

EARLY CHILDHOOD CARE AND EDUCATION IN OIC MEMBER COUNTRIES



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**EARLY CHILDHOOD CARE AND EDUCATION IN
OIC MEMBER COUNTRIES**

December 2013



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1. INTRODUCTION

The term Early Childhood Care and Education (ECCE), has been used by UNESCO to refer to all organized developmental services for children during the period from birth until a child enters primary education, which is age 6 or 7 in most countries. The World Bank estimates that around 13% of the world total population is between the ages of 0-6 and 30% of this population live in OIC member countries. ECCE programmes address different age groups ranging from infancy, preschool, kindergarten to early primary grades. Early Childhood Care Programmes are generally for children under age 3 (under-3s) and supervised by ministries of health and/or social affairs. Early Childhood Education Programmes are mostly for children over age 3 (over-3s) and governed by ministries of education. The former is found in around half of the countries in the world, while the latter is existent in all (UNESCO, 2008). Duration of each programme varies by country. Overall, ECCE services are holistic in approach and include various programmes in basically three areas: 1) health, nutrition, hygiene 2) cognitive, social, emotional and physical development; and 3) social protection.

Children are born ready to learn and the fastest development of the brain occurs in the first six years of life. High quality early childhood interventions have lasting effects on learning and motivation. Children, who passed ECCE programmes, get better test scores, have more high school graduations and receive enhanced employment and earnings over a lifetime. In addition, they are more likely to avoid grade repetition and special education (Barnett, 2008). Nobel Laureate Economist James Heckman (2006) stated “early child development is a rare public policy initiative that promotes fairness and social justice, and at the same time promotes productivity in the economy and in society at large”. The earlier the investment the higher the rate of return is.

World Declaration on Education for All (EFA), in 1990, set a vision that “learning begins at birth”. In 2000, 164 countries have reaffirmed this vision, during the UNESCO-Dakar World Education Forum, and agreed in Dakar Framework for Action on specific targets and goals related to ‘*Education for All*’. Goal 1 of the Dakar Framework for Action calls for “*expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children*”. Incorporating early childhood care and education into EFA framework has provided a mechanism to focus on problems related to ECCE. UNESCO also called for more policy attention and investment in the ECCE area in order to improve child health and increase early childhood education coverage in all countries.

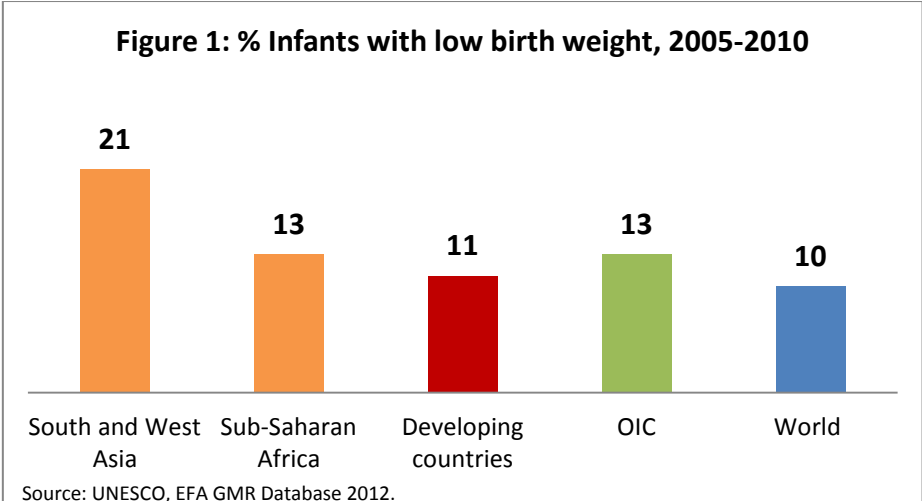
Against this background, this report presents the state of Early Childhood Care and Education (ECCE) in OIC member countries with the recent available data, highlights the obstacles and challenges facing these countries in this important area, and makes some policy recommendations in order to improve ECCE services in OIC member countries.

2. EARLY CHILDHOOD CARE (ECC) IN OIC MEMBER COUNTRIES

2.1 Child Survival and Well-Being

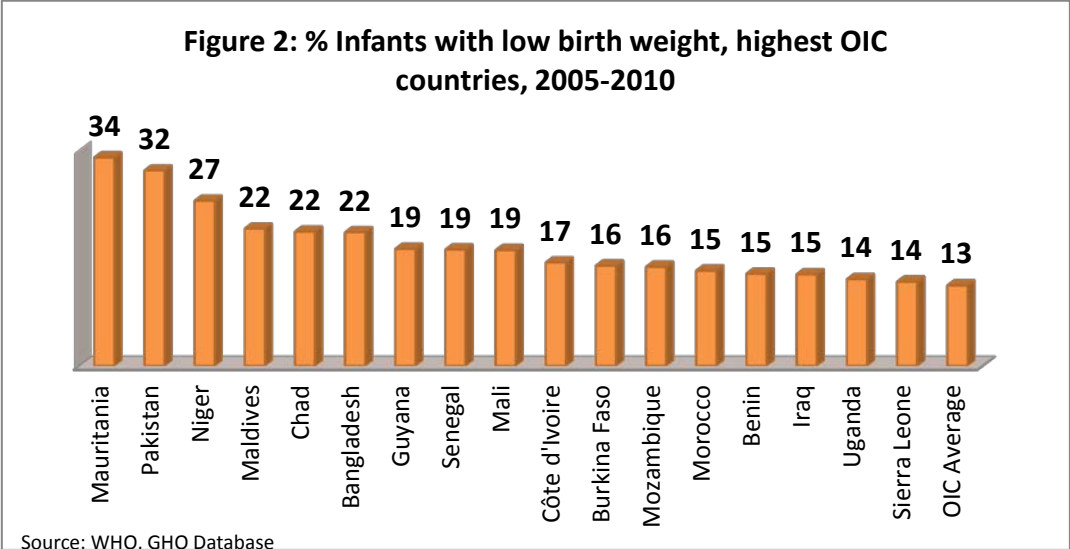
According to the 2008 issue of the World Health Report, if children were still dying at 1978 rates, there would have been 16.2 million deaths globally in 2006 (where the actual figure was 9.5 million). This difference of 6.7 million means that 18,329 children’s lives were saved every day. Despite these positive developments, critical issues related to maternal and new-born health still constitute major challenges for developing countries, including OIC member countries, around the world.

Low birth weight rate is an indicator that provides perspectives on both maternal health and status of child well-being in a country. There is a strong relationship between poor child health and child mortality that affects the life expectancy level of a country. Pregnant women with nutrition problems (malnutrition and under nutrition) tend to have babies with low birth weight. Insufficient professional healthcare service provided to pregnant women is another reason for having babies with low birth weight rates. According to the WHO, babies born with a weight of less than 2,500 grams (5.5 pounds) are classified as low birth weight newborns. About 19 million infants worldwide are born with low birth weight and over half of these incidents occur in South and West Asia region (UNESCO, 2010a). Such children are twenty times more likely to die during infancy and survivors are more prone to infectious diseases. They also bare longer term risks of disadvantage in health and education (UNICEF, 2004).



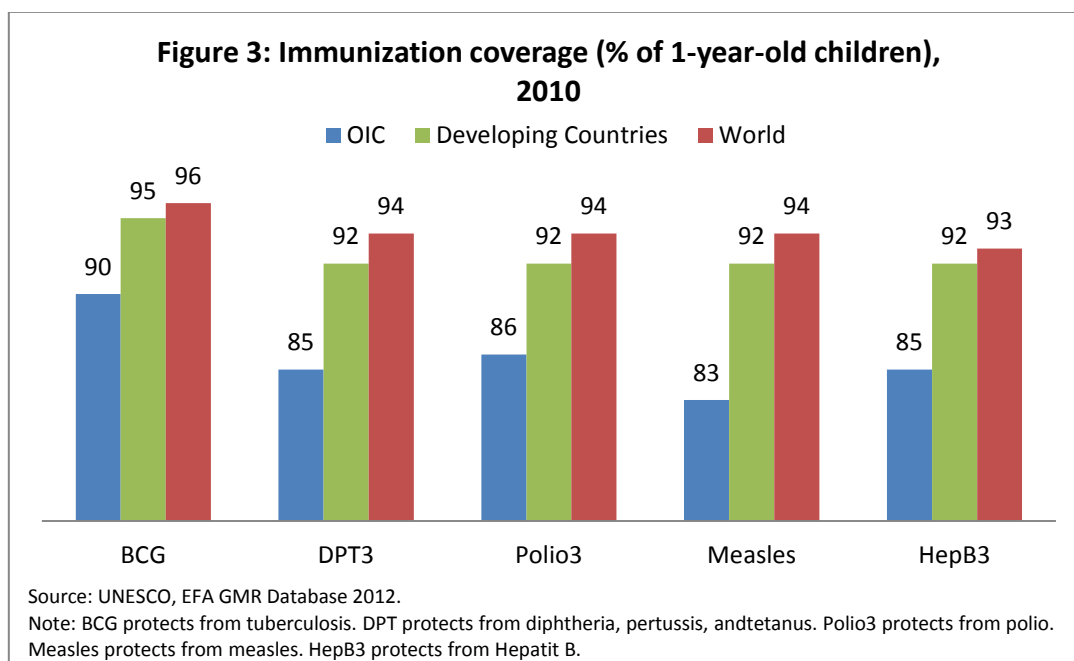
The average low birth weight rate in OIC member countries were recorded as 13% in the period 2005-2010, a rate which was higher than the world average of 10% and the average of the developing countries of 11% in the same period (Figure 1). In the South and West Asia region, the worst performer region, almost 1 in 5 children born with low weight. At the OIC individual country level, the highest ratios were recorded in OIC member countries in sub-Saharan Africa and South and West Asia regions such as Mauritania (34%), Pakistan (32%), Niger (27%), Maldives and Chad (22%).

The low birth weight rates in Uganda and Sierra Leone were very close to the OIC average of 13% (Figure 2). However, some OIC countries especially in the Central Asia have low birth weight rates below the world average and they are the best performers in the OIC group namely Turkmenistan (4.2%), Uzbekistan (4.8%), Kyrgyzstan (5.3%) and Kazakhstan (5.8%). There were also some other OIC countries out of the Central Asia region that recorded smaller low birth weight rates. These OIC members are Tunisia (5.3%), Algeria (5.8%) and United Arab Emirates (6.1%).



Childhood immunization is one of the most efficient and effective methods of preventing diseases like measles, meningitis, diphtheria, tetanus, pertussis (whooping cough), yellow fever, polio and hepatitis B.¹ Immunization against vaccine-preventable diseases during the first year of life is recommended by the WHO for all nations. According to the WHO estimates, immunization against vaccine-preventable diseases helps to prevent disability and death of about 2.5 million children every year (WHO, 2009). As a result of both national and international efforts, in OIC member countries the immunization coverage rose in the last decades. However, for the most-commonly used five vaccines (BCG, DPT3, Polio3, Measles and HepB3) the OIC averages were still below the averages of developing countries and the world averages as of 2010 (Figure 3). The coverage for the BCG vaccine that protects from tuberculosis was 90% in OIC member countries, which was 5% lower than the average of developing countries. For the DPT and Polio3 vaccines the coverage gap between developing countries and OIC member countries was 7% and 6%, respectively. OIC member countries had an average of 83% and 85% coverage rate for the measles and HepB3 vaccines where the average of developing countries was 92% for both types of vaccines. Despite making improvements in the recent years, OIC member countries still have a way to reach the world and developing countries' averages in immunization coverage rates.

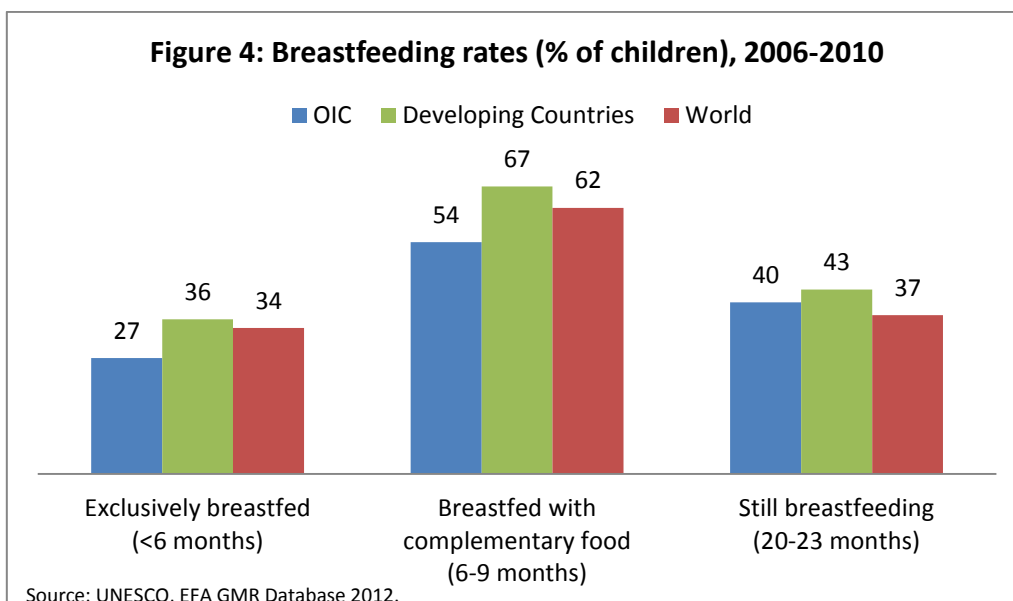
¹ According to the WHO, "Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease".



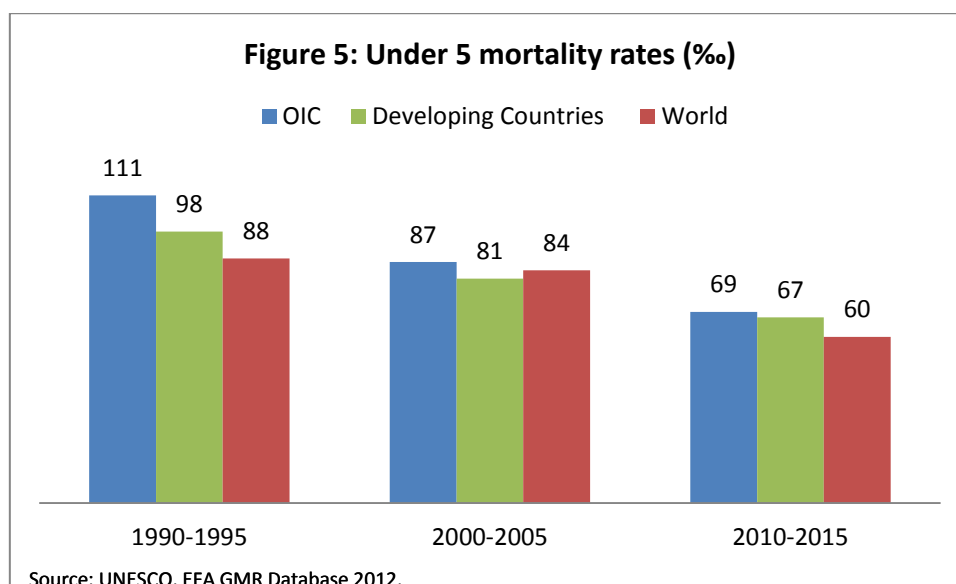
Globally, about four million babies per year die during the very first week of life mainly due to poor neonatal conditions. According to the UNICEF, one of the best measures to prevent most of these deaths is an early initiation of *breastfeeding*. Breast milk is fundamental to child health, growth, development, and survival. As it not only provides newborns with nutrition but also protects them from diarrhea and acute respiratory infections, stimulates their immune systems and improves response to vaccinations. Keeping in view these benefits of breast milk, health experts are of the opinion that exclusive breastfeeding from the birth to six months could help to reduce neonatal mortality by 20 per cent (Niles, 2010).

However, in spite of its crucial importance for the healthy survival of a newborn, a vast majority of mothers do not or cannot exclusively breastfeed their children for the first six months of their life. As shown in Figure 4, globally more than one third (34 per cent) of newborns were breastfed during the 2006-2010 period. In developing countries, where bulk of neonatal deaths occurs, about 36% of newborns were exclusively breastfed. While in OIC member countries, only 27% of newborns were exclusively breastfed for the first six months of their life.

After 6 months, between 6 and 9 months breastfeeding goes on with complementary food for about 54% of children in OIC member countries whereas in developing countries this ratio goes up to 67% (Figure 4). After 20 months, between 20 and 23 months, breastfeeding continues with 40% of children in OIC member countries and 43% of children in developing countries. Globally, 37% of children still get breastfeeding after 20 months.



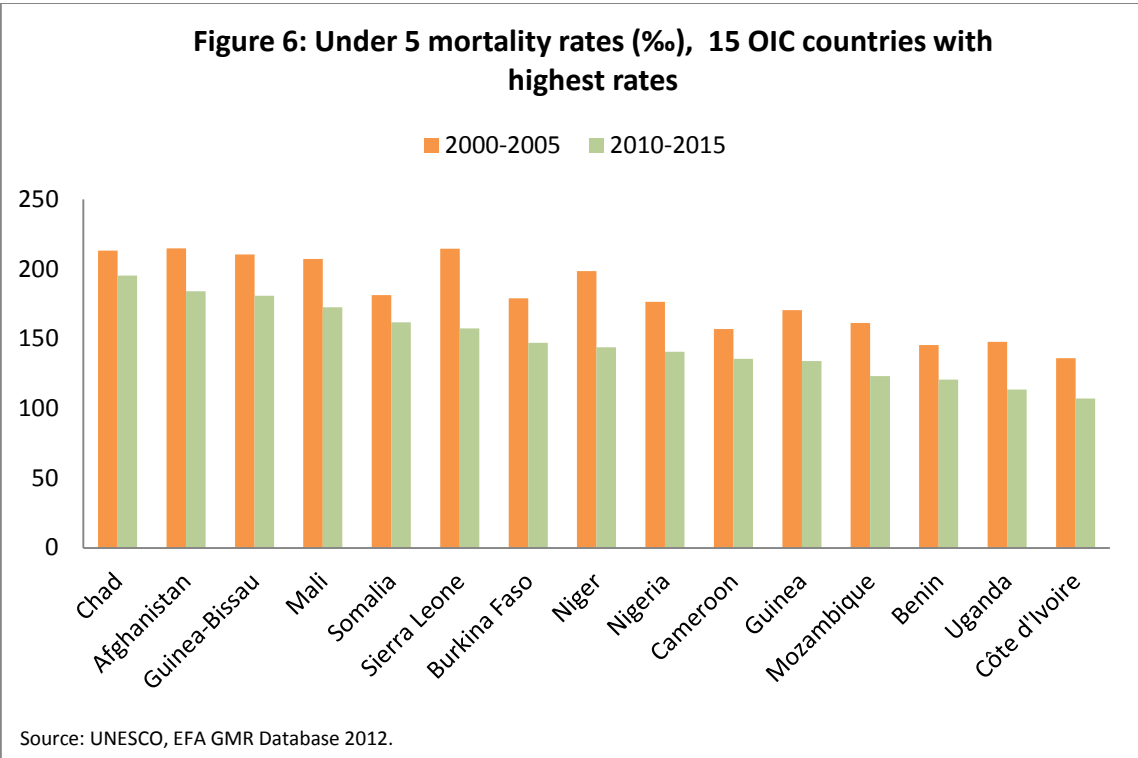
Under-5 mortality rate reflects the level of child health that demonstrates the overall coverage and effectiveness of health care services along with socio-economic development in a country. It also provides information on the ratio of children who can reach pre-school age. Globally, the number of deaths among children under the age of five declined from 12.4 million in 1990 to 8.1 million in 2010, corresponding to a decrease of 35 per cent. Almost 70% of under-5 deaths take place during the first year of life (UNICEF, 2010). Under-5 mortality remained highly concentrated in developing countries which accounted for over 99% of the world total in 2010.



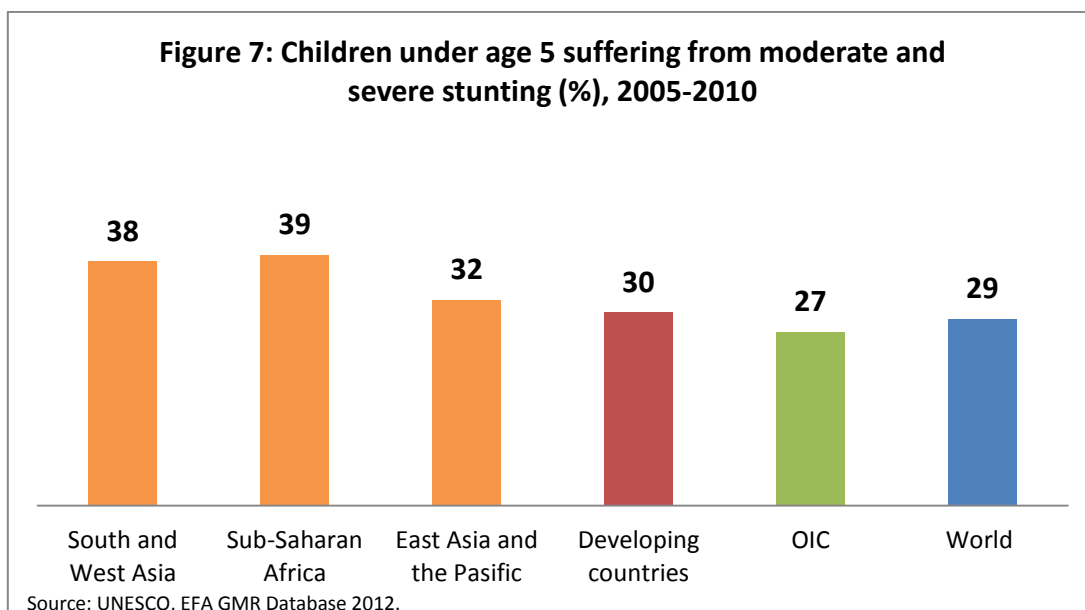
Although the average under-5 mortality rate of OIC member countries decreased from 111‰ in 1990-1995 period to 87‰ in 2000-2005 period, it was still above both the world average of 84‰ and developing countries average of 81‰ as of 2005 (Figure 5). In OIC member countries, 3.9 million children die before reaching their fifth birth day, corresponding to 45% of total under five deaths in the world. In 2010-2015 period, it is forecasted that the average under-5 mortality rate will be 69‰ in OIC member countries, whereas the average of developing countries will decrease to 67‰ in the

same period. Therefore, it is expected that the gap between the OIC average and average of developing countries will be only 2‰ in 2015.

Though some improvements have been achieved in terms of under-5 mortality rates in all OIC member countries since the 1990s, in general, the levels of these rates are still unsatisfactory where many member countries still have quite high rates, particularly in sub-Saharan Africa such as Chad and Guinea-Bissau (Figure 6). In Asia, Afghanistan also has very high under-5 mortality rate (214‰) that is significantly higher than the OIC and the world average. Yet, there were some OIC member countries that low under-5 mortality rates have been recorded like Brunei (6‰), UAE (10‰), and Bahrain (11‰) in the 2000-2005 period.

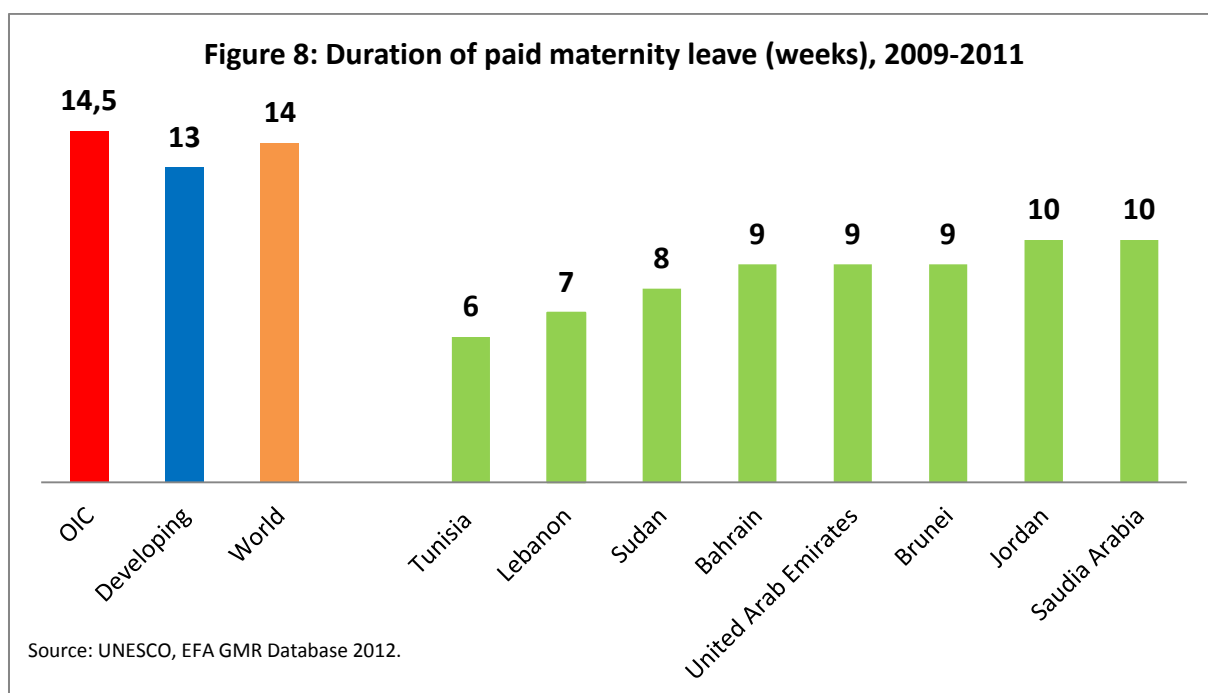


Malnutrition before children enter into school is a serious barrier to education. It is damaging 178 million young children each year, blocking their potential for learning, reinforcing inequality in education and later life, and reducing the efficiency of investment in education systems. *Moderate and severe stunting* is another indicator on child well-being that shows the existence of persistent under nutrition. It is an important indicator since there is a strong relationship between nutritional status and cognitive achievement of children under age 5 (UNESCO, 2010a).



While, on average, almost one child out of three in developing countries suffers from moderate or severe stunting, in OIC member countries almost 4 children out of 10 are exposed to the same situation. The vast majority of these children live in South & West Asia and Sub-Saharan Africa (Figure 7). For example, in Niger more than half of children under age 5 suffer from moderate and severe stunting, while around 4 out of 10 children experience the same situation in Mozambique, Bangladesh, Benin, Somalia, and Nigeria. In OIC member countries like Kuwait and Jordan only 4 and 8 children out of 100 suffer from moderate or severe stunting, respectively.

Duration of paid maternity leave is an indicator that provides information on the length of legal period that is allowed to a working mother to spend her time exclusively with her newborn baby in which the mother can get her full payoff. Shorter durations of paid maternity leave not only affect the duration of breastfeeding period but also reduces the exclusive time that mothers can spend with their children, which is a critical period for children to develop certain cognitive skills. In this regard, OIC member countries allow on average 14.5 weeks paid maternity leave to new mothers that is very close to the world average of 14 and the average of developing countries of 13 weeks over the 2009-2011 period (Figure 8). However, in some developed countries like Norway and Australia this period goes up to 52 weeks that implies mothers in these countries can spend a full year with their babies, while they are getting their full salaries. Even though the OIC average duration of paid maternity leave is 14.5, especially in member countries in MENA region this duration reduces up to 6 weeks in Tunisia, 7 weeks in Lebanon and 9 weeks in Bahrain and United Arab Emirates. The shortened duration not only discourages working women for pregnancy but also affects development of newborn babies.



2.2 Provision for under-3s

Fewer programs are provided for children under age 3 compared to those for over age 3 and they are generally custodial in nature (UNESCO, 2008). Emergence of these programs is partly a reflection of women's entry to labour market and their subsequent need for a safe place for children while they are at work. Therefore, these centres focus mostly on health and care aspect and are called nurseries or day cares.

Less than half of OIC member countries have provision for under-3s, with different age intervals at centres like crèches, nurseries, day cares or community care centres. They are mostly privately owned and operated in urban areas.

Access to early childhood services for this age group is fairly low in OIC member countries that is stemming from several reasons (UNESCO, 2010b and UNESCO, 2008). First, societal and cultural views enforce that child rearing and child care are rather private responsibilities than a community one (OIC countries in the Central Asia do not generally share this view). Second, cost per child for services for this age group are often higher than those for pre-school age children considering younger children's need for more staff per child and for specialized equipment and training. Finally, private sector dominance in ECCE services in OIC member countries causes low-income groups to be excluded from access to such services.

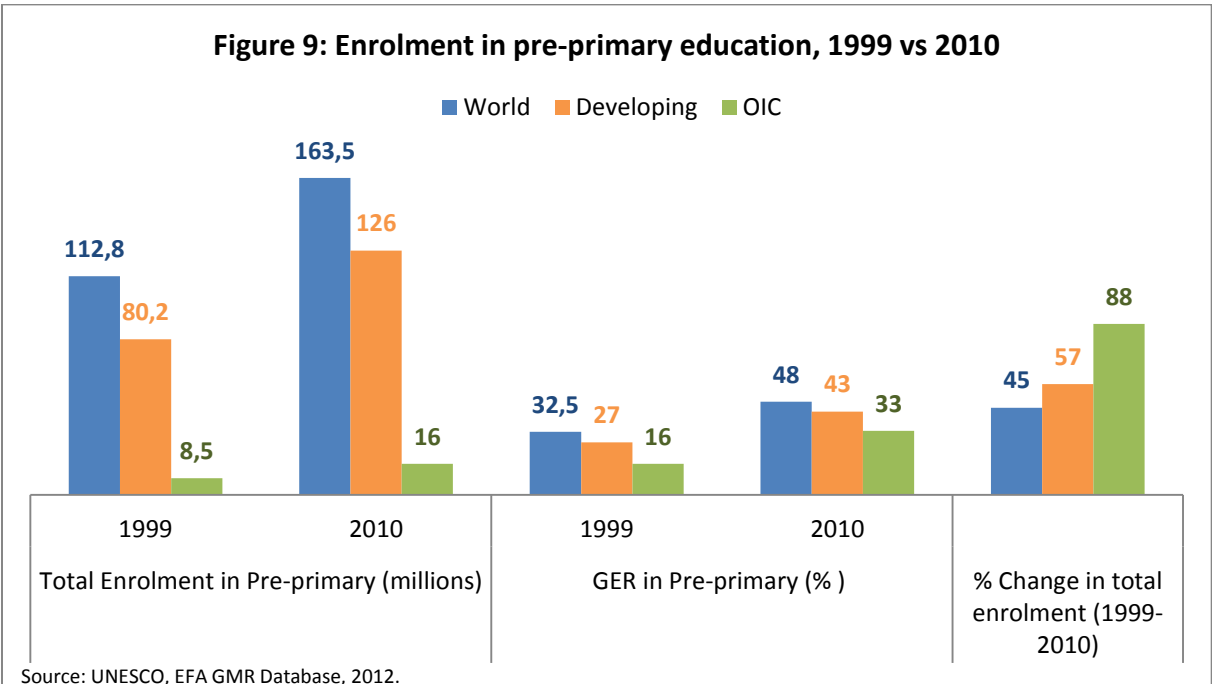
3. EARLY CHILDHOOD (PRE-SCHOOL) EDUCATION IN OIC MEMBER COUNTRIES

3.1 Provision for over-3s

Participation in pre-primary education programs can not only improve the subsequent primary school performance of children, but also serve as child care for working parents. All OIC member countries have one or more programs at pre-primary level. They are commonly named as pre-school

education, kindergarten, pre-primary education, early childhood education and more traditional Koranic Schools in Arab Countries, such as Morocco, Tunisia, Sudan, Mauritania, Yemen and Saudi Arabia. The age groups for pre-primary education are less standardized than for primary education. National authorities typically set an official entrance age for pre-primary education, which is theoretically age 3 or 4 in most of the OIC member countries. The intended duration is two years in almost half of the OIC countries, while it is three years in eight countries and one year in the remaining.

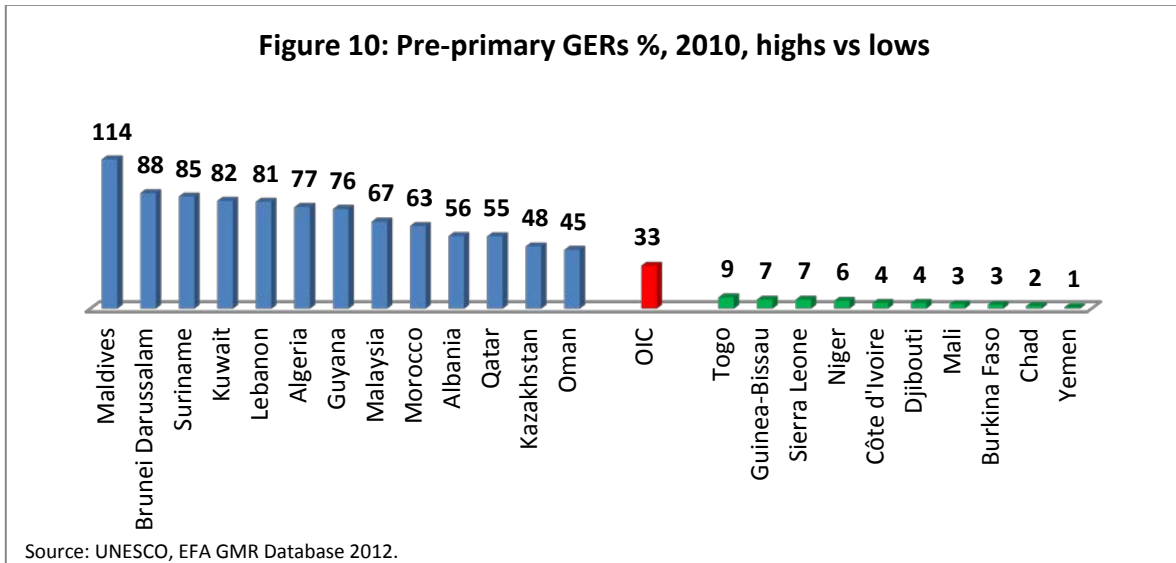
In many OIC member countries, participation in pre-primary education is not mandatory and children may enter the programs at any age between official entrance age and the start of obligatory primary school. However, in Kazakhstan, Iran, Sudan and Brunei, there is one year obligatory pre-school enrolment, although they do not necessarily have the highest gross enrolment ratios.



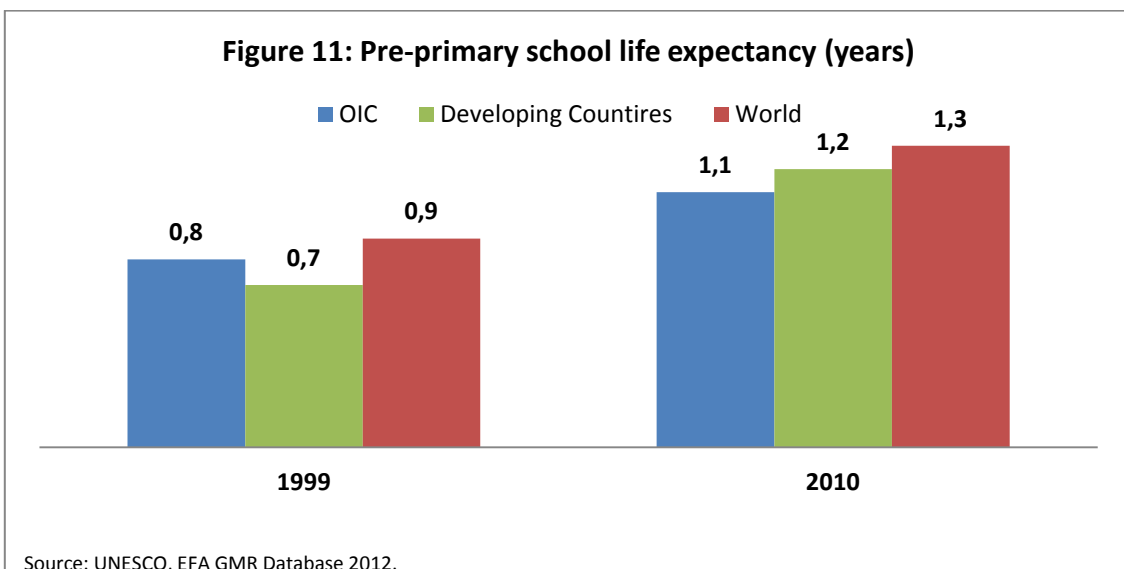
Total enrolment in pre-primary education increased by 88% - from 8.5 million to 16 million children - in the OIC region between 1999 and 2010 (Figure 9). The biggest incremental change has come from Indonesia, with an increase corresponding to 1.8 million. Nigeria, Turkey, Egypt, Algeria, Sudan and Kazakhstan were the other OIC member countries that increased their total enrolment figures remarkably. The number of children enrolled in pre-primary education increased by 45% in the world from 112.8 million in 1999 to 163.5 in 2010. Developing countries also witnessed a 57% increase in pre-primary education enrolment figure in the same period.

The Gross Enrolment Ratio (GER) in pre-primary education climbed from 16% to 33% in the same period in OIC member countries. However, in 2010 the average of OIC region lagged behind the world average of 48% and the average of developing countries of 43%.

Highest GER in OIC was that of Maldives (114%), followed by Brunei Darussalam (88%), Suriname (85%), Kuwait (82%) and Lebanon (81%) in 2010. Yemen (1%), Chad (2%), Burkina Faso (3%) and Mali (3%) had the lowest GER in pre-primary education in 2010 (Figure 10).

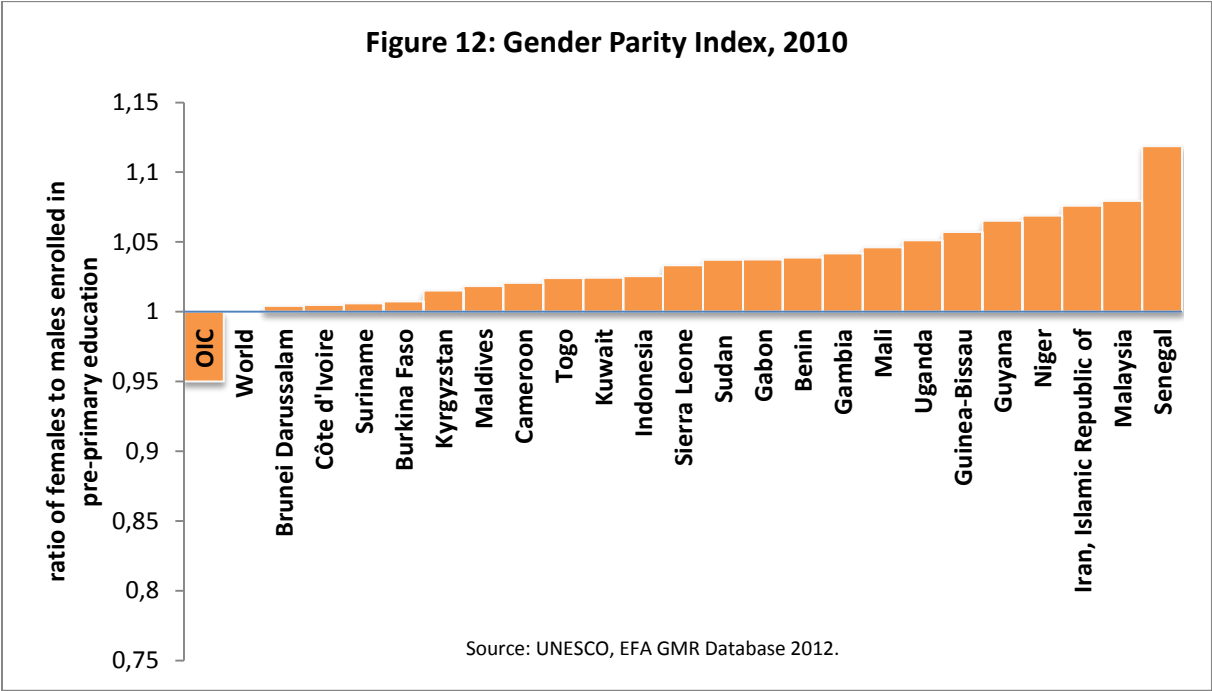


In addition to enrolment rates in pre-primary schools, the average duration of pre-primary school education (i.e. pre-primary life expectancy) indicates to what extent families and countries attach importance to the pre-primary education. In OIC member countries, on average, the pre-primary school life expectancy increased from 0.8 year in 1999 to 1.1 years in 2010. In the same period, developing countries and the world average reached 1.2 and 1.3 years, respectively which are slightly higher than the average of OIC. As the GERs have shown, in OIC member countries only 33% of children enrol to a pre-primary education institution. However, once a student enrolls to a pre-primary school, he or she may get a 1.1 year education on average, which is close to the average of developing countries (Figure 11).

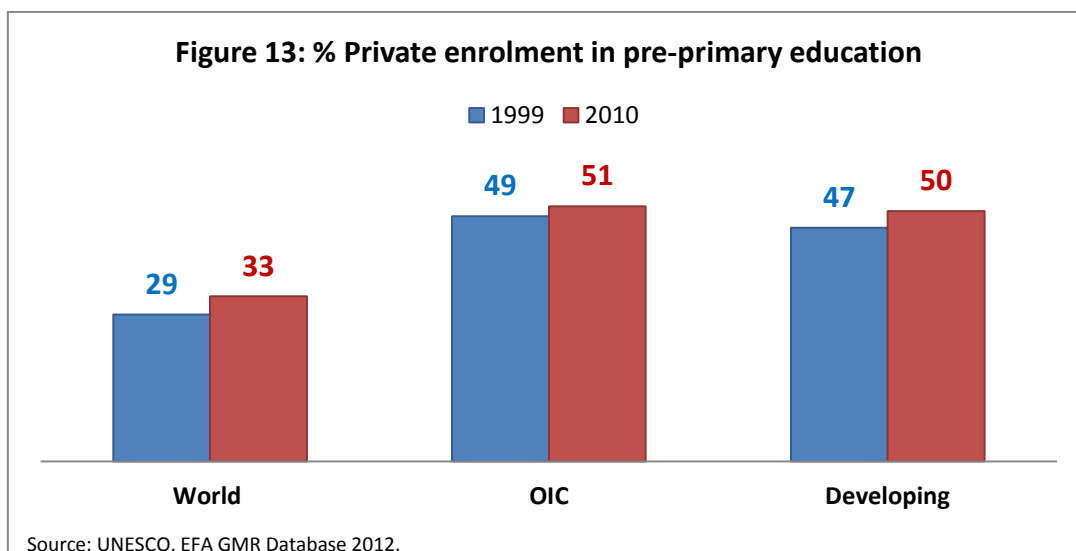


Gender Parity Index (GPI), i.e. ratio of females to males enrolled in pre-primary education, in the OIC region improved as gross enrolment ratios did. While GPI was 0.83 in 1999 (i.e. 8 girls were enrolled for every 10 boys) in the OIC region, it reached almost equal enrolment ratio for females and males in 2010 corresponding to a GPI score of 0.95 that is a ratio which is close to the world average of 1 (Figure 12). However, OIC has four countries with the lowest ratios in the world, namely Morocco

(0.72), Tajikistan (0.84), Yemen (0.90) and Chad (0.91). There are also some OIC countries with disparities favouring girls. For instance, Senegal, Malaysia and Iran are the OIC member countries which have the highest GPI index scores of 1.11, 1.08, and 1.07, respectively.



The provision of pre-primary education by private institutions instead of government has some drawbacks. First, the transparency and standardization of education at private pre-primary education institutions are more problematic. Second, families with low and middle income experience difficulties in affording the bill of private pre-primary education institutions. Given these drawbacks, more than half of the enrolment is private in OIC member countries. The *rate of private enrolment* increased from 49% in 1999 to 51% in 2010 (Figure 13). The OIC private enrolment rate average in 2010 is higher than both from the world average (33%) and average of developing countries (50%), as in 1999. Arab States and OIC countries in sub-Saharan region are the main drivers behind this relatively high private enrolment in the OIC region. In Bahrain, Comoros, Palestine and Uganda 100% of enrolment was private in 2010. Other OIC member countries with private enrolment rates higher than 80% were Qatar, Maldives and Lebanon.

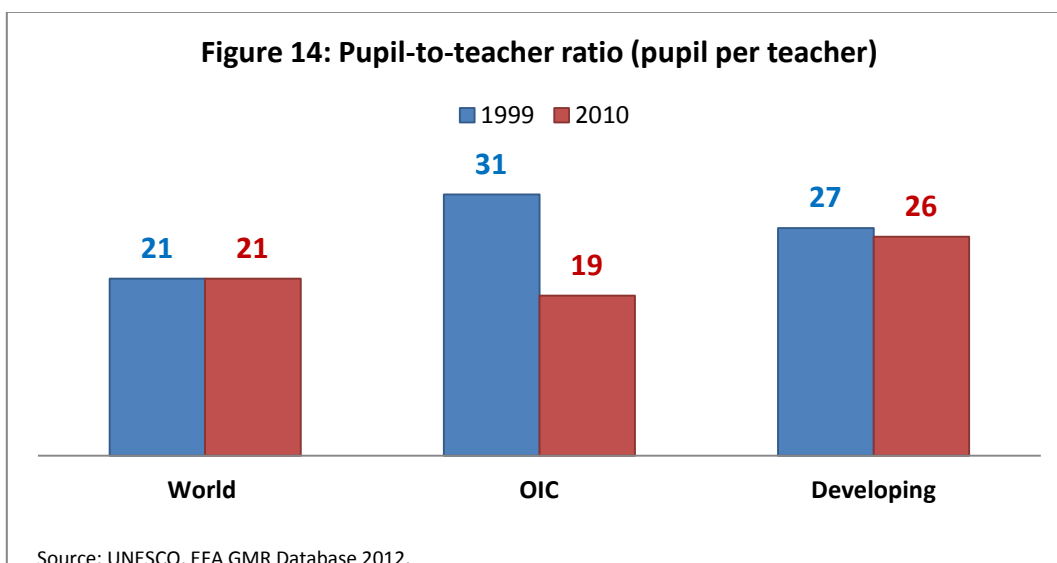


Private enrolment in pre-primary education in OIC member countries in the Central Asia is quite low as opposed to most of the countries in the Arab and sub-Saharan regions. It was less than 1% in Azerbaijan, 1% in Uzbekistan, 3% in Kyrgyzstan, and 5% in Kazakhstan in 2010. This can be attributed to these countries' transition process from the former Soviet structure. Some other OIC member countries out of Asia also recorded low levels of private enrolment in pre-primary education. For instance, Guyana had only 6% private enrolment rate in pre-primary education in 2010, although the Caribbean Region had one of the highest private enrolment rates in pre-primary education in the world.

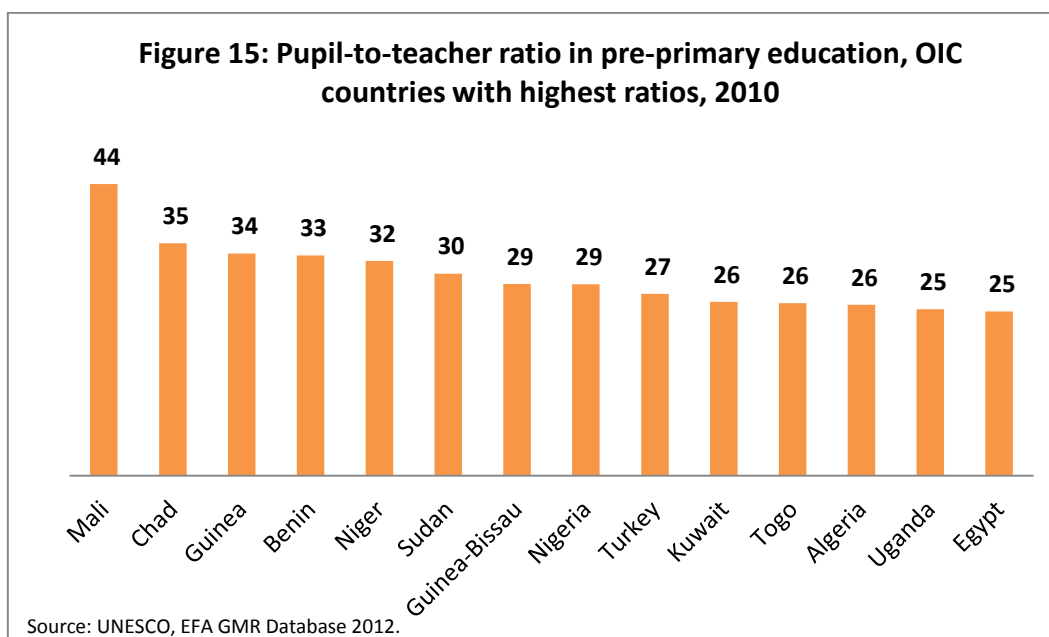
3.2 Quality of Early Childhood Education Programs in OIC Member Countries

There are arguments that definition of high quality early childhood services should be culturally and contextually relevant. To this end, its definition may differ across countries. However, there are some objective indicators that are accepted widely on the quality of early childhood education programs such as pupil to teacher ratios, teacher qualifications, physical and psychological environment, health and safety factors, program management and community integration.

One of the most important determinants of the quality in early childhood education is the quality of interaction between teachers and children that is measured by the *pupil to teacher ratio*. Relatively small classes and adequate teacher training are of great importance in early childhood education. While low pupil to teacher ratio is indicative of a higher level of quality in education, high pupil to teacher ratio often gives evidence about proportionately underfunded schools or school systems, or need for legislative change or more funding for education.



The situation of class sizes in the pre-school education has, on average, improved significantly in the OIC region over the last decade. While in 1999, the average pupil-to-teacher ratio in OIC member countries was 31 (i.e. one teacher for every 31 students), this ratio decreased to 19 in 2010. In fact, pupil-to-teacher ratio in pre-school education in OIC member countries in 2010 was lower than the world average (21) and the average of the developing countries (26) (Figure 14).



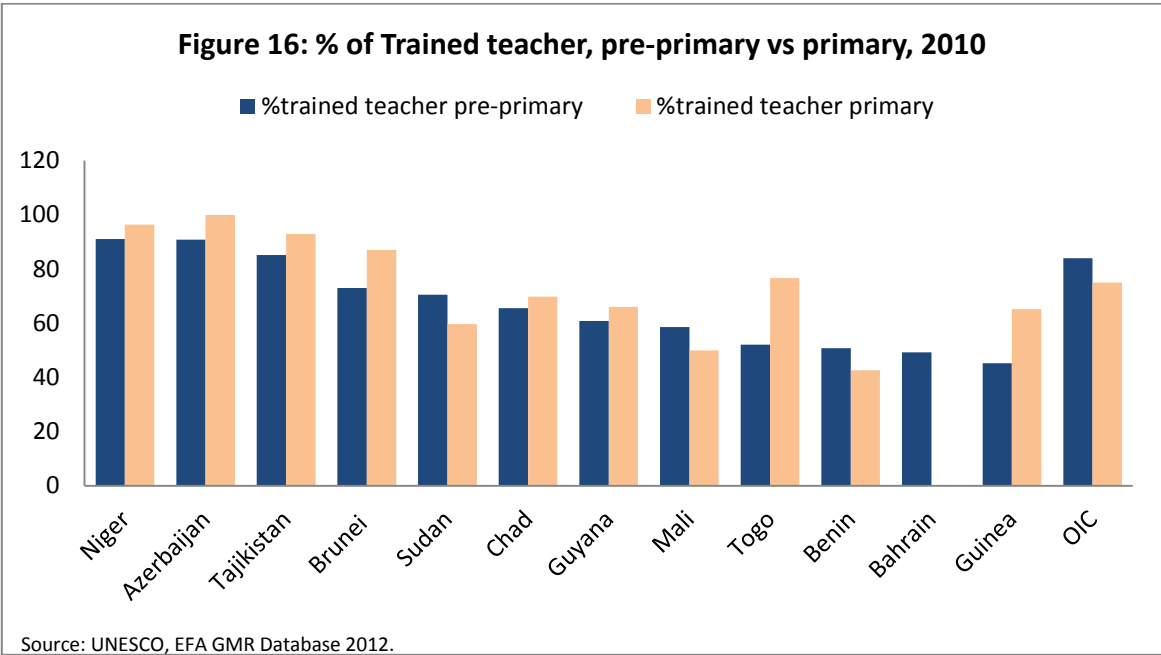
At the individual OIC country level, the most crowded pre-school classes, in terms of pupil-to-teacher ratio, were in OIC member countries in sub-Saharan Africa such as Mali (44), Chad (35), Guinea (34) and Benin (33). There are also some OIC member countries in other regions with pupil-to-teacher ratios over the world average, such as Turkey (27), Kuwait (26) and Egypt (25) (Figure 15).

On the other hand, the required qualifications for the pre-primary school teachers vary across OIC member countries which affect both the quality of pre-primary education and the number of qualified teachers available. For example, pre-primary teachers need only lower-secondary

qualification (roughly 9 to 11 years of formal schooling) in Burkina Faso, Chad and Guinea. In Niger, Syria, Oman, Bangladesh and Mali, the required level of education for pre-primary teachers is upper secondary, while Uganda demands a technical aspect, too. In Kazakhstan, Lebanon and Senegal, teachers of pre-primary schools need to have a post-secondary non-tertiary education. Some countries set higher levels of qualification for primary teachers than pre-primary teachers. For instance, Chad, Niger, Syria, Bangladesh and Kazakhstan require one additional education level for their primary teachers, while Guinea and Oman demand two additional levels of education (UNESCO, 2007).

In this context, the average percentage of trained teachers in pre-primary education in 27 OIC member countries, for which the data are available, was 84% in 2010 compared to 75% in primary education (Figure 16). In OIC member countries, on average, the trained teacher shortage at pre-primary school level is lower than the primary school teacher shortage mainly stemming from higher levels of qualification required for primary teachers.

There are some OIC member countries, namely Cote d’Ivoire, Kuwait, Morocco, Oman, Palestine, Suriname, Uzbekistan and UAE, reported that 100% of their pre-primary teachers meeting the national training requirements for the profession. This implies that 100% of their pre-primary teachers are trained. Overall, insufficient physical and financial means of governments, low level of salaries for the pre-primary school teachers and their social status can partly explain the shortage of trained teachers in early childhood programs in OIC member countries.



4. GOVERNANCE AND FINANCING OF ECCE IN OIC MEMBER COUNTRIES

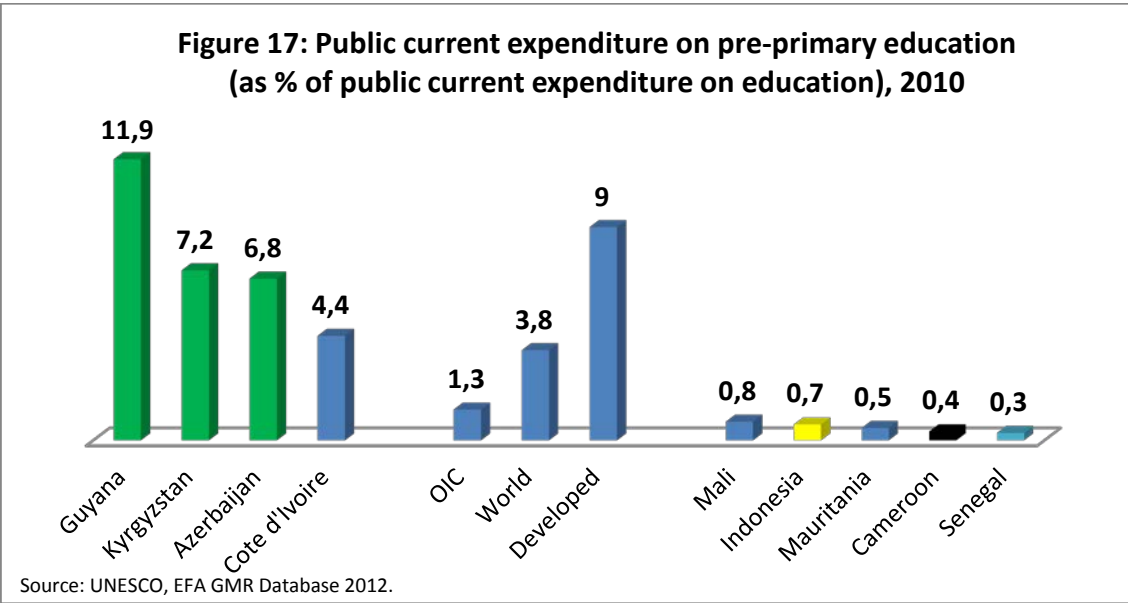
In most of the OIC countries, early childhood care and education (ECCE) services are mostly delivered by non-governmental agencies or by private sector, under the supervision of a ministry. The ECCE services for under age 3 are in general supervised body the Ministry of Social Affairs and/or Health, while those for over age 3 are mostly in the auspices of the Ministry of Education. In some OIC countries, like Morocco, the ministry of Islamic Affairs is in charge of pre-school education. In some

other cases, a special ministry or another special unit is in charge of ECCE services, such as Ministry of Women, Family, Children and Elderly Affairs in Tunisia, National Council in Jordan, the National Council for Child Welfare in Sudan and the National Commission for Family Affairs in Syria (UNESCO 2010b).

In general, more than one official authority is involved or supervised the ECCE services in the OIC countries, such as the related ministry and a multisectoral ECCE Council, like the situation in many OIC countries in sub-Saharan Africa. In other cases, a non-governmental organization, socio-political body or sub-national entity is the main coordinating and supervising unit, such as private organizations in Syria, NGOs in Cote d'Ivoire and community based organizations in Comoros (UNESCO, 2010b). There are also countries with state predominance in the operation of ECCE programmes especially in OIC countries in the Central Asia.

Although the costs of ECCE programmes are mostly met by families, NGOs and international donor agencies, as the situation in many African and also in some Arab Countries, the dataset on the share of *public expenditure on pre-primary education (as % of total public expenditures on education)* can be used to assess the relative importance of the pre-primary education sector across OIC member countries. The indicator is calculated by dividing expenditures on pre-primary education by total public education expenditures. The higher the share of pre-primary education expenditures in total public education expenditures, the higher is the public support for the pre-primary education sector.

In terms of the share of pre-primary education in total public education expenditure, some OIC member countries like Guyana (11.9%), Kyrgyzstan (7.2%) and Azerbaijan (6.8%) have rates higher than the world average of 3.8% (Figure 17). In contrast, several OIC member countries especially in sub-Saharan Africa have lower public spending rate on pre-primary education services with an average of 0.3%. For example, pre-primary education in total education expenditures is 0.3% in Senegal and 0.4% in Cameroon. Given the existence of high disparities across OIC member countries, the overall average of OIC region corresponds to only 1.3% that is approximately one third of the world average of 3.8%.



5. CHALLENGES AND POLICY RECOMMENDATIONS

Although OIC member countries have on average recorded a significant improvement in Early Childhood Care and Education (ECCE) in the recent years, the average level of ECCE services are still below the world average in different respects. In OIC member countries, 3.9 million children die before reaching their fifth birth day, corresponding to 45% of total under-5 deaths in the world. According to the WHO estimates, three quarters of total deaths were caused by infectious diseases and birth related complications which can easily be prevented by vaccination, antenatal health care and skilled attendance of birth. Simply this figure can tell the importance of ECCE services.

Therefore, there is still a large room for more efforts and actions to be taken in order to improve the quality and quantity of ECCE services in OIC member countries. Not all these efforts require vast amount of financial sources but effective planning and professional implementation. In the light of the current state of ECCE services in OIC member countries, this section summarizes the challenges that OIC member countries are facing and makes some policy recommendations to improve the situation. These items can be summarized as follows:

- **Lack of a holistic ECCE approach:** Most of the OIC member countries do not have a holistic approach to ECCE. There is lack of policy coordination between the relevant authorities, such as multiple ministries, national councils, and other bodies involved in the provision of ECCE services, where there is no single entity responsible for the planning, implementation, follow-up and evaluation. Adopting a holistic national policy and establishing a commission/board or a leading ministry in charge of ECCE policy and implementation may overcome the problem of coordination.
- **Child survival and well-being inefficiencies:** The state of children survival and well-being is still unsatisfactory in many OIC member countries, particularly in sub-Saharan Africa and South and West Asia regions. For instance, there are many OIC countries that are still in need of higher vaccination doses to immunize a higher share of children, high number of skilled health personal for maternal & children health, and effective mother & child-nutrition programmes. In this regard, efforts should be made to develop programs not only for children between ages 0-3 but also for maternal care. The financial support and guidance of OIC are crucial for the member countries to overcome several basic survival issues. For example, OIC would send certain amounts of vaccination doses for children free of charge to member countries and would help these countries to increase the number skilled health personal through designing scholarship and education exchange programmes. To this end, organizing some pilot programs in selected member countries could be a good initial step for sustainable and good quality child care services.
- **Inequity in access to ECCE:** OIC member countries not only have insufficient provision of ECCE services but also experience problems in providing these services equally to different groups of the society. For instance, there is a high gender disparity between females and males in pre-primary education in member countries. Also ECCE services that are provided in rural and urban areas differ remarkably in several OIC member countries especially in LDCs (least developed countries). Thus new ECCE policies also need to address the equity dimension.

- **High costs of ECCE:** The costs of early childhood programs are very high in most of the OIC member countries, where private sector provides most of these services compared to limited public involvement. Considering more than half of the population in more than one third of OIC member countries lives on less than 2\$ per day (UNESCO, EFA GMR Database), this poses a serious challenge for the affordability of ECCE services. Higher government involvement in these programs through the use of support from regional and international donors (including related OIC institutions) is very important especially for marginalized children and children with special needs, who get the most out of these services according to UNESCO (2010a). Moreover, private businesses' preference to operate schools in urban centres results in access problem for children living in rural and remote places. In 30 OIC countries, more than half of the total population lives in rural areas (BASEIND). Therefore, organizing special programs for children in rural areas may help to increase the coverage of ECCE services and to reduce inequity in accessing to ECCE services.
- **Inadequate teacher qualifications:** Most of the teachers in ECCE services do not have satisfactory qualifications in the OIC region, even though interaction of the teacher with children is one of the most important quality dimensions in ECCE services. This problem may be eliminated by setting some common standards for the profession while making it a more attractive job alternative by improving the conditions for work and status of ECCE teachers. Executing capacity building programs through intra-OIC partnerships and the use of ICT technologies for training of existing pre-primary teachers can be short-term solutions to the shortage of adequately trained workforce in early childhood services.
- **Curricula deficiencies:** Academic nature of curricula in most ECCE programs, especially those in private sector, focuses on the development of child's ability to read and write at the expense of other important skills (UNESCO, 2007). The curricula should be organized for the child's emotional, social, physical, creative and cognitive skills as well. Moreover, the context of this education programmes should be culturally relevant. Each country should base its own curriculum on its cultural and religious values and deliver the programmes in mother tongue. Incorporating cultural dimension into early education context can also help to direct parents from informal to formal programmes, if they do prefer the former just for the sake of getting a culturally relevant education for their children.
- **Lack of awareness of the importance of ECCE services:** Limited knowledge and understanding of the importance of ECCE services of parents is one of the most pronounced barriers to entry to early childhood programmes. In particular, the education level of mothers has a direct impact on the education of children. Children of educated mothers are more likely to attend pre-school programs (UNESCO, 2007). To this end, enhancing parent empowerment and supporting parent education programs would help to improve the quality of early childhood education.
- **Lack of quality measuring and monitoring mechanisms:** Most of the OIC member countries do not have mechanisms to measure and monitor ECCE services. In this respect, OIC member countries need to develop a common framework to measure and monitor the quality of ECCE services at the world standards. Such a framework needs to be supported by legal provisions of each country and followed by regular field visits.
- **Difficulty of measuring informal institutions:** Higher costs of ECCE services in OIC member countries divert parents to get these services through informal ways. Decreasing the cost of

ECCE services is a long term solution to this problem. Gathering all the services under an official national body may provide part of the solution in the short term. For example, in Morocco, the government gathered traditional Koranic schools under the roof of the Ministry of Islamic Affairs (UNESCO, 2010b).

- **Lack of data on ECCE services:** Establishing a national and/or regional data centre would help in tracking ECCE experiences of member countries in a more effective and coordinated way. Given their relevant experiences, different OIC institutions such as SESRIC and ISESCO can cooperate with member states to achieve this object.

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