



### Policy Goals

#### 1. Establishing an Enabling Environment

The 2012 Child's Act and National Inter-Sectoral Policy on Early Childhood Development (NIPECD) are important achievements towards developing an effective enabling environment and comprehensive Early Childhood Development (ECD) system. Concerted efforts are required to implement the policy and coordinate across sectors. In parallel with greater financial investment, a more detailed methodology for calculating ECD expenditures could increase effectiveness of investment.

#### 2. Implementing Widely

The civil war devastated much of the physical, human, and organizational infrastructure in Liberia. Despite recent efforts to restore the education, health, and nutrition delivery systems, coverage levels remain low, and often it is the poorest, most marginalized children who are not served. It is important to continue to expand service delivery in all sectors to ensure that children have the opportunity to reach their potential in life. This should include an emphasis on children with disability.

#### 3. Monitoring and Assuring Quality

Data to monitor access and quality of ECD are not widely available, and an effective regulatory framework to ensure compliance with established service delivery and infrastructure standards is lacking. Overpopulated classrooms limit student learning and undermine educators' ability to teach.

### Status



## Overview

*This report presents an analysis of the Early Childhood Development (ECD) programs and policies which affect young children in the Republic of Liberia. It is part of a series of reports prepared by the World Bank using the SABER-ECD framework<sup>1</sup> and includes analysis of early learning, health, nutrition and social and child protection policies and interventions in Liberia, along with some regional and international comparisons.*

Situated on the west coast of Africa, the Republic of Liberia is home to 3.3 million people (national population census, 2008). The civil wars, which lasted from 1989 to 1996 and 1999 to 2003, devastated most of Liberia's infrastructure and had serious consequences for human development. In particular, a significant proportion of children were not reached with key ECD services in their early years and primary schools are flooded with overage and ill-prepared children – these children are often sent back to preprimary school, which impacts student-to-teacher ratios and the quality of the classroom environment. In addition, the capacity of ECD service delivery personnel was impacted.

In 2011, the Bureau for Early Childhood Education was formed, and in April 2012 the Government launched the National Inter-sectorial Policy on Early Childhood Development (NIPECD). Despite these achievements, Liberia's ECD system remains weak. Coverage and quality in preprimary school are low, and too many

children lack the necessary services to reach their potential in life.

## The SABER–Early Childhood Development Analytical Framework

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

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

| Summary of key ECD indicators in Liberia and neighboring countries | Ethiopia | Ivory Coast | Kenya | Liberia | Mali | Sierra Leone |
|--|----------|-------------|-------|---------|------|--------------|
| Infant Mortality (deaths per 1,000 live births)                    | 68       | 86          | 55    | 74      | 99   | 114          |
| Under-5 Mortality (deaths per 1,000 live births)                   | 106      | 123         | 85    | 103     | 178  | 174          |
| Moderate and severe stunting (under 5)                             | 51%      | 40%         | 35%   | 42%     | 27%  | 36%          |
| Births attended by a skilled attendant                             | 6%       | 57%         | 44%   | 46%     | 49%  | 42%          |
| Birth registration 2000-2010                                       | 7%       | 55%         | 60%   | 4%      | 81%  | 51%          |

Source: Government of Liberia and UNICEF.

<sup>1</sup> SABER-ECD is one domain within the World Bank initiative, Systems Approach to Better Education Results (SABER), which is designed to provide comparable and comprehensive assessments of country policies.

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

| What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?<br>(**This requires coordination and planning across sectors**)  |
|--|
| <b>Healthcare</b>  |
| <ul style="list-style-type: none"> <li>• Standard health screenings for pregnant women</li> <li>• Skilled attendants at delivery</li> <li>• Childhood immunizations</li> <li>• Well-child visits</li> </ul>  |
| <b>Nutrition</b>   |
| <ul style="list-style-type: none"> <li>• Breastfeeding promotion</li> <li>• Salt iodization</li> <li>• Iron fortification</li> </ul>   |
| <b>Early Learning</b>  |
| <ul style="list-style-type: none"> <li>• Parenting programs (during pregnancy, after delivery and throughout early childhood)</li> <li>• High-quality childcare, especially for working parents</li> <li>• Free preprimary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)</li> </ul>  |
| <b>Social Protection</b>   |
| <ul style="list-style-type: none"> <li>• Services for orphans and vulnerable children</li> <li>• Policies to protect rights of children with special needs and promote their participation and access to ECD services</li> <li>• Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc)</li> </ul>   |
| <b>Child Protection</b>  |
| <ul style="list-style-type: none"> <li>• Mandated birth registration</li> <li>• Job protection and breastfeeding breaks for new mothers</li> <li>• Specific provisions in judicial system for young children</li> <li>• Guaranteed paid parental leave of least six months</li> <li>• Domestic violence laws and enforcement</li> <li>• Tracking of child abuse (especially for young children)</li> <li>• Training for law enforcement officers in regards to the particular needs of young children</li> </ul> |

**Three Key Policy Goals for ECD**

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: *Establishing an Enabling Environment*, *Implementing Widely and Monitoring and Assuring Quality*. Improving ECD requires an integrated approach

to address all three goals. As described in Figure 1, for each policy goal, a series of *policy levers* are identified, through which decision-makers can strengthen ECD.<sup>2</sup> Strengthening ECD policies can be viewed as a continuum; as described in Table 1, countries can range from a latent to advanced level of development within the different policy levers and goals.

<sup>2</sup> These policy goals were identified based on evidence from impact evaluations, institutional analyses and a benchmarking exercise of top-performing systems. For further information see "Investing Early: What Policies Matter" (forthcoming).

## Policy Goal 1: Establishing an Enabling Environment

### ➤ Policy Levers: Legal Framework • Intersectoral Coordination • Finance

An Enabling Environment is the foundation for effective ECD policy, providing the mechanisms and means to design and implement ECD policy. An Enabling Environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD; coordination within sectors and across institutions to deliver services effectively; and, sufficient fiscal resources with transparent and efficient allocation mechanisms.

#### Policy Lever 1.1: Legal Framework



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

**National laws and regulations do not promote appropriate dietary consumption by pregnant women and young children.** Liberia does not have a robust set of policies to promote prenatal and early nutrition. There is no national policy to encourage salt iodization, nor is there a policy to promote the fortification of staple food products with iron. The Government has acknowledged that an effective system is not in place, and in 2008 prepared the National Nutrition Policy, which draws attention to this deficiency and calls for strengthened micronutrient surveillance capabilities, including salt monitoring, as well as support and enforcement of legislation on food fortification. The policy does not outline a specific plan or timetable to achieve these objectives. In addition, the International Code of Marketing of Breast Milk Substitutes – an international health policy framework for breastfeeding promotion adopted by the World Health Organization – is not enshrined in law in Liberia. Instead, adherence to the provisions suggested in the Code is voluntary.

**Preprimary school is not compulsory.** Preprimary education is formally part of the education system and is included within the Education Law, which states that the Government of Liberia is “committed to ensuring that provisions are made for all children to receive sound preprimary education.” The law does not state

**Table 1: ECD policy goals and levels of development**

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

that preprimary school is compulsory for all children. Preprimary school is for children aged 2 through 5, and primary school begins at age 6. More details about the preprimary system are provided in Policy Goal 2 of this report.

**National laws mandate the provision of some healthcare for pregnant women and young children.** In response to the post-war health challenges, the Ministry of Health and Social Welfare embarked on a long, difficult rebuilding process. Providing free healthcare for pregnant women and young children is a critical component in this effort. One aspect is well-child visits, which are publicly provided medical appointments to evaluate a child's general health and development. The Liberia Expanded Program on Immunization, in accordance with World Health Organization recommendations, requires that all children receive a complete course of immunizations.<sup>3</sup> Currently there are no laws, regulations or policies encouraging pregnant women to have standard health screenings for HIV and STDs.

**Policies do not provide suitable opportunities for parents and caregivers to provide care to newborns and infants in their first year of life.** The availability of maternal and paternal leave to care for newborns and infants is not well developed or documented in Liberia. According to the World Bank's *Women, Business and the Law database*, the mandatory minimum length of paid maternity leave in Liberia is 90 days. This is paid by the employer and does not apply to fathers. However, the Committee on the Elimination of Discrimination against Women (CEDAW) – which monitors the implementation and adherence to the Convention on the Elimination of All Forms of Discrimination against Women – raises concern that, in practice, women do not benefit from the maternity leave provisions set forth in law.

**Child protection policies and services are in the process of being established in Liberia.** There is one juvenile court in the country, based in Monrovia. However, the judiciary law allows all magistrate courts to sit as

<sup>3</sup> EPI complete course of immunizations targets nine vaccine preventable diseases: tuberculosis; diphtheria; pertussis; tetanus; poliomyelitis; measles; hepatitis B; Haemophilus influenzae type b; and yellow fever.

juvenile courts in cases of need. The newly created Children's Law further develops the judicial system mandating the right to a fair trial, and requiring that personnel involved in the administration of juvenile justice receive training. The Women and Child Protection section within the Liberian National Police was established in 2005; its activities include prosecuting all cases involving women and children, reunifying children with parents, and creating awareness for child protection.

The Department of Social Welfare within the Ministry of Health and Social Welfare is tasked with the responsibility of providing social services to the people of Liberia. This includes overseeing, managing, and setting policy for orphanages in the country. The UN Committee on the Rights of the Child notes that many orphanages in Liberia offer children sub-standard services and protection, with high incidences of violations of human rights.

Policy states that all Liberian children are required to be registered at birth, but in practice this is not the case. Liberia's decentralized registration system was severely damaged during the war, and as a result, birth registration levels are very low (4 percent). Housed within the Ministry of Health and Social Welfare, the Government developed a strategy to revive the decentralized system, and currently has developed capacity to promote birth registration in seven of 15 counties. The remaining eight counties, which are currently managed at the central level, are scheduled to follow suit by 2014. One of the main barriers which the strategy addresses through enhanced awareness and public education – is a public perception that birth registration is not important.

### Policy Lever 1.2: Intersectoral Coordination



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

**The NIPECD is an explicitly-stated multi-sectoral ECD policy.** The NIPECD is the first of its kind in Liberia and signals the country's commitment to its youngest citizens. The policy was officially launched in April 2012, and design of the implementation plan is underway. A primary objective of the policy is to enhance coordination and cohesion amongst the many ECD actors to create a unified ECD system in Liberia.

The NIPECD sets forth an ambitious set of goals pertaining to intervention coverage levels and quality, and the design of an integrated ECD system. A snapshot of the goals to be achieved in five years includes:

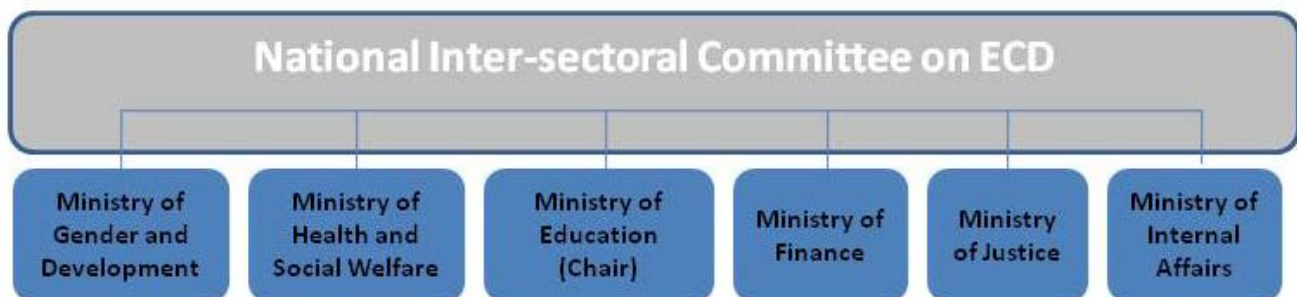
- Construct new ECD centers and provide services to cover 70 percent of the most needy areas;
- Develop an ECD training framework and train at least 50 percent of the ECD teachers and care givers;
- Reduce child malnutrition from 20 percent to 5 percent; and,
- Increase the use of insecticide-treated bed nets to fight malaria from 45 percent to 80 percent.

**The Bureau for Early Childhood Education has been established as an institutional anchor to coordinate ECD across sectors.** Situated within the Ministry of Education, the Bureau was developed in 2011 to champion ECD in Liberia. As part of the NIPECD, the National Inter-sectoral Committee on ECD was

established to guide policy and program development at the national level. This committee is comprised of representatives from the Ministries of Education (as chair), Health and Social Welfare, Gender and Development, Justice, Finance, and Internal Affairs, as depicted in Figure 1. Specifically, the proposed objectives of the committee are to:

- Facilitate the management and coordination of the NIPECD under the leadership of the MOE;
- Initiate the development and/or review of plans, policies, required regulations, standards etc. related to the implementation of the NIPECD;
- Ensure availability of the resources for the implementation of the NIPECD;
- Manage the targeting of programs to ensure that services reach the designated groups;
- Coordinate the partnerships required for integrated service delivery;
- Coordinate all the requirements such as information and establishment of relevant databases for the implementation of integrated services;
- Support and coordinate the creation of inter-Ministerial structures at the county level; and
- Develop, monitor and evaluate the implementation plan.

**Figure 1: Organization structure of the National Inter-sectoral Committee on ECD**



**Box 2: Snapshot of non-state ECD stakeholders in Liberia**

Local and international agencies, NGOs, and civil society groups play an important role in ECD in Liberia. These stakeholders, which are incorporated in the NIPECD, have four primary roles: i) operate and deliver ECD activities; ii) provide technical assistance to other ECD stakeholders in the development and implementation of ECD policies and activities; iii) provide resources to support ECD initiatives; and, iv) monitor and evaluate implementation of ECD activities.

For instance, **Plan International Liberia** has several programs and services to promote better ECD. One example is the support given to traditional birth assistances (TBAs). TBAs often work in rural localities as caregivers and lack adequate training and equipment. This project builds capacity by providing TBAs in remote communities with specific training, improved birth delivery kits, and better facilities. Plan International Liberia also assists GoL efforts to increase access to birth registration services, and implements programming to promote gender equality. **Cooperative for Assistance and Relief Everywhere (CARE) International** aims to improve access to water and sanitation facilities and offers training to promote good hygiene and changes in behavior. The **World Food Program (WFP)** is quite active in Liberia. The WFP provides food assistance to protect the nutritional and health status of mothers and children at risk of malnutrition. Some of the other prominent organizations include the **Open Society Initiative** (with the Open Society Initiative for West Africa), **UNICEF**, and the **International Committee of the Red Cross**.

In addition, the NIPECD establishes county, district, and regional level inter-sectoral ministerial committees. The proposed objectives of each of these committees are detailed in the NIPECD document. Historically, Liberia's ECD system has operated in silos, marred by poor targeting, limited service delivery, and low coverage. Development of the NIPECD and National Inter-sectoral Committee on ECD provides a framework to achieve coordination and is a first step towards developing a well-integrated, highly effective ECD system.

In addition to Government ministries and bodies, the ECD system in Liberia includes several other stakeholders, including: international development agencies, local and international non-government organizations, civil society groups, service delivery personnel, communities, and families. Box 2 provides a snap shot of some of these stakeholders and the role they fill.

*without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits. Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.*

**The level of public sector financial commitment to ECD is difficult to ascertain and there is no clear method or criteria for determining and forecasting the budget.** Each of the involved Ministries is tasked with financing their respective ECD interventions. The Education Sector Plan of Liberia (2010-2020) notes that, for the year 2007-2008, recurrent expenditures on preprimary education were estimated to be \$311 million Liberian dollars (USD 4.2 million). This expenditure is equivalent to 34 percent of the Ministry of Education's combined recurrent expenditures on education for the preprimary through senior high school years. While this level is very high by international standards, overall education spending levels in Liberia are quite low; thus, even an allocation of 34 percent of recurrent expenditures to preprimary school is inadequate to meet the substantial need. Additionally, due to the large contingent of overage children enrolled in preprimary school, the 34 percent of funding is used to pay for education for children well beyond standard ECD ages. The budget department of the Ministry of Education recently revised reporting mechanisms to include

**Policy Lever 1.3: Finance**

*While Legal frameworks and intersectoral coordination are crucial to establishing an Enabling Environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns, but are often undersupplied*

**Table 2: Select health expenditure indicators in Liberia and select countries**

|  | Ethiopia | Kenya | Liberia    | Mali |
|--|----------|-------|------------|------|
| Out of pocket expenditure as a % of all private health expenditure (PvtHE) | 80%      | 77%   | <b>52%</b> | 99%  |
| Out of pocket expenditure as a % of total health expenditures              | 37%      | 43%   | <b>35%</b> | 53%  |
| Government expenditure on health as a % of GDP                             | 5%       | 5%    | <b>12%</b> | 5%   |
| % of routine EPI vaccines financed by government, 2010                     | 5%       | 48%   | <b>6%</b>  | 20%  |

Source: WHO Global Health Expenditure Database, 2010; UNICEF MICS Country Statistics.

preprimary expenditures as a separate budget item. This change will be reflected in the 2013 budget and will better capture how monies are being spent and enable policy makers to more accurately assess the cost-effectiveness of interventions. This approach should enable better forecasting and budget planning.

Data from the Government are not available for health and nutrition expenditures. Presented in Table 2, the World Health Organization Global Health Expenditure Database reports that, at the household level, out of pocket expenditures<sup>4</sup> account for 35 percent of the total expenditure on health in Liberia. Out of pocket expenditure as a percentage of all private health expenditure, however, is 52 percent, which is significantly lower than in Mali, Ethiopia and Kenya. Although data are not specific to the ECD aged population and caregivers, it is possible to infer that payment for health services constitutes a substantive portion of household income. It is noteworthy that, as a percentage of GDP, government expenditure on health is 12 percent - this is more than twice the rate in Ethiopia, Kenya, and Mali. Government spending constitutes only a portion of ECD investment in Liberia. Substantial investment is made by national and international non-government organizations, bilateral donor agencies, faith-based organizations, civil society, and the private sector. The recently created Donor Coordinator position within the Ministry of Education is tasked to better harmonize commitments from major

donors. Actual disbursement by donors is currently difficult to measure.

**Public sector financial policies do not adequately promote ECD.** Preprimary school and basic healthcare enrollment rates are low, in part because the Government does not have the infrastructure, resources, or capacity to provide services to all eligible children. Furthermore, despite policy stipulating otherwise, out of pocket health expenditures are high and much of the Government budget for ECD interventions is financed by external sources. As of 2010, only 6 percent of routine EPI vaccines were financed by the Government of Liberia. This is amongst the lowest levels in the world.

**Early childhood educators and health care professional are not adequately compensated.** Low levels of remuneration for personnel are a contributing factor to the state of ECD in Liberia, particularly in regards to preprimary school teachers. In accordance with Section 2 of the Budget Law, experienced teachers are compensated between \$11,600 and \$32,250 Liberian dollars per month (approximately USD 155 to USD 485), depending on their qualifications and location. In reality, many preprimary school teachers and caregivers work in informal settings and are paid much less, often by communities. There are no performance mechanisms to promote quality and reward the best educators. Nurses are compensated between \$22,000 and \$32,000 Liberian dollars (USD 300 to USD 440) per month, while doctor salaries start at \$48,000 Liberian dollars (USD 650) and above.

<sup>4</sup> Out of pocket expenditure is any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups.

While GDP per capita is approximately USD 500 in Liberia, and these standard salaries are quite high in relation to average income levels, the rate of inflation is approximately 9 percent per annum. According to Trading Economics and the International Monetary



Fund, the consumer prices index average in Liberia was reported at USD 241 per month in 2009, and is expected to rise to USD 327 by 2015. This represents a relatively high cost of living, in comparison to income levels. Accordingly, these salary levels may not be high enough to ensure adequate compensation.

### Policy Options to Enhance Liberia's Enabling Environment

- **Legal Framework** – An effective legal framework for ECD should be comprehensive. The newly drafted Children's Law builds on the United Nation's Convention of the Rights of Child to ensure the well-being and protection of children below the age of 18 and provides a foundation for children's rights in Liberia. The Government should now focus on developing a set of laws and regulations that promote appropriate dietary consumption, including: appropriate marketing of breast milk substitutes, salt iodization, and iron fortification.
- **Intersectoral Coordination** – The NIPECD is an ambitious policy to develop an integrated ECD system that provides holistic care for children. Improving the synergies and coordination amongst Ministries and Government agencies is at the core of this policy. To achieve the objectives and the goals set forth, the Government must ensure the effective implementation of the NIPECD by preparing a well-costed and achievable implementation plan.
- **Finance** – The Government of Liberia could consider adopting a comprehensive methodology for calculating ECD investment and require each ministry to disaggregate spending by ECD age group. It could also be useful to work closely with non-government ECD stakeholders to capture the full spectrum of ECD investment in the country. This would provide policy makers with detailed information to evaluate and effectively cost ECD interventions, and shift allocation to the interventions with the greatest return on investment.

#### Box 3: Relevant lessons from Tanzania: Achieving effective inter-sectoral ECD coordination

In the early 2000s Tanzania's level of intersectoral coordination for ECD service provision was similar to Liberia. Sectors operated in silos, and little coordination was observed amongst the main ECD service providers. To remedy this, three national committees on ECD were established in 2006: the National Steering Committee, the National Technical Committee, and the National ECD Secretariat. Officially, these committees are tasked with: setting policies for ECD; establishing standards for service delivery; monitoring access and quality of ECD services; and playing a coordination role across different entities and agencies. The Steering Committee meets semi-annually and the Technical Committee and ECD Secretariat meet quarterly. Civil society is guaranteed a place on the National ECD Secretariat, which provides a mechanism to promote some coordination between government and non-government entities engaged in ECD service provision. In addition, an engaged group of development partners has formed an ECD Working Group and regularly interacts with government officials.

The Ministry of Community Development, Gender and Children (MCDGC) is designated as the coordinating Ministry for ECD in Tanzania. In addition, focal points have been established in key ministries, including: Ministry of Education and Vocational Training (MoEVT), Ministry of Health and Social Welfare (MoHSW), Ministry of Finance (MoF), and the Prime Minister's Office-Regional and Local Government (PMO-RALG). Clear structures at the district and ward level are established to coordinate ECD service provision through PMO-RALG.

## Policy Goal 2: Implementing Widely

### ➤ Policy Levers: Scope of Programs • Coverage • Equity

Implementing Widely refers to scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education and social protection and should target pregnant women, young children and their parents and caregivers. A robust ECD policy should assure high degrees of coverage and reach the entire population equitably – especially the most disadvantaged young children and their families.

**Policy Lever 2.1: Scope of Programs**



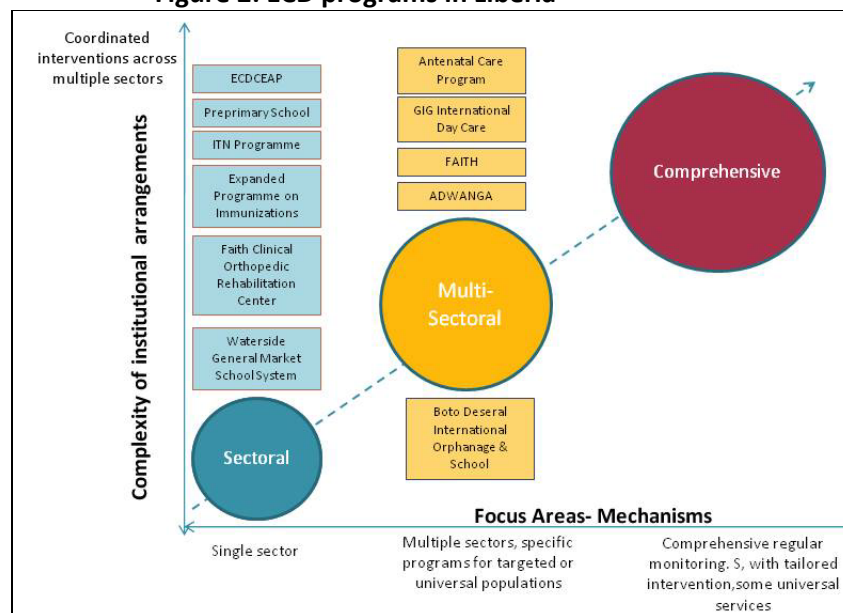
*Effective ECD systems have programs established in all essential sectors. Different interventions are needed at different stages of children’s development and a well-*

*developed ECD system will have differentiated interventions to reach pregnant women, infants, toddlers and children just before school entry.*

**ECD programs are established in each of the core ECD areas of focus:** education, health, nutrition, and child and social protection. Within these, there are programs that target the three main ECD groups – young children, pregnant mothers, and caregivers. Figure 2 presents a selection of ECD interventions in Liberia, including sectoral, cross-sectoral, and multi-sectoral interventions.

While Figure 2 displays some of the most important ECD programs in Liberia, it does not depict the scale of programs. Table 3 shows that a range of ECD programs in Liberia are established in education, health, nutrition, and social and child protection. Many of these programs are provided by non-state actors, with coverage in a limited number of regions in the country. Government interventions, such as early childhood care and education or the essential package for health and service program, operate country-wide.

**Figure 2: ECD programs in Liberia**



**Table 3: ECD programs and coverage in Liberia**

| ECD Programs and Coverage in Liberia  |                |                          |                    |                    |
|---|----------------|--------------------------|--------------------|--------------------|
| ECD Intervention  | Scale          |                          |                    |                    |
|   | Pilot programs | At scale in some regions | Scaling Nationally | Universal coverage |
| <b>Health</b>   |                |                          |                    |                    |
| Prenatal healthcare   |                |                          | X                  |                    |
| Comprehensive immunizations for infants   |                |                          | X                  |                    |
| Childhood wellness and growth monitoring  |                |                          | X                  |                    |
| <b>Education</b>  |                |                          |                    |                    |
| Publicly-provided early childhood care and education  |                |                          | X                  |                    |
| Publicly-subsidized early childhood care and education                                      |                |                          |                    |                    |
| Privately-provided early childhood education  |                | X                        |                    |                    |
| Community-based early childhood care and education  |                | X                        |                    |                    |
| <b>Nutrition</b>  |                |                          |                    |                    |
| Micronutrient support for pregnant women  |                | X                        |                    |                    |
| Food supplements for pregnant women   |                | X                        |                    |                    |
| Micronutrient support for young children  |                |                          |                    |                    |
| Food supplements for young children   |                |                          |                    |                    |
| Food fortification  |                |                          |                    |                    |
| Breastfeeding promotion programs  |                |                          |                    |                    |
| Anti-obesity programs encouraging healthy eating/exercise                                   |                |                          |                    |                    |
| Feeding programs in preprimary schools  |                | X                        |                    |                    |
| <b>Parenting</b>  |                |                          |                    |                    |
| Parenting integrated into health/community programs   |                |                          | X                  |                    |
| Home visiting programs to provide parenting messages  |                |                          |                    |                    |
| <b>Anti-poverty</b>   |                |                          |                    |                    |
| Cash transfers conditional on ECD services or enrollment                                    |                |                          |                    |                    |
| <b>Special Needs</b>  |                |                          |                    |                    |
| Programs for OVCs   |                |                          | X                  |                    |
| <b>Comprehensive</b>  |                |                          |                    |                    |
| A comprehensive system that tracks individual children's needs and intervenes, as necessary |                |                          |                    |                    |

Source: SABER-ECD Policy Data Collection Instrument and SABER-ECD Program Data Collection Instrument

The geographical complexities and inadequate infrastructure system makes it difficult to reach children in the most isolated, difficult to reach parts of the country. Liberia does not have a comprehensive system in place to track individual children's needs and, where necessary, intervene.

### Policy Lever 2.2: Coverage



*A robust ECD policy should not only establish programs in all essential sectors, but should also ensure high degrees of coverage and should reach the entire population equitably – especially the most disadvantaged young children – so that every child and expecting mother has guaranteed access to essential ECD services.*

**The level of access to essential ECD health interventions is low for young children and pregnant women.** Table 4 presents the level of access to a selection of essential ECD health interventions for young children in Liberia with other countries in Africa. Currently, only 62 percent of young children suspected to have pneumonia receive antibiotics and 47 percent of young children suffering from diarrhea receive oral rehydration and continued feeding. Although Liberia performs better than each of the comparison countries, the coverage levels remain very low. Furthermore, only 64 percent of 1 year olds are immunized against DPT. This rate is much lower than in Ethiopia, Kenya, and Mali, all of which have 90 percent coverage levels or higher.

**Table 4: Level of access to essential ECD health interventions for young children and pregnant women**

|  | Ethiopia | Kenya | Liberia    | Mali    |
|--|----------|-------|------------|---------|
| Children below 5 years of age with diarrhea who receive oral rehydration and continued feeding (2006-2010) | 15%      | 43%   | <b>47%</b> | 38%     |
| 1 year olds immunized against DPT  | 90%      | 93%   | <b>64%</b> | 90%     |
| Children below 5 years of age suspected of pneumonia who receive antibiotics (2006-2010)                   | 5%       | 50%   | <b>62%</b> | 38%     |
| Children below 5 years of age who sleep under an insecticide-treated bed net (2006-2010)                   | 33%      | 47%   | <b>26%</b> | 70%     |
| Children below 5 years of age with fever receiving anti-malarial drugs (2006-2010)                         | 10%      | 23%   | <b>67%</b> | No data |
| Births attended by skilled attendants (2006-2010)  | 6%       | 44%   | <b>46%</b> | 49%     |
| HIV+ pregnant women and HIV exposed infants who receive ARVs for PMTCT                                     | No data  | 43%   | <b>38%</b> | 34%     |

Source: UNICEF MICS Country Statistics, UNAIDS Liberia Country Fact Sheet

Only 25 percent of children less than 5 years of age sleep under an insecticide-treated bed net (ITN) and 33 percent of children with fevers receive anti-malarial medication in Liberia. The NIPECD recognizes the prevalence of malaria as a significant impediment to child development and sets the goal to increase the use of ITNs among children below 5 to 80 percent and provide treatment to at least 90 percent of children with malaria.

The level of access to essential ECD health interventions for pregnant women is low in Liberia. Only 46 percent of births are attended by skilled attendants, and 38 percent of HIV+ pregnant women receive antiretroviral (ARVs) to prevent mother-to-child transmission (PMTCT). Although these rates are similar in comparison countries, they remain low by international standards and underscore the necessity of enhanced coverage and targeting mechanisms to ensure that children in need receive the appropriate services.

#### **The level of access to essential nutrition interventions for young children and pregnant women is low in Liberia.**

The level of moderate and severe stunting amongst children 5 years of age or younger is 42 percent in Liberia. The impact of stunting on a child's development is immense. The period between conception and the age of 2 is a window of opportunity to address and prevent the damage caused by malnutrition. If not addressed, a child that suffers from malnutrition will not fully develop physically, which in turn hinders linguistic, cognitive, and

socio-emotional development. This can result in diminished human capital and lower lifetime earnings. In relation to the comparison countries, the prevalence of moderate and severe stunting is higher in Liberia than in Mali and Kenya. By international standards, the level of moderate and severe stunting is very high in all four countries, indicating that children are not receiving the nutrients and balanced diet required to maximize physical development.

Table 5 sheds further light on the nutrition status of young children and pregnant women in Liberia and comparison countries. Breast milk is considered to be the best method to feed an infant during the first 6 months of life, giving the child all the nutrients and calories needed for proper growth and development. Only 34 percent of children are exclusively breastfed until 6 months of age in Liberia. Approximately 14 percent of infants are of low birth weight, and a staggering 62 percent of pregnant women have anemia.

### **Overview of Early Childhood Care and Education in Liberia**

Early childhood education is included in the Education Law of Liberia as one area of service provision by the Ministry of Education. Historically, early childhood education has been administered at the central level; currently, along with other domains of the education sector, it is undergoing a move towards decentralization which will ultimately bestow responsibility for service

**Table 5: Level of access to essential ECD nutrition interventions for young children and pregnant women**

|  | Ethiopia | Kenya | Liberia        | Mali |
|--|----------|-------|----------------|------|
| Children below 5 suffering from moderate & severe undernutrition (2006-2010) | 51%      | 35%   | <b>42%</b>     | 38%  |
| Prevalence of Vitamin A deficiency among preschool children (2010)           | 84%      | 62%   | <b>53%</b>     | 59%  |
| Infants with low birth weight (2006-2010)                                    | 20%      | 8%    | <b>14%</b>     | 19%  |
| Children exclusively breastfed until 6 months of age (2006-2010)             | 49%      | 32%   | <b>34%</b>     | 38%  |
| Population consuming iodized salt (2006-2010)                                | 20%      | 98%   | <b>No data</b> | 79%  |
| Pregnant women who have anemia   | 63%      | 55%   | <b>62%</b>     | 73%  |

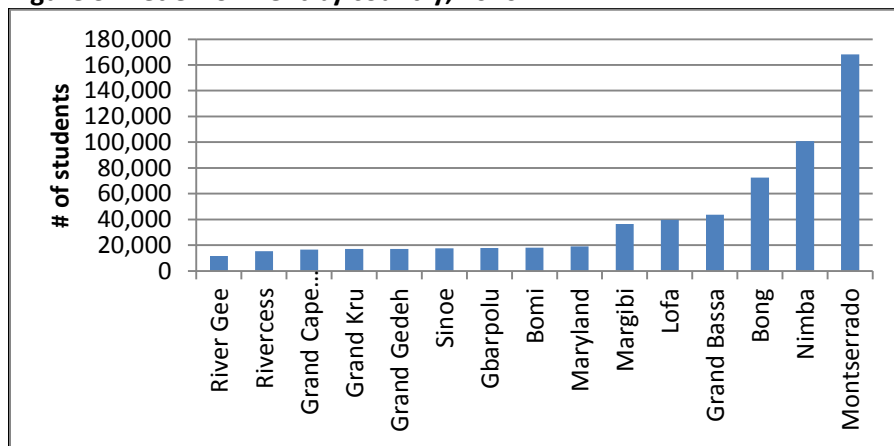
Source: UNICEF MICS Country Statistics; WHO Global Database on Anemia, Vitamin A.

delivery to the county level. Figure 3 and Figure 4 present the net enrollment level by county and enrollment by gender and school type, respectively. These data are from the education management information system. In total, there were 611,807 students. There is concern that the total eligible population is underestimated, which in turn has the impact of artificially inflating net enrollment levels – it is important to bear in mind this factor when reviewing the data. In total, 47 percent of eligible students attended preprimary school in Liberia in 2008/2009.

There are four models of preprimary school provision in Liberia: public, private, mission, and community-based. Public schools attract the greatest number of children and service approximately 63 percent of students. In total there are 611,807 children enrolled in preprimary school, of which 48 percent (296,332) are girls.

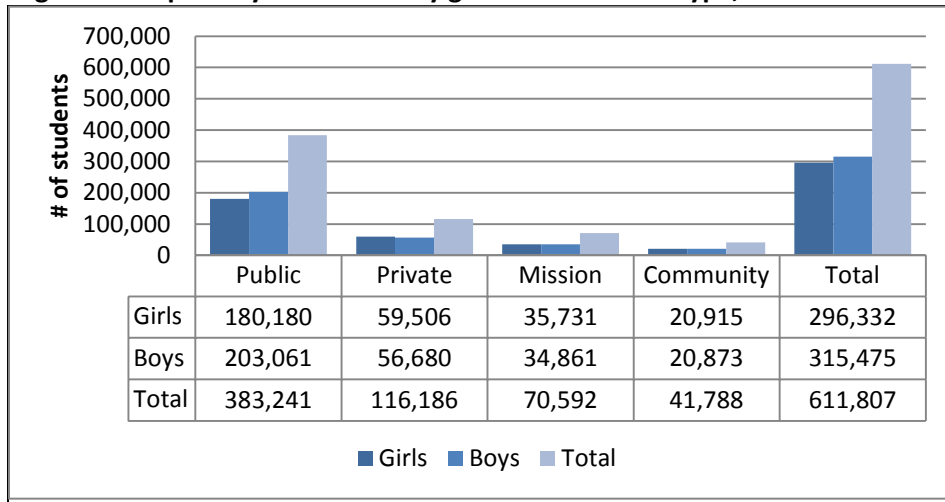
Much of Liberia's early childhood education infrastructure was destroyed during the war period, and

as a result, many of the facilities are inadequate, particularly in rural areas. The quality of preprimary school is further diminished by the practice of enrolling overage children into preprimary classes. These students are deemed not ready to start formal schooling in grade one, and are therefore held back. As a result, the overage students dilute the quality of preprimary services for appropriately aged children, in part by contributing to the high preprimary student to teacher ratio of 47:1 (see Figure 9 in the section of this paper on Policy Goal 3: Monitoring and Assuring Quality), and also do not receive the requisite attention and quality learning opportunities to catch up and reach the learning level equated with their age. The Bureau for Early Childhood Education is currently in the process of developing a curriculum and learning and service delivery standards to improve student learning outcomes.

**Figure 3: Net enrollment by county, 2010**

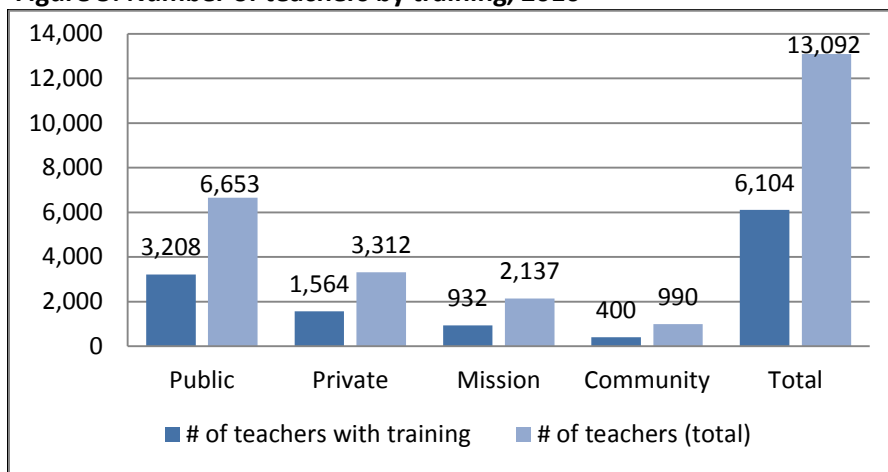
Source: Ministry of Education, Database Administration, 2008/2009

**Figure 4: Preprimary enrollment by gender and school type, 2010**



Source: Ministry of Education, Database Administration, 2010

**Figure 5: Number of teachers by training, 2010**



Source: Ministry of Education, Database Administration, 2010

Figure 5 depicts the number of preprimary school teachers by training level. Liberia has a high rate of untrained and poorly paid teachers and caregivers. To help rectify this deficiency, the Bureau of Early Childhood Education is working with the Liberia Teacher Training Program to develop the first early childhood teaching program in Liberia.

*provide equitable opportunities to all young children and their families.*

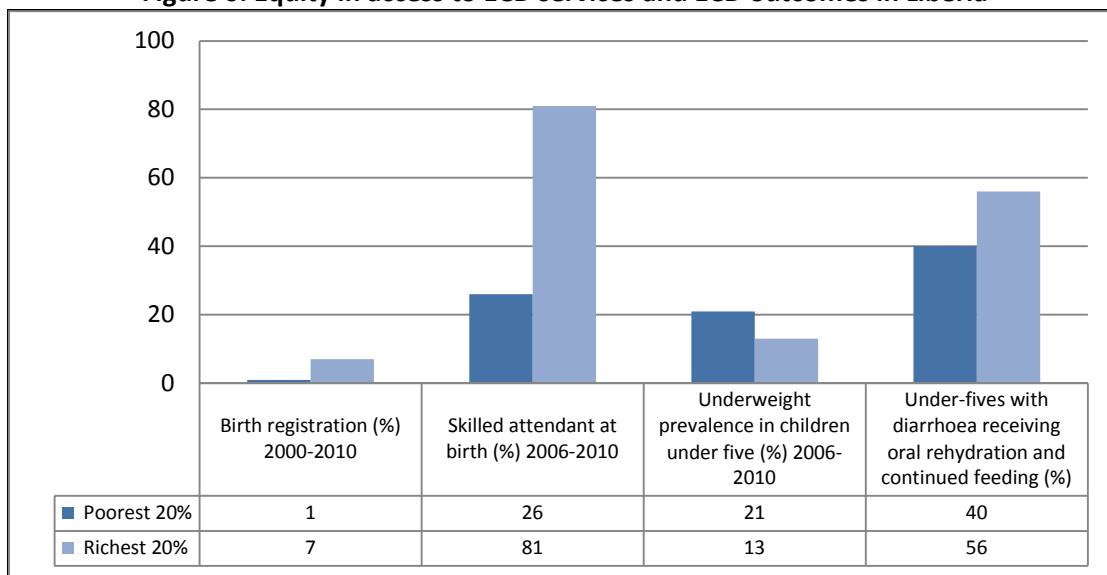
**There is not equity in access to ECD services in Liberia.** Using data from the UNICEF Multiple Indicator Cluster Survey (MICS), information on access to several ECD interventions and ECD outcomes based on socio-economic status is available in Liberia. Figure 6 compares birth registration rates, skilled attendants at birth, underweight prevalence, and the number of children below 5 years of age with diarrhea who receive oral rehydration and continued feeding for the poorest 20 percent of the population with indicators for the wealthiest 20 percent of the population. Significant gaps in coverage exist. The differences in access to skilled attendants at birth are particularly stark – only 26 percent of poor children have a skilled attendant at

**Policy Level 2.3:  
Equity**



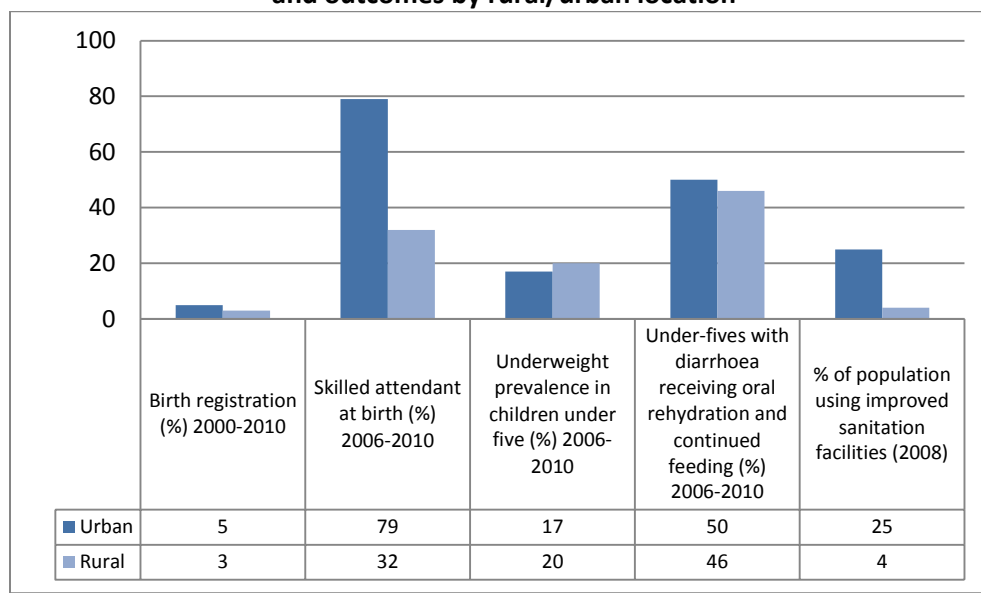
*Based on the robust evidence on the positive effects ECD interventions can have for children from disadvantaged backgrounds, every Government should pay a special attention to equitable provision of ECD services. One of the fundamental goals of any ECD policy should be to*

**Figure 6: Equity in access to ECD services and ECD outcomes in Liberia**



Source: UNICEF MICS Country Data

**Figure 7: Equity in access to health and child protection services and outcomes by rural/urban location**



Source: UNICEF MICS Country Data

birth, whereas 81 percent of the wealthiest children have a skilled attendant at birth.

Figure 7 presents the same four indicators plus percentage of population using improved sanitation facilities to compare the level of equity by rural and

urban locations. As can be seen, inequity exists for all indicators by urban and rural location. The level of inequity is particularly extreme in relation to the percentage of skilled attendants at birth and percentage of the population using improved sanitation facilities.

**Table 6: Comparing ECD policies with outcomes**

| ECD Policies   | Outcomes  |
|--|---|
| <b>Nutrition</b><br>❖ Liberia's policy does not comply with the International Code of Marketing of Breast Milk Substitutes | Rate of exclusive breastfeeding until the age of 6 months: 34 % |
| <b>Health</b><br>❖ Young children are required to receive a complete course of childhood immunizations                     | Children immunized with DPT (1 year old): 64%                   |
| <b>Child Protection</b><br>❖ National policy mandates the registration of children at birth                                | Birth registration rate: 4%                                     |
| <b>Education</b><br>❖ Preprimary school is not compulsory  | Net preprimary enrollment: 47%                                  |

### Comparing Official Policies with Outcomes

The existence of laws and policies alone does not guarantee a strong correlation with desired ECD outcomes. In many countries, a disconnect exists between policies on paper and the reality of access and service delivery on the ground. In the case of Liberia, the legal framework is not yet well developed and implementation and outcomes tend to lag behind policy intent. For example, despite the recent drive to increase birth registration, only 4 percent of children below the age of 5 are registered. Furthermore, young children are required to receive a complete course of childhood immunizations, yet only 64 percent of 1 year olds have been immunized with DPT. Table 6 presents a comparison of ECD policies with some related outcomes.

### Policy Options to Implement ECD Widely in Liberia

➤ **Scope of Programs** – Liberia's ECD system includes a combination of interventions operated by State and non-State entities. One mandate of the NIPECD is to raise awareness for ECD and to bring together current stakeholders and practitioners. In anticipation of the first National Conference for ECD to be held in December 2012, the Government of Liberia should consider undertaking a mapping exercise to develop a database of ECD interventions. This will enable conference organizers to both raise awareness and target the appropriate stakeholders, and also to gain a more detailed understanding of current initiatives and improve synergies.

- **Coverage** – The practice of enrolling overage children in preprimary school is swelling classroom sizes and reducing learning potential for all children. It is crucial that overage children who trail behind and are not ready to start primary school receive specialized services. The preprimary classroom is not, however, the best environment to do this and specialized remedial programs should strongly be considered. Ensuring that only ECD aged children attend preprimary school will enable teachers to provide more concentrated, age-appropriate attention to ensure children are developing the skills to excel in primary school and beyond.
- **Equity** – The Government of Liberia could consider developing and implementing a strategy to incorporate disability into ECD policy and interventions. The National Commission on Disability, which was established as part of the Education Act, is in a position to guide this process. Their mandate is to act as overall coordinator and to form alliances to integrate disability into programming. Public interventions in Liberia do not effectively distinguish and incorporate people with disability. This is perhaps most pronounced in the education sector. Children with physical or mental disability in preprimary school are not afforded the specific attention and care required to ensure their full development. Considering the inequity in access by socio-economic status and urban/rural location, the GoL needs to better target interventions to reach those in marginalized or isolated locations.



**Table 7: Select administrative and survey data indicators**

| Administrative Data  |         |
|--|---------|
| Indicator  | Tracked |
| Special needs children enrolled in ECCE (number of)                          | Yes     |
| Children attending well-child visits (number of)                             | No      |
| Children benefitting from public nutrition interventions (number of)         | No      |
| Women receiving prenatal nutrition interventions (number of)                 | No      |
| Children enrolled in ECCE by sub-national region (number of)                 | Yes     |
| Average per student-to-teacher ratio in public ECCE                          | Yes     |
| Is ECCE spending in education sector differentiated within education budget? | No      |
| Is ECD spending in health sector differentiated within health budget?        | No      |
| Survey Data  |         |
| Indicator  | Tracked |
| Population consuming iodized salt (%)  | Yes     |
| Vitamin A Supplementation rate for children 6 -59 months (%)                 | Yes     |
| Anemia prevalence amongst pregnant women (%)                                 | Yes     |
| Children below the age of 5 registered at birth (%)                          | Yes     |
| Children immunized against DPT3 at age 12 months (%)                         | Yes     |
| Pregnant women who attend four antenatal visits (%)                          | Yes     |
| Children enrolled in ECCE by socioeconomic status (%)                        | No      |

### Policy Goal 3: Monitoring and Assuring Quality

#### ➤ Policy Levers: Data Availability • Quality Standards • Compliance with Standards

This third policy goal refers to the existence of information systems to monitor access to ECD services and outcomes across children, the development of standards for ECD services and the existence of systems to monitor compliance with standards. Ensuring the quality of ECD programs is essential because evidence has shown that unless programs are of high quality, the impact on children can be negligible, or even detrimental.

#### Policy Level 3.1: Data Availability



*Accurate, comprehensive and timely data collection can promote more rational and effective policy-making, allowing for improved decision-making regarding: the volume and allocation of public financing, the best way to reach children most in need (due to socio-economic circumstances, special needs, etc.), staff recruitment and training, program quality and adherence to standards.*

**Administrative and survey data are collected on access to ECD for some interventions.** Table 7 presents select indicators for administrative and survey data and whether they are collected or not. Survey data are more robust than administrative data, and include access to various health, nutrition, and education services. Administrative data apply to the education sector. There is no comprehensive system to track a child's progress in the four interrelated domains of child development: physical, linguistic, cognitive, and socio-emotional. The NIPECD aims to track child development outcomes within the preprimary setting.

Data are available indicating access to ECD for some special groups, including by gender and by type of physical special need (hearing impaired, visually impaired, physically impaired, or other).

**Policy states that the Ministry of Education collects data every year.** Due to limited financial resources, data tends to be collected approximately every other year. Data pertaining to the usage of ECD health centers and coverage of nutrition interventions are collected on an annual basis.

### Policy Level 3.2: Quality Standards



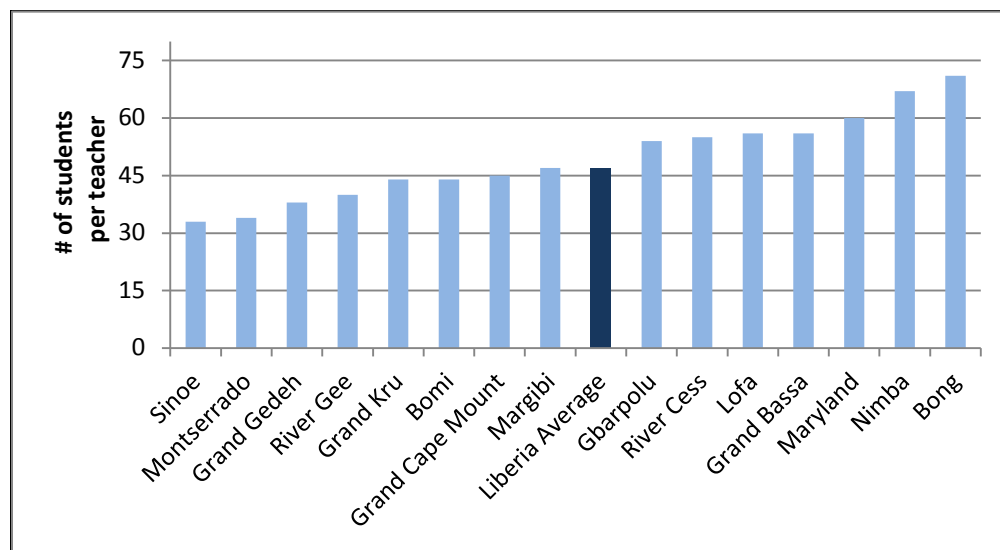
*Ensuring quality ECD service provision is essential. The quality of ECD programs is directly related to better intellectual/cognitive and social/behavioral development in children. A focus on access – without a commensurate focus on ensuring quality – jeopardizes the very benefits that policymakers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

**There are currently infrastructure standards for ECD providers and service delivery standards are being developed.** The Division of Education Facilities at the Ministry of Education sets school infrastructure facility standards. These capture roof, floor, structural soundness, windows, and building materials, and also mandate that all preprimary schools must have some form of power (whether it be generator, solar panel etc.) and have access to potable water. The Ministry of Health Social Welfare sets similar standards for health facilities. Service delivery standards for ECD aged children are being developed as part of the NIPECD.

**The average child-to-teacher ratio in preprimary classrooms is extremely high.** Significant disparities exist in quality of preprimary education provision between counties. This is particularly evident when analyzing the ratio of students to preprimary teachers. The county of Sinoe has the lowest ratio with 33 preprimary students per teacher, whereas the county of Bong has 71 preprimary students per teacher. The national average for Liberia (47:1) is high by international standards and grossly exceeds best practice, which states that to achieve the optimal learning environment the ratio of students to teachers should not exceed 15:1.

**There are registration and accreditation processes for centers providing ECD services.** The Ministry of Education mandates that all public, private, mission, and community-based schools must be registered and accredited. The Ministry of Health and Social Welfare also states that all health facilities, including health posts, health centers and public and private hospitals must be registered and accredited with the Ministry.

**Figure 8: Preprimary teacher to student ratio by county, 2010**



Source: Ministry of Education, Database Administration, 2010

### Policy Level 3.3: Compliance with Standards



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

**There are a high number of unqualified preprimary teachers.** Figure 5 depicted that only 46 percent of preprimary teachers are qualified, and within this group there are various degrees of training. The implication is that teachers are not equipped with the training and skills to most effectively perform in the classroom and help students learn.

**State and non-state ECD facilities are required to comply with established infrastructure standards, and will be required to comply with service delivery standards once developed.** Both the Ministry of Education and Ministry of Health and Social Welfare's respective policies state that infrastructure standards are inspected during and upon completion of construction, as well as on an annual or more frequent basis thereafter. However, in practice, some reports indicate that ongoing monitoring and compliance are infrequent and inadequate.

### Policy Options to Monitor and Assure ECD Quality in Liberia

➤ **Data Availability** – As the importance of ECD has become better understood and gained prominence internationally, countries have made developing and implementing a detailed information system for young children, which includes monitoring child development outcomes, a priority. The launch of the NIPECD and the excitement surrounding ECD in Liberia is palpable. To realize this potential, it is imperative that an effective information system that captures ECD information in all sectors be established to provide policy makers and ECD

practitioners with the in-depth and accurate data that are required to make rational and effective policy decision. A second benefit of an improved information system is that it will become easier to reduce coverage gaps and to identify particular development needs in a timely manner. The first 1,000 days of life provide a critical window of opportunity to influence a child's development, and if not acted upon promptly, developmental delays may become irreversible.

- **Quality Standards** – To improve the quality of ECCE services and programs the Government should continue with efforts to establish and implement preprimary teacher training programs. In addition to creating a formal pre-service training institution for those entering the field, emphasis should be placed on supporting current teachers through in-service training.
- **Compliance with Standards** – The Government of Liberia should continue efforts to improve school infrastructure to ensure the safety and well-being of all children. To accomplish this it will be important to increase resources to develop capacity, conduct inspections as per the schedule, and undertake retrofitting where necessary.

### Regional and International Comparison

The SABER-ECD initiative is designed to enable policy makers and ECD stakeholders to compare ECD systems within regions and internationally. By using a consistent, transparent approach, it is possible to draw comparisons and identify areas for improvement across each of the nine policy levers and policy goals. The SABER-ECD classification system does not rank countries according to any overall score; rather, it is designed to share information on how different systems address the same policy challenges. Table 8 reviews the classification of Liberia's ECD system, followed by regional and international comparison.

**Table 8: Classification of Liberia's ECD system.**

| ECD Policy Goal                      | Level of Development | Policy Lever              | Level of Development |
|--------------------------------------|----------------------|---------------------------|----------------------|
|                                      |                      |                           | Liberia              |
| Establishing an Enabling Environment | ●○○○                 | Legal Framework           | ●○○○                 |
|                                      |                      | Coordination              | ●●○○                 |
|                                      |                      | Financing                 | ●○○○                 |
| Implementing Widely                  | ●●○○                 | Scope of Programs         | ●●○○                 |
|                                      |                      | Coverage                  | ●●○○                 |
|                                      |                      | Equity                    | ●○○○                 |
| Monitoring and Assuring Quality      | ●○○○                 | Data Availability         | ●○○○                 |
|                                      |                      | Quality Standards         | ●○○○                 |
|                                      |                      | Compliance with Standards | ●○○○                 |

**Legend:**

Latent      Emerging      Established      Advanced

●○○○      ●●○○      ●●●○      ●●●●

**Regional Comparison**

Liberia is the fourth African country in which SABER-ECD has been fully applied and data analyzed, and the first in West Africa. By June 2013 the SABER-ECD initiative will be applied in 30 African countries, including, Ghana, Nigeria, Sierra Leone, and Togo, amongst other West African countries. This report will be updated with regional comparisons as new information becomes available.

**International Comparison**

Table 9 depicts the classification of Liberia compared with select countries from Africa and around the world.

As can be seen, Sweden is amongst the top performers, and receives advanced classification for each policy lever. Chile, which implemented the innovative national ECD strategy entitled *Chile Crece Contigo* (Chile Grows with You) in 2007, has made substantial strides in recent years to ensure that all young children are covered within a comprehensive ECD system. Other countries, such as Kenya and Turkey, have recently started to place increased emphasis on developing effective ECD systems to provide children with the services and environment they require to reach their full potential in life.

**Table 9: Preliminary classification and comparison of ECD systems internationally**

| ECD Policy Goal                      | Policy Lever              | Level of Development |                  |                     |                  |         |        |        |
|--------------------------------------|---------------------------|----------------------|------------------|---------------------|------------------|---------|--------|--------|
|                                      |                           | Armenia              | Chile            | Ethiopia            | Kenya            | Liberia | Sweden | Turkey |
| Establishing an Enabling Environment | Legal Framework           | ●●●○                 | ●●●○             | ●●●○                | ●●●○             | ●○○○    | ●●●●   | ●●●○   |
|                                      | Coordination              | ●●○○                 | ●●●○             | ●●○○                | ●●●●             | ●●○○    | ●●●●   | ●●○○   |
|                                      | Financing                 | ●●○○                 | ●●●○             | ●○○○                | N/A              | ●○○○    | ●●●●   | ●●○○   |
| Implementing Widely                  | Scope of Programs         | ●●●○                 | ●●●●             | ●●○○                | ●●○○             | ●●○○    | ●●●●   | ●●●○   |
|                                      | Coverage                  | ●●○○                 | ●●●○             | ●○○○                | ●●○○             | ●●○○    | ●●●●   | ●●○○   |
|                                      | Equity                    | ●●○○                 | ●●○○             | N/A                 | N/A              | ●○○○    | ●●●●   | ●●○○   |
| Monitoring and Assuring Quality      | Data Availability         | ●●○○                 | ●●●○             | ●○○○                | ●●○○             | ●○○○    | ●●●●   | ●●○○   |
|                                      | Quality Standards         | ●●●○                 | ●●○○             | ●●○○                | ●●●○             | ●○○○    | ●●●●   | ●●●○   |
|                                      | Compliance with Standards | ●●○○                 | ●○○○             | ●○○○                | ●○○○             | ●○○○    | ●●●●   | ●●○○   |
| <b>Legend:</b>                       |                           | Latent<br>●○○○       | Emerging<br>●●○○ | Established<br>●●●○ | Advanced<br>●●●● |         |        |        |

## Conclusion

This Country Report presents a framework to benchmark Liberia's ECD system; it is designed to help policy makers identify opportunities for further development. Each of the nine policy levers are discussed in detail and some policy options are identified.

Liberia is undergoing a period of rapid transformation. The country has emerged from the civil war united and committed to building a stronger nation. At the forefront of this effort is the development of a comprehensive ECD system. Drafting the NIPECD and

creation of the associated committees on ECD are important initial steps to developing an effective system. To achieve the aims set forth in the NIPECD, it will be important to ensure that a comprehensive, costed implementation plan is drafted and implemented.

Despite Liberia's recent efforts, the ECD system faces many challenges. Coverage levels in education and health are low, and too many children are not receiving the services required to reach their potential in life. This Country Report presents a number of policy options to strengthen the system, which are summarized in Table 10.

Table 10: Summary of policy options in Liberia

| Policy Dimension                                   | Policy Options  |
|--|---|
| <p><b>Establishing an Enabling Environment</b></p> | <ul style="list-style-type: none"> <li>• Develop a set of laws and regulations that promote appropriate dietary consumption, including: marketing of breast milk substitutes, salt iodization, and iron fortification for young children and pregnant women.</li> <li>• Develop a policy to provide access to specialized interventions for children with special needs.</li> <li>• Ensure the effective implementation of the NIPECD by preparing a costed and achievable implementation plan, which will require sufficient financial resources and political commitment.</li> <li>• Develop methodology to effectively measure and track financial investments in ECD in all sectors.</li> <li>• Consider increasing financial commitment to ECD sector, with particular focus on improving access to quality preschool in rural areas.</li> </ul> |
| <p><b>Implementing Widely</b></p>                  | <ul style="list-style-type: none"> <li>• Undertake a mapping exercise of extant ECD interventions to identify gaps in coverage, and to create a database to identify key stakeholders and to enhance synergies and collaboration across service providers.</li> <li>• Ensure age appropriate attendance in preprimary classroom. Reach children aged 0 to 3 with multi-sectoral services and reach their parents with education messages, including focus on raising the rate of exclusive breastfeeding.</li> </ul>  |
| <p><b>Monitoring and Assuring Quality</b></p>      | <ul style="list-style-type: none"> <li>• Develop effective information system(s) that capture ECD information in all sectors; ensure information is shared with all stakeholders.</li> <li>• Monitor child development outcomes.</li> <li>• Strengthen teachers' competencies with pre-service and in-service training, including creation of a formal pre-service training institution that places an emphasis on child development.</li> <li>• Evaluate qualifications of ECD service delivery personnel on an ongoing basis.</li> <li>• Ensure compliance with stated infrastructure and service delivery standards.</li> <li>• Develop mechanisms to ensure compliance with established service delivery and infrastructure standards.</li> </ul>   |

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

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

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