the National Literacy Mission. In 1994, Pratham was set up with the help of UNICEF to address problems of primary education in Mumbai.

Dr. Chavan has since then led the organization to expand its work to more than 20 states in India with programs that include remedial education in preprimary and primary schools, support for children who have dropped out of school or are at risk of doing so, and vocational training. The focus remains on creating innovative, low-cost, and replicable solutions that can be easily scaled up. Pratham's Annual Status of Education Report (ASER) is a nationwide study testing the learning levels of children in India. The results showed that over half the fifth graders were unable to read at the second-grade level. ASER helped shift the focus in primary education from enrollment alone to learning outcomes. To counter this, in 2007 Dr. Chavan introduced Read India, which reached more than 33 million children in the first 3 years alone. Pratham has been recognized for its innovations numerous times both in India as well as internationally.

**Amita Chebbi** is Head—South Asia, Strategy and Partnerships at the Children's Investment Fund Foundation (CIFF). In this role, she provides strategic direction and support in developing CIFF's investment portfolio in the region across the health, education, and nutrition sectors. Ms. Chebbi has more than 16 years of experience across various management functions in the public and private sectors. Prior to CIFF, she was with the Clinton Health Access Initiative (CHAI) for 8 years in various roles. She brings a unique supply-side perspective and was responsible for evaluating key barriers to access to medicines, especially for children, across disease areas and the potential for impact in new areas of work. Ms. Chebbi was responsible for building and maintaining strategic relationships with pharmaceutical partners in India and facilitated access to lower prices for antiretrovirals to more than 70 countries in the developing world. Before her work at CHAI, Ms. Chebbi spent 8 years in the commercial banking and financial services industry. She is a graduate of the Indian Institute of Management, Ahmedabad, in India.

**Lucie Cluver, D.Phil.,** is an associate professor at Oxford University and the University of Cape Town. She works closely with UNICEF, World Health Organization (WHO), U.S. President's Emergency Plan for AIDS Relief-U.S. Agency for International Development (USAID), and the South African government to develop rigorous research in social protection and children affected by AIDS. She is lucky to have exceptional collaborators, including Professor Lorraine Sherr, and a dynamic team of doctoral and postdoctoral students.

**Subrat Das** has served as the executive director of the Centre for Budget and Governance Accountability (CBGA), New Delhi, since August 2010. The CBGA is an independent policy research organization that analyzes government finances in India and promotes transparent, accountable, and participatory governance in the country. During the past decade, Mr. Das has worked on issues related to the priorities in India's fiscal policy, responsiveness of fiscal policy and processes to vulnerable sections of the population, taxation, and some of the structural issues in India's fiscal federalism. He has also been closely involved with the CBGA's collaborations with universities, think tanks, and civil society organizations in India and other countries. He studied economics at the Centre for Economic Studies and Planning, Jawaharlal Nehru University, New Delhi.

**Chris Desmond, Ph.D.,** is an economist specializing in ECD, children affected by HIV and AIDS, and economic evaluation. Currently he is a research specialist at the human and social development research program at the Human Sciences Research Council in South Africa. Dr. Desmond was formerly with the FXB Centre for Health and Human Rights, Harvard University, and the Health Economics and HIV/AIDS Research Division at the University of KwaZulu-Natal.

**Venita Kaul, Ph.D., M.A.,** is currently the director of the School of Education Studies and of the Center for Early Childhood Education and Development, Ambedkar University, Delhi. As director of the center, she has initiated and led a number of research and advocacy projects in the area of early childhood education and development. A significant research project she is currently leading is a longitudinal study to explore the immediate and medium-term impact of quality variations in early childhood education on primary education outcomes. She is on several advisory committees of the government of India. She has also worked as a senior education specialist at the World Bank and professor and head of the Department of Preschool and Elementary Education at the National Council of Educational Research and Training, New Delhi. Dr. Kaul was awarded the Chancellor's Gold Medal for attaining the first position in Faculty of Arts in all disciplines in the masters' program at Allahabad University. She has a doctorate in psychology from the Indian Institute of Technology, Delhi.

**A. K. Shiva (Shiv) Kumar, Ph.D.,** is an economist and policy advisor. He has recently been appointed global co-chair of kNOw VIOLENCE: A

Global Learning Initiative to Build Better Lives for Boys and Girls. His research has focused on child rights and human development, social sector evaluation, and the impact of development policies on children and women. Dr. Shiva Kumar teaches economics and public policy at the Indian School of Business in Hyderabad and at Harvard University's Kennedy School of Government. He was, until recently, a member of the government of India's National Advisory Council that made recommendations to the prime minister's office on social policy and legislation. He also serves on the governing council of the Centre for Science and Environment, the Public Health Foundation of India, and the International Center for Research on Women. He has been a regular contributor to the United Nations Development Programme's annual *Human Development Reports*. Dr. Shiva Kumar earned his postgraduate diploma in management from the Indian Institute of Management, Ahmedabad, and his master's degree in economics from Bangalore University. He also holds a master's degree in public administration and a Ph.D. in political economy and government, both from Harvard University.

**Protiva Kundu, Ph.D.,** has been working with the CBGA, New Delhi, as a senior research officer since July 2013. She has a Ph.D. in economics from Jawaharlal Nehru University, New Delhi. Prior to joining the CBGA, she worked as an economist at the Policy Group of Infrastructure Development Finance Company Ltd. She has worked earlier as a consultant at the National Institute of Public Finance and Policy in New Delhi. Her areas of research include education, gender, and rural development. Her research work at the CBGA has focused on issues relating to inequality and public investments in children living in urban poverty.

**Sherri Le Mottee** is the program leader of Ilifa Labantwana, a South African ECD donor-led initiative seeking to accelerate universal access through modeling and testing innovations that inform a facilitated systemic change management intervention to enable take up and scale. Ms. Le Mottee is a graduate of the University of the Witwatersrand School of Education and a former teacher. She worked extensively with the integration of human rights into the education sector in South Africa, serving on the Ministerial Committee constituted by the then minister of education, various support materials for educators and trainers of educators on the integration of human rights into the curriculum. As program manager for the Electoral Institute of Southern Africa, she engaged across the southern African region developing and testing a whole-school approach to building peace, democracy, and human rights in and through education. This led her to the Open Society Initiative of Southern Africa, where as education program manager, Ms. Le Mottee engaged with civil society and governments across southern African countries seeking to influence policy and facilitate change for education to increase access, retention, and success, especially for poverty-affected and marginalized communities. She then spent 1 year working as consultant to the Education Agenda of Africa, supporting their postconflict education (peace in education) processes in Africa. Since Ms. Le Mottee took up her current position at Ilifa Labantwana 3 years ago, ECD has become a focus and a passion.

**Joan Lombardi, Ph.D.,** is an international expert on child development and social policy. She currently serves as senior advisor to the Buffett Early Childhood Fund on national initiatives and to the Bernard van Leer Foundation on global child development strategies. She also directs Early Opportunities, LLC, focusing on innovation, policy, and philanthropy. During the past 40 years, Dr. Lombardi has made significant contributions in the areas of child and family policy as an innovative leader and policy advisor to national and international organizations and foundations and as a public servant. She served in the U.S. Department of Health and Human Services as the first deputy assistant secretary for ECD (2009–2011) in the Obama administration and as the deputy assistant secretary for policy and external affairs in the administration for children and families and the first commissioner of the Child Care Bureau, among other positions (1993–1998), during the Clinton administration. Outside of public service, she served as the founding chair of the Birth to Five Policy Alliance (now the Alliance for Early Success) and as the founder of Global Leaders for Young Children. She currently serves on the board of trustees for Save the Children and the board of directors for the Collaborative for Academic, Social and Emotional Learning.

**Ann S. Masten, Ph.D., LP,** is Regents Professor, Irving B. Harris Professor of Child Development, and Distinguished McKnight University Professor in the Institute of Child Development at the University of Minnesota. She completed her doctoral training at the University of Minnesota in clinical psychology and her internship at the University of California, Los Angeles. In 1986, she joined the faculty at the Institute of Child Development at the University of Minnesota, serving as chair of the department from 1999 to 2005. Professor Masten's research focuses on understanding processes that promote competence and prevent problems in human development, with a focus on adaptive processes and pathways, developmental tasks and cascades, and resilience in the context of high cumulative risk, adversity, and trauma. She directs the Project Competence studies of risk and resilience, including studies of normative populations and high-risk young people exposed to war, natural disasters, poverty, homelessness, and migration. The ultimate objective of her research is to inform sciences, practices, and policies that aim to promote positive development and a better future for children and families whose lives are threatened by adversity. Dr. Masten currently serves on the Board on Children, Youth, and Families (BCYF) and the U.S. National Committee of Psychology for the Institute of Medicine/National Academies. She formerly served on the BCYF Committee on the Impact of Mobility and Change on the Lives of Young Children, Schools, and Neighborhoods and the planning committee on Investing in Young Children Globally. She also has served as president of the Society for Research in Child Development and president of Division 7 (Developmental) of the American Psychological Association (APA). She is a 2014 recipient of the Urie Bronfenbrenner Award for Lifetime Contributions to Developmental Psychology in the Service of Science and Society from the APA. Dr. Masten has published and presented extensively on the themes of risk and resilience in human development. Her book *Ordinary Magic: Resilience in Children* has recently been published by Guilford Press, and she began teaching a free mass open online course on the same theme beginning in September 2014 on Coursera.

**Anit N. Mukherjee, Ph.D.,** is a consultant at the Center for Global Development, where he works on issues of global health financing and innovations for improving public service delivery. Before joining the center in September 2013, Dr. Mukherjee was associate professor at the National Institute of Public Finance and Policy, a think tank linked to India's Ministry of Finance and Planning Commission. He has conducted research and policy advocacy to improve efficiency and effectiveness of public expenditure in education, health, and poverty reduction programs. He has developed and implemented innovative expenditure tracking and governance tools for social sector schemes in partnership with civil society organizations such as Pratham, the ASER Centre, and the Accountability Initiative. His research focuses on human development, intergovernmental fiscal transfers, public expenditure management, and innovations in the delivery of public services, especially in health and education. Dr. Mukherjee holds a Ph.D. in economics from the University of Tsukuba, Japan, and has previously worked at the International Food Policy Research Institute in Washington, DC, and as an advisor to the government of Yemen. He is also a nonresident fellow of the Wadhwani Chair in Indo-US Policy at the Center for Strategic and International Studies, Washington, DC.

**Chandan Mukherjee, Ph.D.,** is currently the pro-vice-chancellor, Ambedkar University, Delhi, and is affiliated with the School of Development Studies. He received his master's and Ph.D. degrees in statistics from the Indian Statistical Institute, Kolkata (Calcutta). He joined the Centre for Development Studies, Trivandrum, in 1973 as a lecturer, became a professor in 1988, and was the director of the institute during the period of 1994–2003. Later, he was the Reserve Bank of India Chair Professor at the National Institute of Public Finance and Policy (New Delhi), from where he retired to join Ambedkar University, Delhi, in February 2011. He was a visiting professor at the Institute of Social Studies (The Hague, Netherlands) and Jawaharlal Nehru University (New Delhi). He was the vice chairman of the Advisory Council for Scientific Research on Development Problems, Ministry of Development Co-operation, government of the Netherlands, 1997–2002. His main research interest has been in the area of development studies on different issues in agriculture, employment, health, and crimes against women, among other topics. He has published numerous books and articles.

**Lorraine Sherr, Ph.D.,** is a consultant clinical psychologist and professor of clinical and health psychology at University College London Medical School. She is head of the Health Psychology Unit. She has been involved in studying the psychological aspects of HIV since the beginning of the epidemic. She is the editor of the international journal *AIDS Care* as well as *Psychology, Health and Medicine* and *Vulnerable Children and Youth Studies*. She jointly coordinated the European study on policy on HIV in pregnancy and was codirector of the European initiative on HIV discrimination and mental health, HIV and antenatal testing policy in Europe, psychological services for HIV/AIDS, and HIV prevention. Dr. Sherr sat on the British HIV Association's Social and Behavioural Group and was a member of the Writing Group for the association's adherence guidelines, reproduction guidelines, and psychological care guidelines. She has sat on the Strategic and Technical Advisory Group for WHO's HIV section. She was co-chair of Learning Group 1 on Families for the Joint Learning Initiative on Children and AIDS. She also sits on the steering committee of the International Coalition on Children affected by AIDS.

Dr. Sherr has been appointed a Churchill Fellow for life for her work on HIV and AIDS in obstetrics and pediatrics. She has held numerous research grants looking into aspects of health psychology, family, and HIV and AIDS in Africa, Europe, and the United Kingdom. She has chaired the British Psychological Society Special Group on HIV and AIDS and the Special Group on Teaching Psychology to Other Professions. She has provided psychosocial evaluations for international organizations such as the World Health Organization, USAID, the President's Emergency Plan for AIDS Relief, UNICEF, Save the Children, World Vision, and Norad. Dr. Sherr represented psychology on the International Scientific Board of the International AIDS Conferences in Geneva and Washington (2012) and is on the international organizing committee of the AIDS Impact Conference. She was previously appointed to the Review Support Panel of the Global Fund and has chaired the WHO Committee on HIV Disclosure.

**Amarjeet Sinha** is currently posted as principal secretary, Department of Social Welfare, Government of Bihar. He has more than 30 years of experience in government, primarily in the social sector. He has had the unique distinction of having played a major role in designing Sarva Shiksha Abhiyan (India's main program for universal elementary education) and the National Rural Health Mission. He has also been training Indian Administrative Service officer trainees at the Lal Bahadur Shastri National Academy of Administration, Mussoorie, on the social sector over the past 15 years.

Mr. Sinha has also served as the education/human development advisor with the Department for International Development, United Kingdom, from 2001 to 2005. He has been a field officer in the tribal Singhbhum district of Jharkhand and in the extremist-affected Jehanabad district of Bihar. He was associated with the design of the Bihar Education Project, the first Education for All project after the Jomtien Declaration of 1990, on Education for All. He has been conferred the Honorary Fellowship of the Indian Public Health Association and is a member of the International Independent Review Committee of the Global Alliance for Vaccines and Immunization. He has carried out many assignments for international agencies such as UNICEF, the United Nations Development Programme, the Department for International Development, and WHO, among others.

Mr. Sinha has published seven books and many articles in such publications as *Lancet*, *Economic and Political Weekly*, *Economic Times*, the *Hindu*, the *Business Standard*, and the *Hindustan Times*, among others. His latest book, *An India for Everyone: A Path to Inclusive Development*, was released by Nobel Laureate Amartya Sen in February 2013.

**Enakshi Ganguly Thukral** has been a human rights activist and child rights advocate, researcher, and trainer for the past 3 decades, working on such wide-ranging sociolegal issues as development-induced displacement, women in the unorganized sector, reproductive health, child labor, child trafficking, laws and policies governing women and children, education, violence against children, and juvenile justice. Since cofounding HAQ: Centre for Child Rights, in 1998, Ms. Ganguly Thukral has focused on children's rights. Working on children and governance and child protection, HAQ is actively engaged in monitoring governments' performance, public education, and advocacy on children's rights. It works as a resource and support base providing information, referral services, legal aid, training, and capacity building of all those working with children or on issues concerning them and the children themselves.

**Jan van Ravens** is a senior policy maker and consultant affiliated with the Child Study Center at Yale University. In recent years he has supported early childhood policy development in Albania, Armenia, Azerbaijan, Bangladesh, Bosnia and Herzegovina, Ethiopia, Georgia, Indonesia, Jordan, Kosovo, Kyrgyzstan, Laos, Macedonia, Montenegro, Nepal, Nigeria, Pakistan, Panama, Romania, Serbia, Sierra Leone, Tanzania, Uganda, and Uzbekistan. As a member of a research team from Yale and Harvard, he studied the governance of child policy in Colombia, Kenya, Peru, and Uganda. Former positions include senior policy analyst in a United Nations team that issues the annual *Education for All Global Monitoring Reports*; head of international affairs in the Dutch Ministry of Education, Culture and Science; and coordinator of higher education and lifelong learning in the Dutch Ministry of Economic Affairs. Having participated in international networks (UNICEF, World Bank, OECD, EU, UNESCO), Mr. van Ravens values international comparison as an important means to better understand and improve the functioning of national systems for education, health care, and social protection. A graduate of Leiden University, Mr. Van Ravens has published about 75 titles—partly academic, partly more journalistic—on early childhood policy and on education.

**Quentin Wodon, Ph.D.,** is an advisor/lead economist in the Education Global Practice at the World Bank, where he serves as cluster leader for equity, resilience, and ECD. Previously, he managed the World Bank unit working on faith and development, served as lead poverty specialist for Africa, and worked as an economist/senior economist for Latin America. Before joining the World Bank, Dr. Wodon worked as an assistant brand manager for Procter and Gamble Benelux, volunteer corps member and deputy director with the International Movement ATD (All Together for Dignity) Fourth World, and tenured assistant professor of economics at the University of Namur. He is a fellow with the Institute for the Study of Labor in Bonn, Germany, and the European Center for Advanced Research in Economics and Statistics in Brussels and has taught at Georgetown University and American University in addition to the University of Namur. Dr. Wodon serves on various advisory boards and as an associate editor for journals and is a past president of the Society of Government Economists. He is also actively involved in service work with Rotary and performs pro bono consulting for nonprofits. Dr. Wodon's work focuses on improving policies that can contribute to poverty reduction and development. He has more than 350 publications and is a recipient of the Prize of Belgium's Secretary of Foreign Trade, a Fulbright grant, and the Dudley Seers Prize. He holds graduate degrees in business engineering, economics, and philosophy (Université Catholique de Louvain), as well as doctorates in economics (American University) and theology and religious studies (Catholic University of America).

# Appendix D

# Poster Session Abstracts

## SMART KIDS FITNESS PROJECT ON WEIGHT MANAGEMENT FOR PRIMARY SCHOOL CHILDREN ADOPTING FRAMEWORK OF HEALTH PROMOTING SCHOOLS

*A. Lee, M. Ho, A. C. M. Kwong, and M. W. Keung, Centre for Health Education and Health Promotion,*
*Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong*

**Citation:** Lee, A., Ho, M., Keung, M. W., and Kwong, A. C. M. 2014. Childhood obesity management shifting from health care system to school system: Intervention study of school-based weight management program. *BMC Public Health* 14:1128. doi:10.1186/1471-2458-14-1128.

**Purpose:** With support from the Health Care Promotion Fund, Food and Health Bureau of the government of the Hong Kong Special Administrative Region, the project aimed to help overweight and obese primary school children to develop healthy lifestyles with the goal of weight control via home-school joint venture approach under the support of health care professionals.

**Design:** The one-year project adopting the Health Promoting Schools approach consisting of improvement in school policies and environment in healthy lifestyles, health skills training and empowerment for teachers and parents, involvement of family and health professionals to create a healthy culture for the benefits of all students in schools.

**Setting:** Primary school setting

**Participants:** Students aged 8–12 who were overweight or obese

**Methods:** The project adopted randomized control study design. Participating students were randomly assigned into intervention and control groups. Both students and their parents in both groups had pretest ($T_0$) at baseline, midterm test ($T_1$) on completion of the intervention program, and posttest ($T_2$) at four months after completion of program. The methods of evaluation were:

- Anthropometric assessment for students
- Survey for students on health behaviors
- Survey for parents on children's health behaviors

**Results:** A total of 93 students from six participating schools completed the whole program. The key findings included:

- BMI [body mass index] and body fat percentage of the intervention group students stabilized from $T_0$ to $T_1$ whereas those of control increased significantly (BMI + 0.78kg/m$^2$, $p < 0.001$; body fat + 2.29 percent, $p = 0.005$).
- From $T_1$ to $T_2$, the intervention group showed a significant drop in mean body fat from $T_1$ to $T_2$ (–2.3 percent, $p = 0.001$).
- The intervention group showed an increase in the percentage of students meeting the daily recommended fruit and vegetable intake from $T_0$ to $T_1$ whereas there was no change in fruit and decrease in vegetable intake in control.
- Parents' survey showed a significant increase in the percentage of parents who reported that their children's dietary habits were healthy or very healthy from $T_0$ to $T_1$ (+21.2 percent, $p = 0.019$).
- From $T_0$ to $T_1$, an increased percentage of students from the intervention group met the basic exercise recommendation in all types of exercises, and significantly more intervention students expressed that they liked doing exercise (+29.5 percent, $p = 0.02$).

**Implication of Research:** The findings of the project affirmed that the Health Promoting Schools model is an effective way to integrate a broad range of strategies to foster a supportive environment to prevent and alleviate childhood obesity.

## LITERACY RESEARCH IN INDIAN LANGUAGES: UNDERSTANDING LITERACY INSTRUCTION AND LEARNING OUTCOMES IN THE FIRST GRADE

*Shailaja Menon, Azim Premji University, Bangalore;*
*Ramchander Krishnamurthy, Azim Premji University, Bangalore;*
*Sajitha Kutty, Azim Premji University, Bangalore;*
*Neela Apte, Kalike, Bangalore; Abha Basargekar, QUEST, Thane; and*
*Mounseh Nalkamani, Kalike, Yadgir*

**Background and Rationale:** The Literacy Research in Indian Languages (LiRIL) is a longitudinal project studying early literacy development in Kannada and Marathi. This is a study initiated by Sir Ratan Tata Trust, Mumbai, in collaboration with Azim Premji University, Bangalore. Most of the theory and research related to early literacy have been generated in Western, English-speaking contexts. English uses an alphabetic script that differs considerably from the alphasyllabic or semisyllabic scripts used in most Indian languages. These linguistic differences, as well as differences in cultural and instructional contexts, make it questionable to generalize understandings generated in the West to Indian settings.

**Objectives:** The broad aims of the study are: (1) To study the acquisition of several literacy skills and sub-skills in a cohort of 360 students (per site) as they move from Grades 1–3 in Kannada and Marathi; (2) To understand the classroom contexts in which students acquire literacy by examining classroom transactions, curricular materials, and teacher knowledge and beliefs; (3) To identify the most significant predictors of literacy acquisition; and (4) To get insights into significant challenges to literacy acquisition, especially in the lives of some of the most marginalized students in the classroom.

**Design and Methodology:** The project combines quantitative bi-annual tracking of literacy acquisition in the cohort of 360 first-grade cohort on a battery of tests across two sites (Yadgir in Karnataka for Kannada, and Thane in Maharasthra for Marathi). The cohort of students is being followed from Grade 1 to Grade 3. Other methods that are being used include (1) classroom observations; (2) case studies of struggling readers from marginalized backgrounds; (3) teacher interviews; and (4) curricular analyses to generate a holistic understanding of literacy development in disadvantaged Indian contexts. The project has currently completed two years of piloting and is in the second year of its longitudinal study.

**Results:** The poster presentation will outline the "Growth and Variability in Early Literacy during First-Grade." In this presentation, we will share emergent insights based on the first year's bi-annual tracking of literacy learning in 360 first graders at both sites. Specifically, the presentation focuses on three questions:

1. Literacy Acquisition of First-Graders—What have the first-graders learned in terms of reading and writing during their first year of formal schooling? We will attempt to answer this question both at a broad level in terms of capacities to read and write, as well as in terms of the difficulties and challenges they face. This analysis will be largely based on the second round of data collection conducted toward the end of Grade 1.
2. Documenting Growth during First-Grade—Since we have captured two rounds, we are able to observe growth in literacy across the year. In this part of our presentation, we will present the overall growth patterns observed across the year and demonstrate variability in this growth. This might eventually enable us to answer questions such as the following: Do the disadvantages in literacy acquisition set in early and remain firm? Or can children catch up over time?
3. Explaining Variability—In our initial analysis, we notice significant variations in achievement at least three levels: (a) between the two sites in Karnataka and Maharashtra; (b) between different classrooms included in our sample, even within the same site; and (c) between different children in the same classroom. What can we learn about the correlates of variability at each of these three levels? We draw on both data on background variables that we have collected and from the qualitative observations that we have made of the classrooms.

**Implications:** The presentation will briefly discuss implications of the research findings for literacy instruction in the early primary grades and the kinds of changes in curriculum and teacher education that are required.

## REDUCING MALARIA BY A FACTOR OF TEN IN PART WITH ROTARY FUNDING

*Naina Wodon*

**Purpose of Study:** To document the impact of Muso's four-step approach to malaria and child mortality in Mal and the mechanism used by Rotary International to help fund the project.

**Design/Setting/Participants/Methods:** Muso works in communities through a four-step approach. The first step consists of mobilizing the existing health care delivery system. This includes selecting, training, employing, and supervising local individuals who go door to door and identify children sick with malaria and other illnesses. These community health workers diagnose malaria in the household and treat simple cases. The second phase consists of removing barriers that prevent people from accessing care when needed. By eliminating point-of-care user fees, Muso ensures that even the poorest can benefit from life-saving comprehensive and universal care, whether at home, in community health centers, or in referral hospitals. The third step consists of creating rapid referral networks by training communities in identifying health risks, prioritizing rapid treatment, and navigating the health system. The final step consists of clinical capacity building. As Muso systematically removes access barriers to achieve universal health coverage, it reinforces the ability of the public sector to provide quality care to its patients.

**Results:** As documented by Johnson et al. (2013), at baseline, the child mortality rate in the Muso catchment area was 15.5 percent. After three years, it plummeted to 1.7 percent. During the same period, the study documented a tenfold increase in the number of patient home and clinic visits; a doubling of the rate of rapid access to malaria treatment for children in need; and a reduction by one-third in the share of children becoming sick with fever. Because the study was not based on a randomized controlled trial, but on repeated cross-sections in Muso's area of intervention, caution is needed in assigning causality. Nevertheless, the results are very encouraging.

**Innovative Funding:** Thanks to fundraising by a network of Rotarians in Mali, the United States, and India, Muso benefitted from a $60,000 grant from the Rotary (International) Foundation. The focus of this grant was on malaria prevention and treatment for the community of Yirimadjo. The funds were used to buy high-quality insecticide bed nets and provide diagnosis and treatment for more than 3,500 patients. During the course of the project, Muso grew 10-fold with new partnerships with, among others, the Against Malaria Foundation and CHF.

In March 2014 the Rotary Foundation awarded Muso an additional $151,500 global grant. The new initiative, put together by the Rotary Club of Washington, DC, is called "Thrive for Five: Improving Child Mortality and Survival in Mali." It will benefit 13,500 children over two years. To date, close to two dozen Rotary Clubs in 11 countries across four continents have supported Muso's work. The Muso team recently received two global awards. The 2013 GSK Global Healthcare Innovation Award recognized Muso as one of five effective new models for better chances of child survival. The Caplow Children's Prize named Muso one of eight finalists for its global award that identifies high-impact new models for saving children's lives.

**Implications:** Grassroots private fundraising for innovative service delivery health care models with first-rate implementation capacity can be highly successful for demonstrating the value of pilots, which can then be replicated by larger organizations at scale.

**Reference for the Impact Assessment:** Johnson, A. D., et al. 2013. Assessing early access to care and child survival during a health system strengthening intervention in Mali: A repeated cross sectional survey. *PLoS ONE* 8(12):e81304.

## THE LATIKA ROY FOUNDATION

*Shubha Nagesh and Jo Chopra*

The Latika Roy Foundation (LRF) has established itself as a major player in the field of disability in North India. The quality of specialized services offered for children and adults (birth to adulthood) is unparalleled in the region, and our comprehensive approach to early childhood development (ECD) is innovative and family centered and based on parent empowerment.

LRF works with parents and ECD providers (Anganwadi centers) to identify at-risk children early, prevent acquired disability in typical children, and mitigate the impact of developmental disabilities on children and their families, while helping all of them become ready for school.

Engaging with the government is the only practical way to achieve scale and effect change within the system. We are already working successfully and extensively in a public–private partnership with the National Rural Health Mission at Gubbara; our assessment and diagnostics center located at the government Doon Hospital; and Chhota Gubbara, our follow-up program for high-risk newborns, located in the Doon Women's Hospital.

Assessment and diagnosis is only the first step in a very long process, and parents need much more input to truly make a difference in their children's lives. In addition to assessments and diagnoses, these programs provide parents intensive training to creatively engage and work with their child at home. A pilot program, initially funded by Sight Savers UK, now self-funded, provides follow-up care in the community for children assessed at Gubbara.

Mama EIC [early intervention center] is a center-based therapy program for young children with disability from 0 to 5. Children attend sessions with their parents, who are trained to continue the program, including speech therapy and physiotherapy at home. We follow a family centered and holistic approach based on the belief that every child, regardless of ability, has the potential to develop and grow in a positive way. Free and structured play sessions form an important part of the curriculum at all levels. We believe in developing the whole child, and personality development is as important as teaching a child to perform specific tasks. Strong emphasis is placed on consistent, nonthreatening behavior management and the development of good social skills.

Currently, we are seeing children with significant disabilities, and the majority need help over an extended period; most still have special needs at five years of age. These children move on to Karuna Vihar School or the Child Development Centre or other schools able to meet their continuing needs. A growing number of children have been admitted to mainstream schools and have been supported there by on-going interaction with the LRF outreach team.

Our rights-based approach challenges injustice and demonstrates how inclusion works. By training grassroots and professional personnel and mentoring hundreds of children with special needs, we are bringing the disability perspective to mainstream health and education, thereby raising standards for everyone. Our focus now lies on training and capacity building as the best ways to scale up and demonstrate our belief that when we plan for the most vulnerable, the world works better for everyone. Our mission is to make Uttarakhand a model state where people with disabilities have access to education, employment, and full inclusion in the community.

## EARLY CHILDHOOD EDUCATION INITIATIVE: PROVIDING AFFORDABLE HIGH-QUALITY EDUCATION FOR CHILDREN FROM LOW-INCOME FAMILIES IN URBAN INDIA

*Monitor Inclusive Markets, a mission-driven nonprofit unit of Deloitte*

*Aroon Vijaykar, Tom Blathwayt, Ashish Karamchandani*

**Purpose of Study:** To determine the state of the early childhood education (ECE) market in urban India and the potential for a private-sector intervention to provide good quality ECE at scale for low-income families earning INR 10–25K per month.

**Design/Setting/Participants/Methods:** Monitor Inclusive Markets (MIM) conducted an eight-week scan of the ECE sector in India with a four-member team. The research process involved interviews with 11 experts, 12 investors/grant makers, and 8 ECE providers. The team also conducted site visits with 10 ECE providers and reviewed 12 industry reports. Coming out of the research, MIM designed a six-year program for a private-sector intervention and refined it based on input from six experts and one funder.

**Results:** An increasing number of the 14 million households in urban India earning ~INR 10–25K are paying ~4–6 percent of their monthly household income (~INR 6–15K per annum) to send their children to private ECE centers as they believe this will help them get into good private schools. However, most ECE being provided to low-income children today is of a low quality due to teachers employing rote learning methods in teaching English/math as well as teaching writing at an early age when motor skills are not yet sufficiently refined. This low-quality standard for ECE is due to a few different factors. Parents want children to learn English, math, and writing in order to gain admission into good private schools. For admissions testing, schools use criteria such as English/math as a proxy for evidence of academic capability. As a result, ECE teachers use methods they are familiar with (e.g., rote learning) to teach to the demands of parents and schools. In addition, low-quality ECE is cheaper to deliver because it requires a lower teacher-to-student ratio.

However, there exists the potential for a sustainable and scalable model that can deliver high-quality ECE while serving low-income households. Such a model would include more play-based and interactive learning, focusing on age-appropriate skills and the full suite of priority development areas (e.g., physical, social, emotional, and cognitive). The model is commercially viable because one can get low-cost rental space in low-income neighborhoods, and teachers are open to working at reasonable wages. Parents could be convinced of the need for high-quality ECE, and school admission criteria could be changed to incentivize market adoption of high-quality ECE. Teachers too can be educated and trained to deliver high-quality ECE.

**Implications of Research:** MIM is embarking on a six-year program to catalyze the market for lower-cost high-quality ECE. Activities include:

- Defining and disseminating a business model blueprint
- Assembling supporting elements (e.g., teacher training curricula, quality assessment systems)
- Running pilots through four to six partners in approximately three cities
- Supporting three to five scale adopters
- Addressing cross-cutting ecosystem barriers (e.g., lack of standardized quality assessment tools, policy obstacles)

MIM aims to impact 18 lakh children annually by 2025.

## THE UMMEED EARLY CHILDHOOD DEVELOPMENT AND DISABILITIES PROGRAM

*Rucha Shelgikar, MBBS; Vibha Krishnamurthy, M.D.; Pervez Daver, M.Sc.*

*Ummeed Child Development in partnership with Forbes Marshall, Pune*

There is ample research that documents why young children in low- and middle-income countries do not develop optimally due to multiple risk factors like malnutrition, anemia, and poor awareness amongst caregivers about early child development (ECD).

Early intervention for children at risk of and with developmental disabilities leads to improved developmental outcomes for the children as well as benefits for the community in terms of maximizing human potential and return on investment.

In India, the best access to families with children under the age of three is through community health workers (CHWs) who have direct contact with them. Ummeed designed and piloted a prototype intervention in collaboration with Forbes Marshall (FM) for their projects with CHWs in urban slums in Pune.

**Objectives:**

- To create a training program that gives CHWs the skills to
- Promote and monitor ECD in their community
- Identify children with disabilities early
- Teach families simple play and communication-based interventions to address developmental delays
- Identify local resource bases for referral of children with developmental disabilities and to actively advocate for children with disabilities
- To pilot the training program with 15 CHWs and their supervisors in three urban slum communities in Pune

**Methods:** Fifteen CHWs and two supervisors were selected as trainees for the pilot. Baseline assessments for FM, CHWs, and the community were conducted. Ummeed conducted the training in four modules of three to four days, over a period of 15 months. In between modules, supervisors and CHWs went into the community to engage with the families one day a week, every week. For effective mentorship, Ummeed had regular meetings and telephonic conversations with the supervisors.

**Results:** The CHWs have monitored and supported the development of 717 children under the age of 3 by visiting their homes regularly over the past 18 months. Twenty-eight children under the age of 3 and six older children were identified to have significant delays. Ten children requiring further assessment and treatment were sent to locally identified resource centers.

Qualitative changes were seen in the communities' attitude and practices related to ECD. Communities included ECD as part of the agenda for community meetings and events and proactively sought CHWs for advice and support related to children. The CHWs have become strong advocates for ECD and for children with disabilities. Operational costs in the field of Rs.48,000/month (USD 800) were borne by FM. This roughly translates into an investment of Rs.100 (USD 1.6) per child being monitored in a given month.

**Implications:** The Ummeed FM ECD prototype provides a model that can be used for ECD interventions for children at risk and with developmental disabilities. It has the potential to be replicated, through partnerships between organizations that have expertise in ECD, with community-based organizations. Government policy and funding need to be in place that promote such partnerships.

## THE ODISHA IMPACT ASSESSMENT STUDY: MOTHER TONGUE–BASED MULTILINGUAL EDUCATION

*Anubha Rajesh, Shefali Pai-Samant, Vini Gupta, and Manvika Sharma*

*ICF International*

The program "Successful Transition for Young Tribal Children in Odisha," supported by the Bernard van Leer Foundation, is a part of India's strategy to provide "increased access to quality multilingual pre-school education services for 3–5 year old tribal children in Odisha." The foundation through the current study wants to establish empirical evidence that can be shared with the policy makers to improve opportunities for disadvantaged children. The objectives of this longitudinal study are to measure the impact of mother tongue–based multilingual education by tracking children from early childhood education (ECE) centers through Class II with respect to enrollment, retention, and performance.

**Research Design:** A quasi-experimental research design was utilized. Purposive sampling was used to select the intervention (PREM [People's Rural Education Movement] and ICDS + PREM) group. Subsequently, a comparable control group (ICDS) sample was selected. Rigorous measures were employed to create/adapt contextually appropriate tools (center observations, child assessments, child height and weight, social skills, facilitator/AWW [Anganwadi worker] interview, parent interviews, family demographic survey, and focus group discussions) and train field staff.

**Sample:** This poster presentation is focused on the data collected and analyzed for Time 1 and Time 2, when the children were enrolled in ECE centers. The sample from Time 1 included 455 children from 78 ECE centers of the Kandhamal and Rayagada districts of Odisha. A total of 150 parents and 79 facilitators/AWWs were interviewed to gain an understanding of their opinion. In addition, 30 focus group discussions were conducted with the community.

**Research Questions Focused for the Presentation:**

1. How do the three ECE program models (PREM, ICDS + PREM, and ICDS) compare in terms of program quality (classroom, teacher, and curriculum)?
2. What is the relationship between the type of ECE program model (PREM, ICDS + PREM, and ICDS centers) and changes in children's physical, language, literacy, math, and socioemotional outcomes from the beginning to the end of the preschool year?

**Major Findings from Time 1 and Time 2:** The findings from the study indicate that there were no significant differences between PREM, ICDS + PREM, and ICDS centers with regard to center quality, which was generally average. The language spoken for the majority of the day in ICDS centers was Odiya (85.8 percent), whereas in PREM centers, both Kui and Saora were spoken along with Odiya. AWWs from ICDS + PREM and ICDS centers had higher education qualifications and longer tenures than PREM facilitators. More PREM facilitators reported receiving mother-tongue-approach training as compared to their counterparts.

The key findings for the performance of children below 4.5 years and children in 4.6–5.11 years indicate that both age groups of children from both ICDS and PREM improved in total scores over time. Mixed ANOVAs [Analyses of Variance] conducted on the older age group showed PREM children performed better in the overall total child assessment score, school readiness items, and language items. However, the children's performance is far from ideal.

**Implications:** This is a unique longitudinal study in India with a quasi-experimental research design to focus on mother tongue programming and ECE in a tribal context. The findings throw light on how grassroots efforts and mother tongue programming can help increase access to ECE services to marginalized children and families.