Ushirika wa Maendeleo ya Elimu Barani Afrika
الرابطة لأجل تطوير التربية في إفريقيا
Association for the Development of Education in Africa
Association pour le développement de l'éducation en Afrique
Associação para o Desenvolvimento da Educação em África

Triennale on Education and Training in Africa
(Ouagadougou, Burkina Faso, February 12-17, 2012)

Promoting critical knowledge, skills and qualifications for sustainable development in Africa: How to design and implement an effective response by education and training systems

Sub-theme 1
Common core skills for lifelong learning and sustainable development in Africa

The Lancet Series on Early Childhood Development (2007, 2011): What do we know and what is the relevance for Africa?

by

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Working Document

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• Original Version in English •

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ABSTRACT

Evidence that the early years of life play a major role in children's development has been corroborated with increasing new evidence reviewed in the most recent Lancet Series in Child Development (Walker et al., 2011; Engle et al, 2011). Risk factors for poor development include poor maternal nutrition, lack of stimulation and learning opportunities, and exposure to violence, but protective factors such as breastfeeding and maternal education can reduce these negative effect. These early influences can change a child's developmental trajectory, wage earning, and eventual life course. Programs for young children as diverse as parenting incorporated into health and nutrition programs, preschool, educational media, cash transfer programs, and ECD components of programs for HIV + and severely malnourished children have made a difference in children's learning outcomes. But despite this promise, disparities are increasing, both within and between countries. In the African context, risk factors such as malaria are putting more children at developmental risk. Preschool experiences, which can facilitate school performance, is unevenly distributed among countries, and even within countries, tends to be for the urban wealthy. Given the wealth of data on the value of preschool and parenting programs these should be made components of a quality educational system that promises to reduce disparities in school achievement and productivity.

In 2007, the first Lancet Childhood Development series estimated that more than 200 million children under the age of five in low- and middle-income (LAMI) countries were not attaining their development potential. The primary causes were poverty, nutritional deficiencies, and inadequate learning opportunities. Four major risks were identified: growth retardation, iron deficiency, iodine deficiency, and lack of cognitive stimulation. There was growing evidence that interventions were effective in preventing the loss of developmental potential, particularly if the interventions occur early in life, are of high quality, and reach the children in the greatest need. However, without action, millions of children would continue to be at risk of delayed development, undermined potential, and – ultimately – the perpetuation of the cycle of poverty.

In 2011, a follow-up Lancet series examines new evidence on both risks and protective factors for early childhood development, reports new evidence on program effectiveness from 42 studies and program evaluations, examines the cost of *not* investing in Early Child Development programs, and calculates the potential benefit/cost ratio of investments.

The inequalities in child development in low- and middle-income countries are increasing. The latest series reveals that inequalities in child development often begin before birth and continue through the first years of life. Interventions during this early period are the most effective and cost-efficient mechanisms to reduce inequalities and advance the physical, social and economic prospects of children, and – ultimately – entire countries.

Major Conclusions from the 2011 Series

1. Exposure to biological and psychosocial risks affects the developing brain and compromises children's development.

a. The 2011 series further confirms the critical importance of previously identified risks: poverty, malnutrition and lack of stimulation.

b. The 2011 series identifies additional causes of developmental inequality not previously emphasized in studies done in low income countries. These include: intra-uterine growth retardation, malaria, HIV infection, maternal depression, societal violence and institutionalization.

3. Inequalities in child development begin prenatally and in the first years of life, and increase over time.

4. Disparities widen when children experience multiple risks.

5 . Cognitive stimulation, breastfeeding and maternal education can protect children from risks.

6. Reducing inequalities requires early integrated interventions that reduce risks and promote child development.

7. The most effective and cost-efficient time to prevent inequalities is early in life.

8. Parenting interventions and center-based programs (preschools) can improve children's development.

9. Quality in early child development programs can be maximized through design, curriculum, parent involvement, and training and supervision for workers

10. Increasing preschool enrollment in each low or middle-income country would result in a benefit of between US $10 - $34 billion and a benefit-to-cost ratio of between 6.4 - 17.6:1 depending on percent of children enrolled.

11. To reduce and prevent disparities, governments need to allocate more resources to high-quality early child development programs for disadvantaged children.

12. Action or lack of action will have lifetime consequences for adult functioning, for the care of the next generation, and for the wellbeing of societies.

The first part of this paper presents key points from the two Lancet papers from the 2011 follow-up series: "Child Development 1: Inequality in early childhood: risk and protective factors for early childhood development" and "Child Development 2: Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries." The second part discusses the relevance of these findings for African education.

Causes and Consequences: A summary of "Child Development 1: Inequality in early childhood: risk and protective factors for early childhood development"

Inequality in child development can begin before a baby is born and continues in the early years through poverty-related risks that impact children's developing brains. The foundations of brain architecture are laid down through dynamic interactions of genetic, biological, and psychosocial factors. Risks associated with poverty, such as excessive stress and lack of stimulation often have negative effects on brain development. On the other hand, positive interactions with caregivers and early learning opportunities can have positive effects on brain development. For a child born into poverty, risks often co-occur and persist. Exposure to multiple and cumulative risks has a particularly adverse impact on brain development and on child development.

Maternal Nutrition

Maternal undernutrition contributes to low birth weight and may cause developmental delays with evidence for lasting effects on children's mental health into adulthood.

Infant and Child Nutrition

New studies provide additional evidence linking poor growth in utero and early developmental delays. Ensuring that children have adequate nutrition from birth to age 2 years continues to be critical for early child development. Chronic undernutrition leading to poor growth in length remains one of the most prevalent and important risks for poor development. Nutritional strategies to prevent growth retardation can have lasting benefits for adult education and income. Iron deficiency in infancy can have long-term effects on cognitive, motor, and psychological functioning even when the deficiency is treated, emphasizing the importance of ensuring adequate iron nutrition early in life. Provision of other micronutrients and essential fatty acids may provide additional benefits for development.

Infectious Diseases

HIV and severe or repeated attacks of malaria affect the cognitive development of millions of young children globally. Protecting children from these and other infectious diseases and ensuring early treatment are effective strategies to prevent or lessen the negative effects of infectious diseases. Support for families affected by HIV can reduce the impact of associated risks such as disrupted caregiving and mental health problems.

Disabilities

Children with disabilities face additional risks through reduced access to school or health services, social stigma, and increased caregiver stress and depression. Parent training interventions can

improve parental coping and child development. Strategies for inclusion of children with disabilities in services are needed.

Psychosocial Factors

A lack of stimulation and early learning opportunities is a major risk for delayed development. Interventions to improve parent-child interaction and provide opportunities to play and learn benefit children's cognitive and social-emotional development. Benefits can last through to adulthood. Teaching parents these skills through home visits, counseling at health centres and combined approaches have benefited children's development.

Maternal depression affects mothers' ability to provide warm, stimulating, and consistent care. Community based programs can be effective in reducing depressive symptoms and expanded access to these interventions is needed to benefit mothers and children.

Societal violence increases stress and negatively affects child behavior. Interventions to support family functioning are needed to reduce the impact on children and families exposed to societal violence.

Children raised in institutions are at risk of delayed development due to changes in brain development associated with lack of a consistent caregiver, inadequate stimulation, and poor nutrition.

Protective Influences

New studies reviewed showed that breastfeeding is a protective factor resulting in improved intelligence and school attainment. Research continues to show that promoting quality caregiver interaction and stimulation, lessens the negative effects of exposure to risks and promote development. There is increasing evidence that mothers' education is an important protective influence, as better educated mothers generally provide better quality caregiving and are more likely to use available services.

The role of risk and protective influences in promoting inequality or allowing children to reach their developmental potential is summarized in Figure 1, which illustrates the relationship between risk and protective factors in a child's developmental trajectory. The earlier the risk factors occur, the greater the impact, but protective factors can change the trajectory toward more optimal development.

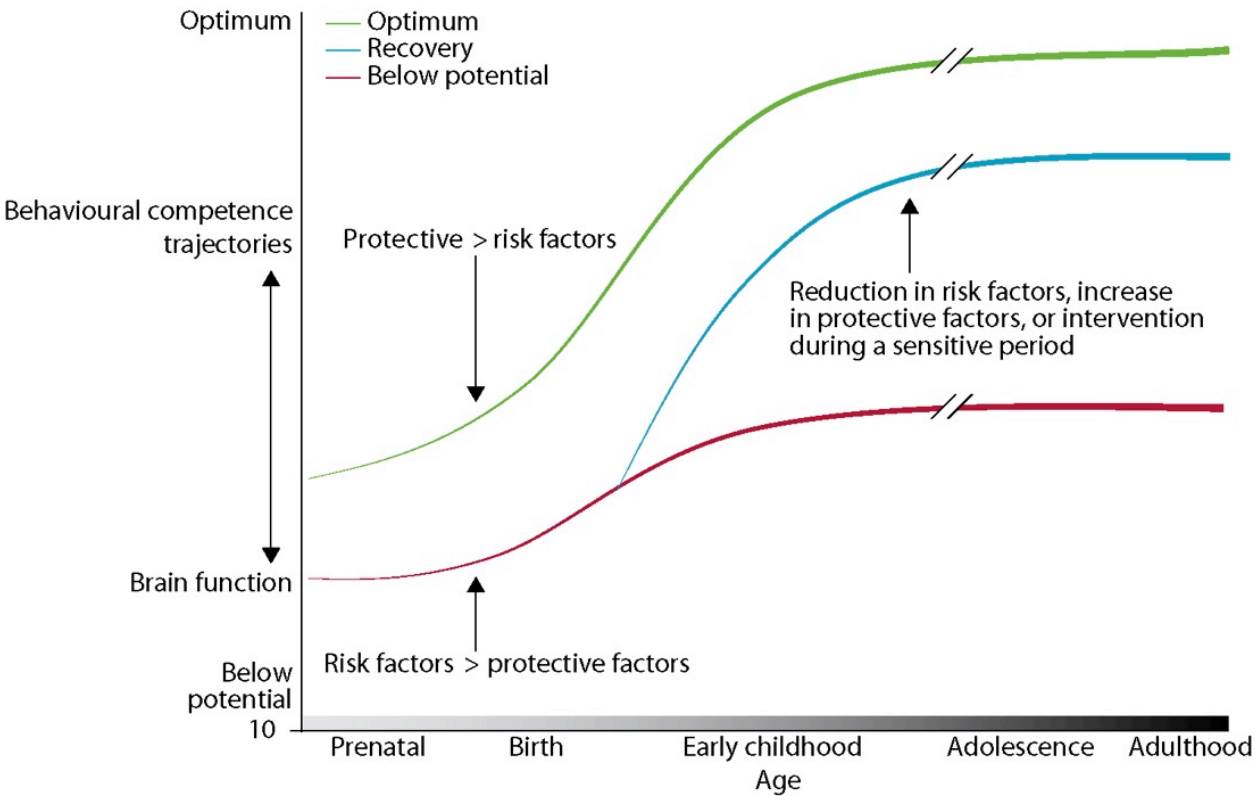

Figure 1. Relationship between risk and protective factors in influencing the course of child development (from Walker et al., 2011).

Interventions and Opportunities: A summary of "Child Development 2: Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries"

Much of the evidence for the effectiveness of early child development programs comes from high-income countries. The papers in this Lancet Series are unique in focusing on research and program evaluations in low and middle income countries. The programs in these countries are designed to address the risks to child development outlined in the first paper.

Inequalities between and within countries

Social and economic disparities during childhood have been associated with negative health and economic indicators during adulthood. The Series presents new data showing that children in the highest income quintile within countries are more likely to have higher quality stimulation in the home (Figure 1), more than twice as likely to attend preschool (Figure 2), and have higher language performance, compared to children in the lowest income quintile. These findings are consistent with conclusions reached by the WHO Commission on the Social Determinants of Health that health disparities within countries are extremely important, but are largely unnoticed if one relies only on national-level statistics.

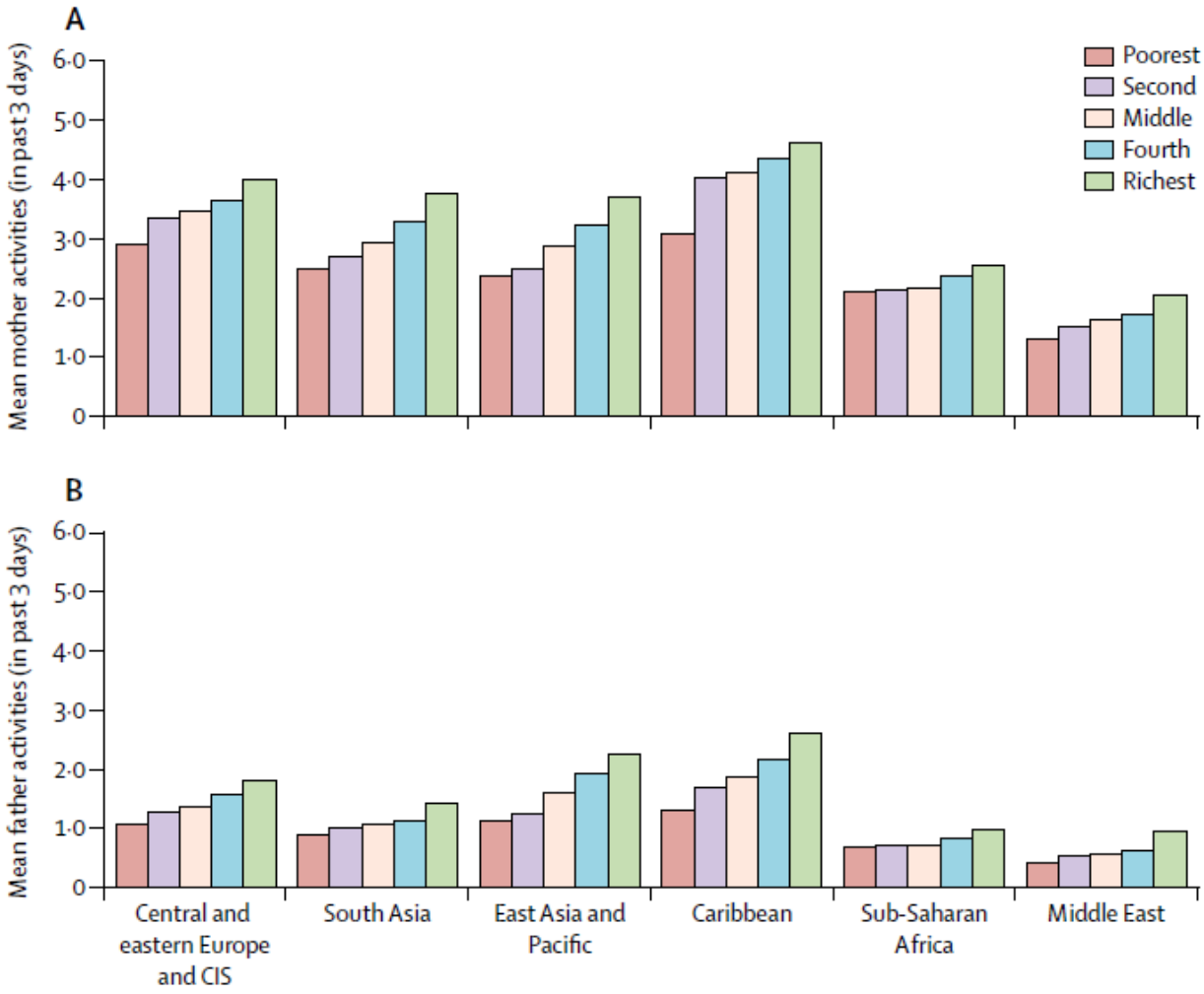

Figure 2. Average number of child-centered activities done by mothers and by fathers in the past 3 days by sampled countries within region and within-country wealth quintile for 38 countries.
Data are from the UNICEF's 2005 Multiple Indicator Cluster Survey 3. (Engle et al., 2011).

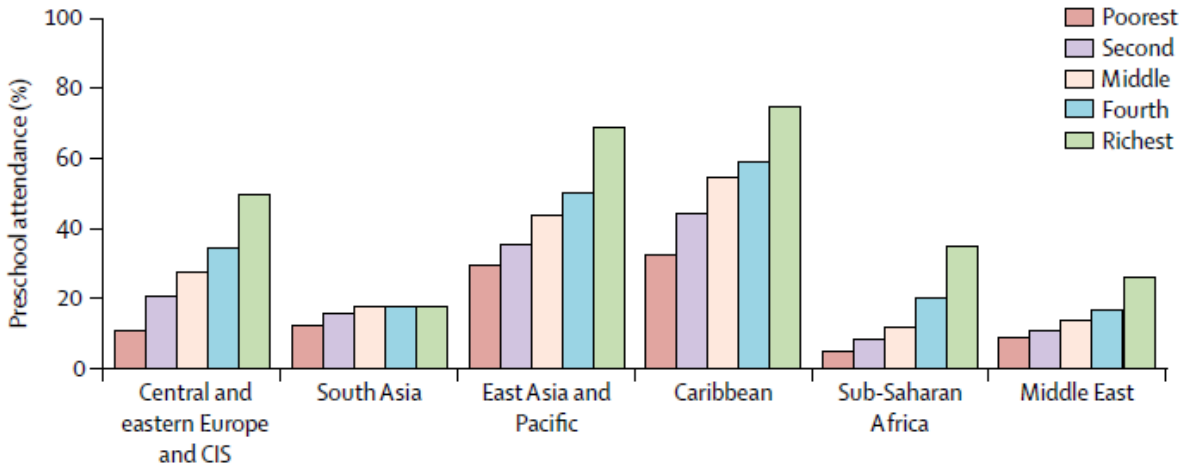

Figure 3. Proportion of young children attending preschool in 58 low-income and middle-income countries by income quintile within country summed across sample countries by region. Data are from the UNICEF's 2005 Multiple Indicator Cluster Survey 3 for children aged 3 and 4 years. (Engle et al., 2011).

Early childhood development programmes

Early childhood development programmes have consistently been shown to be effective in promoting children's development, particularly when they are comprehensive, high quality, and available to the most vulnerable children. However, designing and implementing comprehensive interventions at scale and ensuring that they continue to improve early child development is challenging.

Parenting interventions (usually ages 0-3 years) and preschool programmes (3-6 years) have positive effects on child development. Promoting better parent-child interaction through home visits, community groups, regular clinic visits, or a combination served to improve responsiveness, increase attachment, improve discipline practices, and encourage families to engage in learning, book reading, and play, leading to gains in child development. These approaches have been integrated with nutrition and with health programs in a number of countries. Results are most effective when there is sufficient focus on the early child development component, and when parents/families have opportunities to practice and receive feedback on interactions with their children from trained childcare workers.

Preschool can also be a critically important point of intervention for vulnerable children. In eight of nine studies reviewed preschool enrollees demonstrated higher scores on literacy, vocabulary, mathematics or quantitative reasoning than non-attenders. Formal programmes and longer attendance were often tied to stronger results. A variety of quality improvements of preschools consistently showed positive impacts. Less is known about day care for younger children in LAMI countries, and research in this area is necessary.

Promising directions for programming

To help alleviate poverty at its source, some countries have tried using cash transfer programmes. Often enacted as conditional cash transfer programmes, countries offer money to mothers dependent on a child's participation in education, health or nutrition services. The studies generally show positive though small impacts of these programmes on child development, presumably because mothers invest some of their new funds into activities to support their child's development. Most of these interventions have focused on health and nutrition interventions for young children, and school attendance for older children, but have not targeted the opportunities for early child

development. A trial that adds a parent-child development intervention as a condition for receiving funds is underway, and should help policy makers evaluate whether to include this element in cash transfer programs.

Educational broadcast programming can be used to promote child development in some low- and middle-income countries where media are widely available, or can be supplied. For example, a study in Bangladesh showed that educational programming delivered by a rickshaw to remote villages and using a TV with solar power aimed at young children improved children's cognitive development, and encouraged families to increase their support for their children's learning. In countries with more access to TV, such as Turkey or Kyrgyzstan, educational media has been shown to be effective in improving language and cognitive scores, and has been used to increase tolerance toward children with HIV in South Africa.

Children not fulfilling their potential

Children raised in poverty may also be challenged by physical and developmental disabilities, being moderately or severely undernourished, or having HIV/AIDS. In response, WHO has recommended that caregiver and community support – specifically around increasing infant and child stimulation – be incorporated into existing health and nutrition interventions for children at risk. Trainings for parents in clinics, group sessions, and home visits were shown to have positive impacts on development for underweight children, and for children with HIV/AIDS in several research studies. This is a promising area of research and development, and would profit from further investigation.

Programmatic implications

Countries implementing any of these interventions at scale have been challenged to expand while maintaining quality. Other critical issues in moving successful programs to scale involve ensuring that private child care systems are not undermined when public programmes expand, developing coordinating systems between the many departments or sectors that must collaborate for early childhood development, and tracking performance and progress. In some countries, new laws and policies have been useful to encourage ministries to work together. Reaching the last 10% , the most disadvantaged children, may be more expensive than earlier expansions, yet highly at-risk populations are often the most crucial to achieving success in promoting child development, and may show the largest benefit. Finally, incorporating early child development activities into existing health and nutrition programmes might be the best way to reach children younger than 3 years of age.

Estimating potential benefits

Economic simulations based on data from 73 countries suggest that increasing preschool attendance, one type of ECD program, to a certain level in all low and middle income countries would lead to substantial gains in schooling and subsequently future earnings and would have a benefit-to-cost ratio ranging from 6.4 to 17.6 depending on the percent of children attending preschool (25% or 50%) and the assumed discount rate (Figure 3). These estimates do not take into account other advantages of increasing childhood development, such as reduced crime or improved parenting. They also do not take into account a broader range of ECD interventions such as parenting programs or educational media.

Trends in policies and funding

Since the 2007 report, more than 40 countries are developing or have developed early child developmental programmes, and a number of regional and global bodies have issued strong commitments to early child development. However, funding at national levels continues to lag, often threatening success, and increasing the risk for the continuing expansion of disparities.

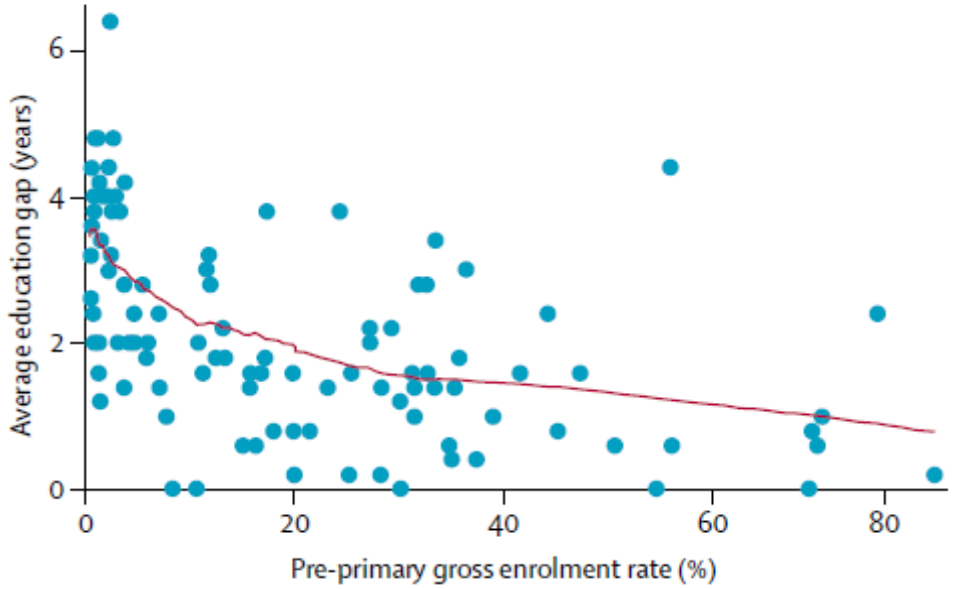

Figure 4. Association of preschool enrolment and the schooling gap for 73 low-income and middle-income countries. Schooling gap defined as the gap between schooling attainment of the wealthiest quintile of youth compared with youth in other wealth quinites. Average education gap is for those aged 15–19 years. Pre-primary gross enrolment rate is from 8–12 years earlier. Bandwidth=0·8.] (from Engle et al., 2011).

Conclusions from the Lancet Child Development Series: 2011

The first paper – "Child Development 1: Inequality in early childhood: risk and protective factors for early childhood development" – demonstrates that potentially remediable biological and psychosocial risks during pregnancy and the early years may be irreversible and have repercussions that last a lifetime. Children who are delayed often grow into adults whose cognitive and psychological functioning suffers and – so does their educational attainment and future income, reinforcing the poverty gap. However, a reduction of risks and the addition of protective factors can give all children – and especially those in greatest economic need or those with disabilities – the ability to reach their potential.

The second paper – "Child Development 2: Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries" – offers strategies to promote adequate stimulation, early learning opportunities, and access to necessary resources postnatally. Although incentives can be added, these programs often require buy-in from governments, communities and families. And while global and regional support is strong, weak national funding commitments often hold back efforts to reach more families and expand programmes that have proven successful on a smaller scale.

The economic impact of investing in high quality, integrated, early childhood programmes is extremely strong, with payoffs that reduce inequalities among children, families, and entire nations. Moreover, reduction in inequalities can extend to the next generation as today's children become tomorrow's parents and expose their children to fewer risks, more protective factors and better opportunities for learning. As UNICEF Executive Director Anthony Lake said in a supportive commentary, "Focusing on reaching those children is not only the right thing to do; it is also a highly cost effective investment countries can make in their long-term growth."

The Relevance of these findings for Africa

The Situation of ECD in African Countries

Investments in early childhood development overall in Africa (both the northern parts and sub-Saharan Africa) have been slower to develop than in other regions, but there has been a recent increase in one type of early child development program, preschool, over the past 40 years (Figure 5). This is the only type of ECD intervention that has been tracked over time, and is reasonably consistent across countries. UNESCO, through its Global Monitoring Reports, presents the percent of children within an age range defined by the country (usually either 3-5 or 4-6) who are attending some form of preschool, usually 2 hours or more per week. The data are presented as a gross enrollment ratio (GER), including children who may be outside the range, as opposed to a net enrollment rate.

The chart in Figure 5 shows data on preschool enrollments from 1975 through 2003/4 from the Global Monitoring Report on ECD (UNESCO, 2006). Enrollment was lower in sub-Saharan Africa and the Arab states than in other regions, but has increased from less than 5% to almost 10% in 2003. But, as Figure 6 shows from the most recent Global Monitoring Report (UNESCO, 2011) at end of the 2008 school year, the most recent data, the weighted average of preschool attendees was 16.7%., up from 12% in 1999 and 5% earlier.

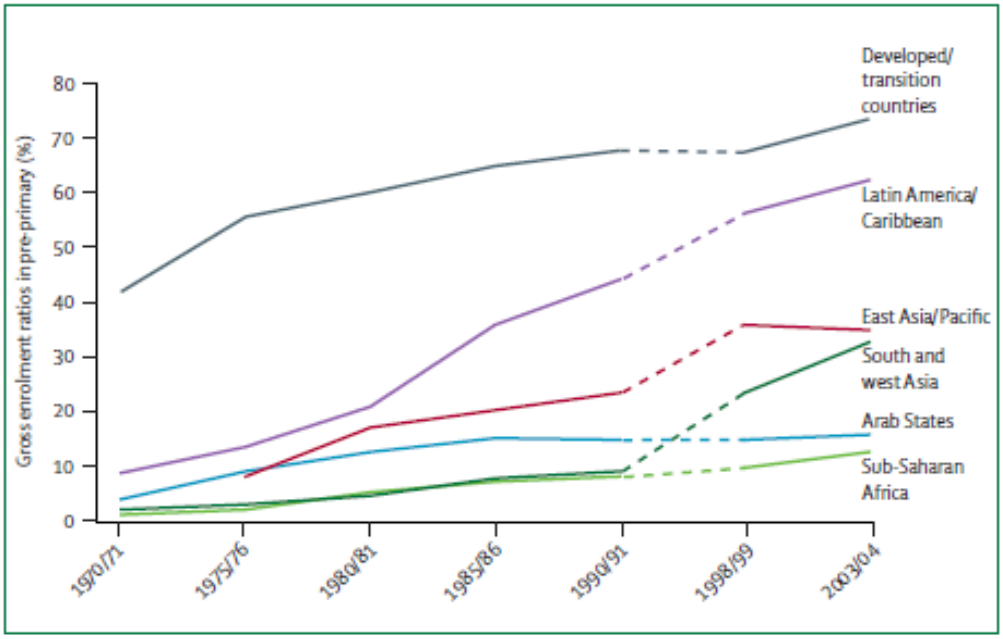

Figure 6: **Change in preschool gross enrolment ratios from 1970 to 2003–04 by region**
Data for east Asia and the Pacific are for developing countries only; Australia, Japan, and New Zealand are included under developed countries. The broken line signifies a break in the data series due to a new classification.
Reproduced with permission from EFA Global Monitoring Report Team. EFA Global Monitoring Report 2007. Strong foundations: early childhood care and education. Paris: UNESCO, 2006.[110]

Figure 5. Change in preschool gross enrolment rates from 1970 to 2003/4 (Engle et al., 2007 from UNESCO, 2006).

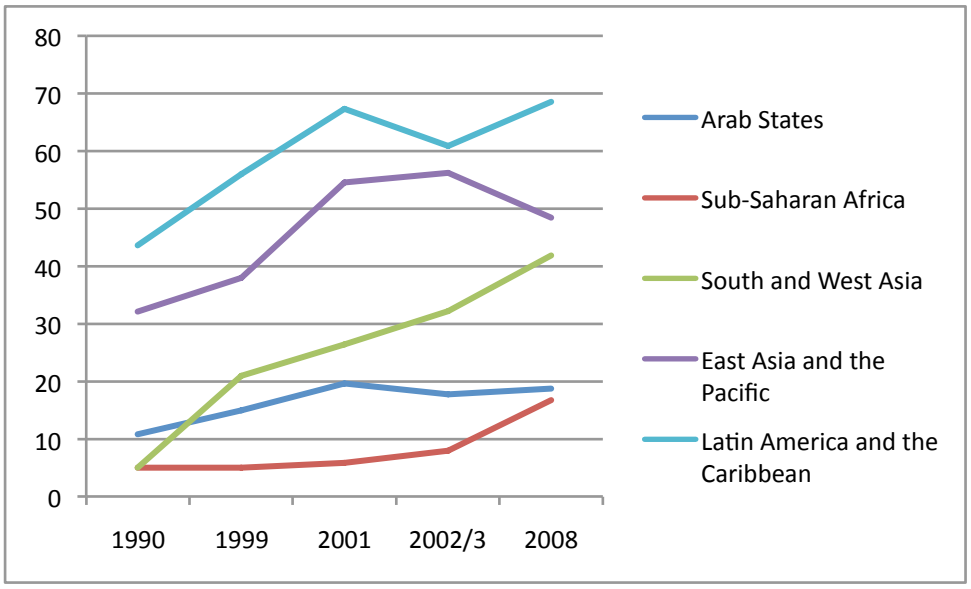

Figure 6. Weighted average of preschool enrollment by region from 1990 to the most recent data from UNESCO Global Monitoring Reports

But these figures disguise a wide range among countries in Africa with countries such as Mauritius and Seychelles with high rates of preschool attendance, others that have increased preschool attendance considerably in the past 8 years (Ghana, Liberia, and South Africa), others that have stayed at a moderate level but without growth (Kenya, Namibia), and a group that has stayed extremely low, many in West Africa (Figure 7). Unfortunately, data were not available for some countries that probably have higher rates, such as Malawi and Nigeria.

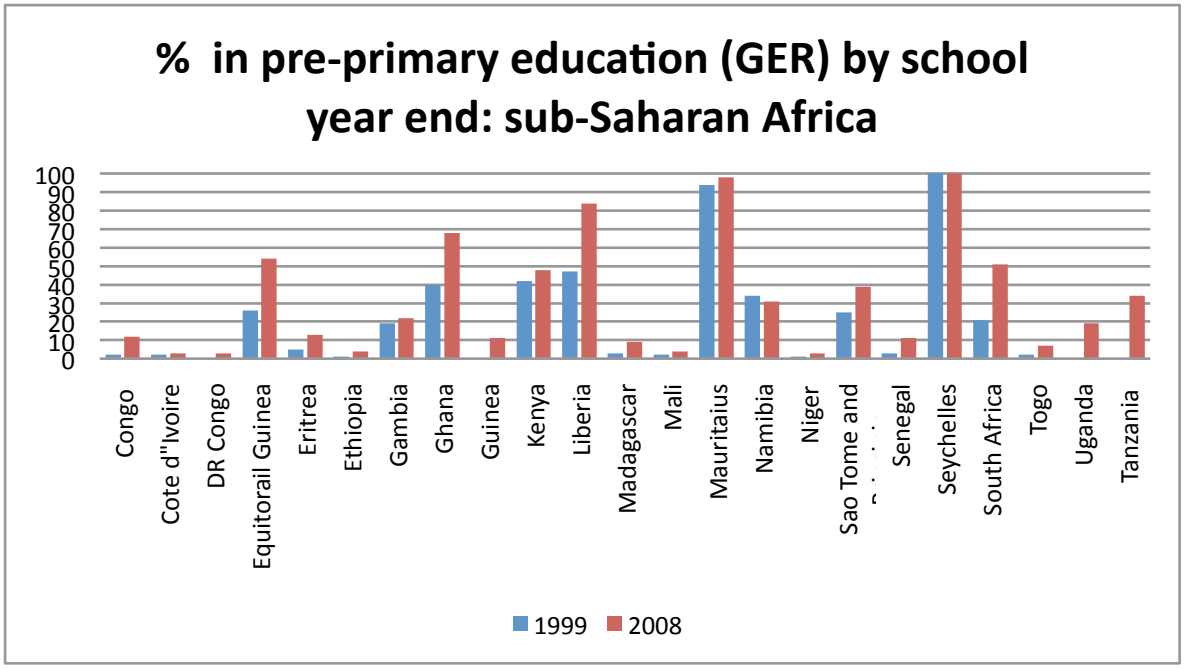

Figure 7. Change in percent of children (GER) in pre-primary by country (ages as defined by countries) at the end of the 1999 school year and the end of the 2008 school year (data from UNESCO, 2011).

Some countries made ECD interventions a political priority, such as Ghana, Malawi, Kenya, and South Africa, and appear to understand the specific needs of young children. Senegal has shown interest in ECD, and rates have increased from a very low start.

Some of these attitudes have been seen in the attention to young children in policies for HIV and AIDS (Engle, 2008). In reviewing 17 national plans for HIV and AIDs, the country's awareness of the unique needs of young children orphaned by AIDS or affected by HIV and AIDS was evaluated. A significant increase was seen in attention and awareness of the unique needs of young children in the most recently developed policies (Figure 8), with relatively high awareness in Rwanda, Kenya, and Malawi. Table 1 summarizes the extent of attention to ECD in the OVC plans available as of 2007.

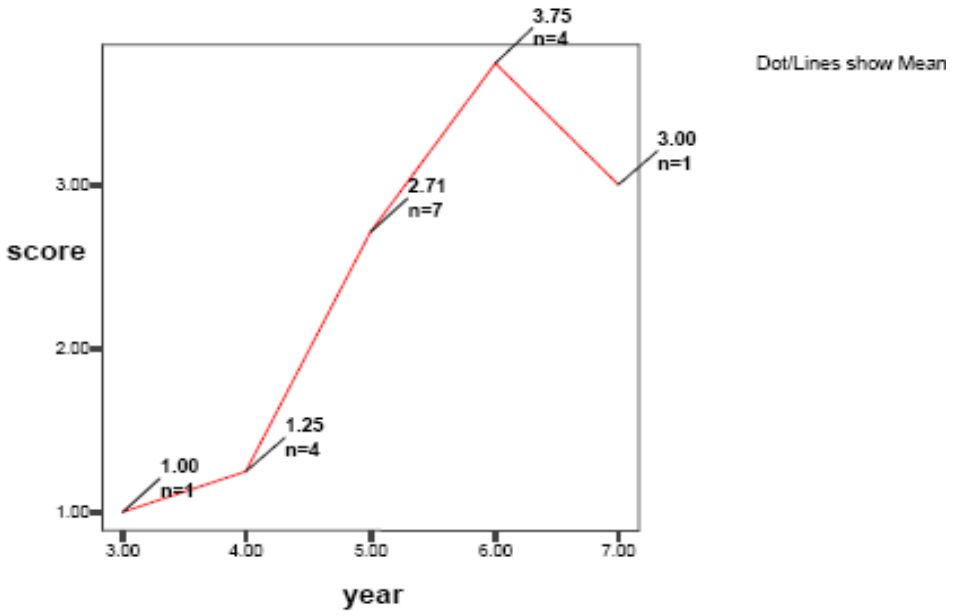

Figure 8. Mean rating scale for age appropriateness of NPAs by year of the plan's finalisation ($r(15)=.66$, $p<0.01$) for 17 countries (Engle, 2008).

Table 1. Estimate of number of components of an OVC plan that considered the unique needs of young children (from Engle, 2008).

Highest	Making progress	Some attention	Not yet
Malawi	Angola	South Africa	Cote de Ivoire

Rwanda	Mozambique	Swaziland	Ethiopia
Kenya	Namibia	Uganda	Lesotho
	Nigeria		Mali
	Tanzania		Zimbabwe

Preschool attendance in North Africa

In North Africa, large variations by country are also found among those countries with data from the GMR (2011). Figure 9 shows low rates of preschool attendance in most countries with Morocco the highest but with no increases over the past 8 years.

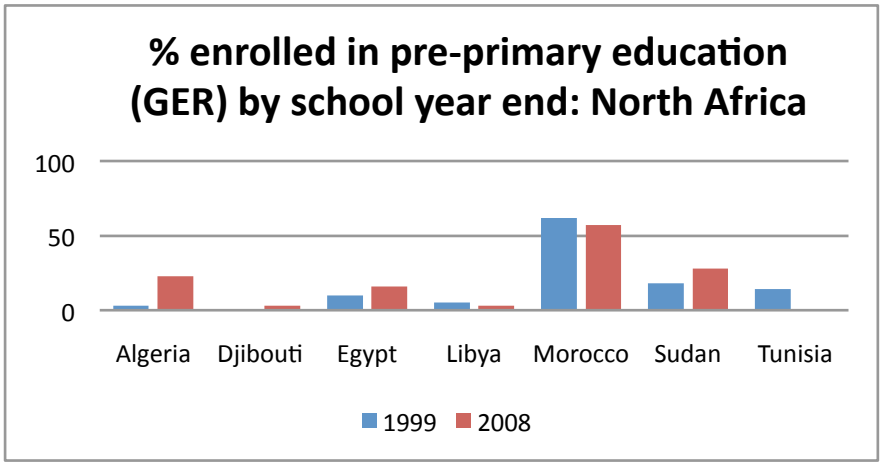

Figure 9. Change in percent of children (GER) in pre-primary by country (ages as defined by countries) at the end of the 1999 school year and the end of the 2008 school year (data from UNESCO, 2011).

Variability within countries

Not only should there be a concern about variability between countries, but there is also a concern that when preschool attendance is not seen as a strategy for reducing disadvantage, that the richest will profit more from increases in preschool attendance – primarily urban and private – than the poor. Under these conditions, it is possible these changes do not extend to all children, but are more likely benefit the wealthiest only. If this is the case, an increase in preschool enrollment might actually increase disparities in education, rather than decrease them.

It is possible to observe these changes within country only in a small number of countries that were included in the UNICEF MICS data set in 2000 and also in 2005, in which income is recorded in quintiles, as well as preschool attendance for children aged 3 and 4 (who are less likely to attend preschool than children 5-6). However, it provides a way of seeing whether both the rich and poor have increased preschool attendance.

Data were available for 4 African countries and 4 non-African countries in these two data sets. A high ratio means that wealthy families are much more likely to send a child to preschool than the poorest families – in Cote d'Ivoire, for example, a wealthy families is 25 times more likely to send a child to a preschool than a poor family. In an analysis of the ratio of preschool attendance for the wealthiest compared to the poorest, in 3 African the disparities increased, as well as in Bosnia & Herzegovina and Laos. Rates did not change in Sierra Leone.

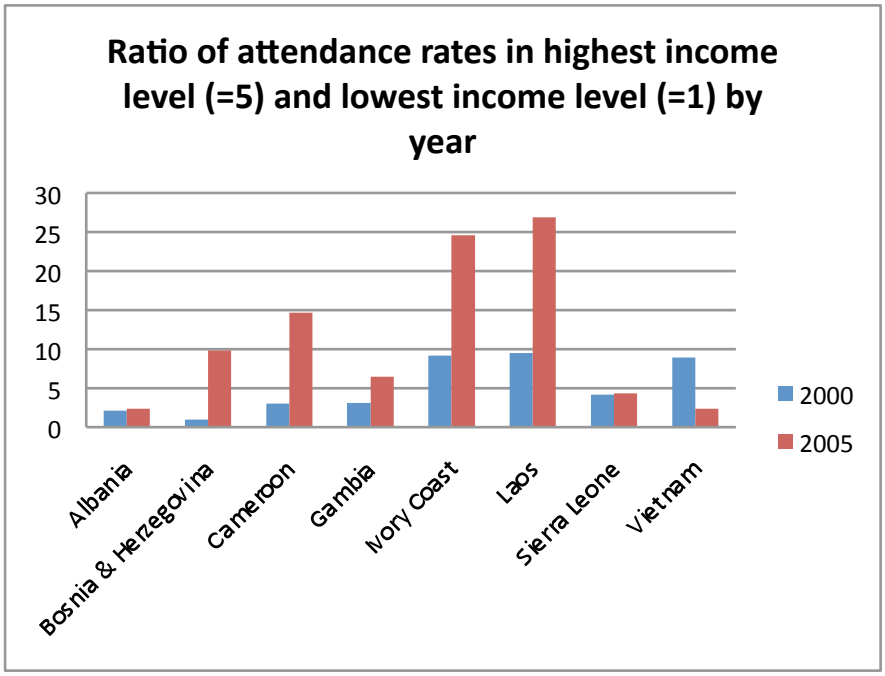

Figure 10. Ratio of children aged 3 and 4 attending preschool between the highest income level and lowest quintile of income for countries assessed in 2000 and 2005 (UNICEF MICS data; analyses by author).

The two countries that either showed no increase in disparity by income or reduced disparities (Albania and Vietnam) also had the highest rates of preschool attendance (Figure 11). The countries with the greatest inequalities also tended to have very low rates of preschool attendance. One might suspect that the increase in disparities is due to an increase in urban, private preschools and a growing awareness by the educated elite of the importance of preschool. The need for government programs that are pro-poor and make an effort to extend these services to the poorest is needed.

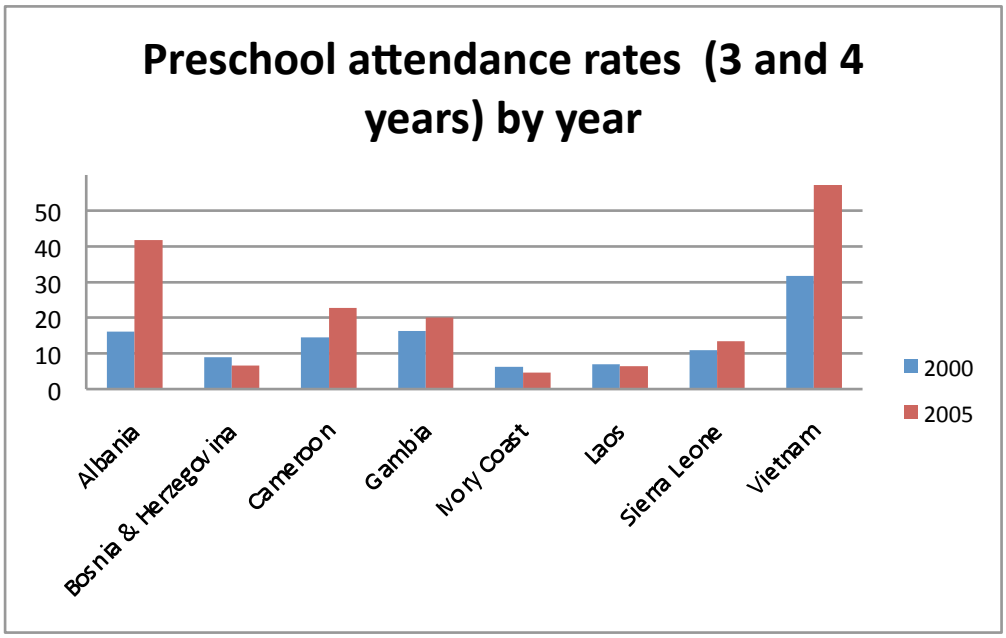

Figure 11. Distribution of preschool attendance by income levels (A) and changes in preschool attendance rates for 3 and 4 year olds in 2000 and 2005 (MICS 2 and MICS 3 data).

The pattern of inequality by income level is also evident in the analysis of the number of activities mothers and fathers do with children to stimulate their development, such as showing them books or pictures, talking to them, taking them to see other places, and teaching them to count and name things. As Figure 3 shows, these behaviors are reported less often in sub-Saharan Africa than in other parts of the world but more than the Middle East. Again, the wealthier families are more likely to engage in these activities with their children than poorer families, but differences are small. Poor mothers report doing 2.5 activities out of 6 over a 3 day period compared to 3 over the period for the wealthiest. For fathers, rates are lower; poorer fathers report doing 1 activity in 3 days with their children under 5 compared to 1.2 for wealthier fathers. Greater involvement of parents, both mothers and fathers in child development would be a tremendous benefit for African young children.

African research on ECD: what do we know?

At present there is limited research evidence from Africa paper on risk, protection and ECD. However, paper 1 did identify a set of specific risk and protective influences that, while not unique to Africa, have been shown to impact on ECD in Africa. Identified biological risk factors operating in Africa include maternal undernutrition, stunting, iron deficiency anemia, severe, or cerebral malaria and HIV exposure even if a child not infected. This latter finding likely reflects disruption of family functioning and structure or child abuse when caregivers are infected and ill. Identified psychosocial risks known to impact ECD in Africa include lack of services for children with disabilities and exposure of the child and family to societal violence. Protective influences shown to facilitate ECD in Africa include:

- increased consumption of micro-nutrients and foods high in essential fatty acids;
- chemoprophylaxis for malaria in early childhood;
- treatment with highly active antiretroviral therapy for HIV exposed children;
- interventions that enhance mother-child interaction and increase parental use of developmental facilitative child rearing activities;

- Community based therapy interventions to reduce maternal depression.

Of the 42 evaluations of ECD programs in Engle et al. (2011) which met the criteria for quality, 9 were from sub-Saharan Africa: 3 on parenting (Ethiopia, South Africa and Gambia), four on preschools (Two from Kenya, Tanzania, and Uganda, one from Zanzibar, and one from Mauritius), and two were on special needs children (South Africa and Uganda). These studies supported the results of others indicating that quality programs can improve child development.

Not all programs were equally successful – of the 3 parenting programs, the Ethiopia program involving group sessions and home visits, and the South Africa program of systematic home visits with new mothers showed significant effects on attachment and cognitive development, whereas the Gambia program found fewer effects on parent knowledge but did not measure child development. Aspects that seemed to be related to success were giving parents specific activities to do with their children to improve the quality of interaction and teaching parents the importance of facilitating children's learning. The Gambia program was at scale, and did not have the level of intensity of the Ethiopia or South Africa program, and did not tend to have the same level of specific activities and sessions in the other programs.

The four studies of preschool programs included the Aga Khan Foundation's Madrasa program in 3 countries, which is committed to making preschools into child-centered, high quality preschool learning programs, with strong parental involvement and community control. The children in these centers learned more and were more prepared than children in standard preschools or children at home. Similarly, the study from Mauritius, which is a longitudinal follow-up of children in a small, high quality preschool, showed long term effects. The message is that quality makes a difference, and it can be done within the African context.

The research in Zanzibar provided a novel approach to improving quality: to use radio to provide a structure and support for community-based preschools through delivering songs, activities, and stories that the teacher can play for children during the preschool period. Results were positive.

Finally the two evaluations of high-risk children, by Morris et al. in a feeding station for severely malnourished children and Potterton's evaluation of an intervention with parents of HIV+ children in South Africa showed that incorporating ECD into a health or nutrition program had effects on the child's development. These models are extremely promising, particularly for improving the quality of interaction and having longer term consequences for high risk children. More research is needed in this area.

Conclusions:

In order to make ECD programs have an impact on parents and children, a country's awareness of the importance of the early years appears to help, as well as well-designed programs that help parents and the workforce understand what ECD is. We are clearer about the dimensions of quality that are important, and models are beginning to appear in many countries.

However, there needs to be a continuing focus on pro-poor interventions as well as identifying what works best in the various African contexts. A number of evaluations are underway in African countries, and much more will be known within the next few years about what works.

Acknowledgments

Thank you to the Bernard van Leer Foundation, GAIN, UNICEF, CHNRI, University of the West Indies, and The World Bank for providing financial support for the 2011 Lancet series on Early Childhood Development.