Republic of Mali

EARLY CHILDHOOD DEVELOPMENT

SABER Country Report
2013

Policy Goals	Status
1. Establishing an Enabling Environment The Government of Mali adopted the national Early Childhood Development (ECD) policy on June 1, 2011. Since 1993, ECD has been led by the Ministry in charge of education through the establishment of the National Directorate of Preschool and Special Education (DNEPS). However, ECD services are scattered among different sectors such as education, health, nutrition, and social protection. While a few policies exist in the nutrition, health, and social protection sectors to promote access to ECD services, preschool is not mandatory and access to education services for children with special needs is very limited. Funding represents another challenge for the Malian government as it does not have a special budget allocated for ECD services.	Latent
2. Implementing Widely Although ECD programs target all beneficiary groups, the level of access to essential ECD services remains low especially for pregnant women and young children. Across the country, there is unequal access to ECD services with most ECD programs being concentrated in urban areas leaving rural populations, the poor and children with special needs with fewer opportunities to benefit from them.	Latent
3. Monitoring and Assuring Quality Service delivery and infrastructure standards exist; however, compliance with those requirements is not well monitored and penalties for facilities that do not follow standards are lenient. Opportunities for professional development for ECD providers are also very irregular and often unavailable. Data collection on ECD services is irregular and heavily relies on the support of nonprofit organizations. There is no system to track information on child development outcomes, and data on social protection services, especially with regard to children with disabilities, is often unavailable.	Emerging

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

Mali and Early Childhood Development

Situated in West Africa, Mali is a French-speaking country bordering Algeria to the north, Niger to the east, Burkina Faso and Cote d'Ivoire to the south and Senegal and Mauritania to the west. The country ranks 178 out of 182 countries on the Human Development Index, with 90 percent of the poor living in rural areas. Almost half of the 14.5 million population lives below the poverty line of USD 1.25 per day, which is approximately 157, 920 FCFA per year (315, 84 USD) for a single person (World Bank, 2010).

Young children below the age of five make up 19.7 percent of Mali's total population (UNICEF, 2012). Despite government efforts to improve the provision of basic social services, child mortality rates in Mali remain amongst the highest in the world. In addition, many of these children have nutritional deficiencies and show significant levels of stunting and wasting. Education outcomes represent another challenge for the government. The gross enrolment rate in primary education is about 60 percent with only 49 percent in rural areas. Access to early childhood education is low, with only 4 percent of the preschool aged population enrolled in preschools.

SABER – Early Childhood Development

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

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

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

	Mali	Guinea	Liberia	Nigeria	Sierra Leone
Infant Mortality (deaths per 1,000 live births)	80	65	56	78	117
Under-5 Mortality (deaths per 1,000 live births)	128	101	75	124	182
Births attended by a skilled attendant	56%	45%	46%	49%	63%
Gross Preprimary Enrolment Rate (36-59 months, 2013)	4%	14% (2011)	61% (2000)	13% (2010)	10%
Birth registration 2000-2010	81%	43%	4%	42%	78%

Source: UNICEF Country Statistics, 2012; UNESCO Institute for Statistics, 2013

[1] 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 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.

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

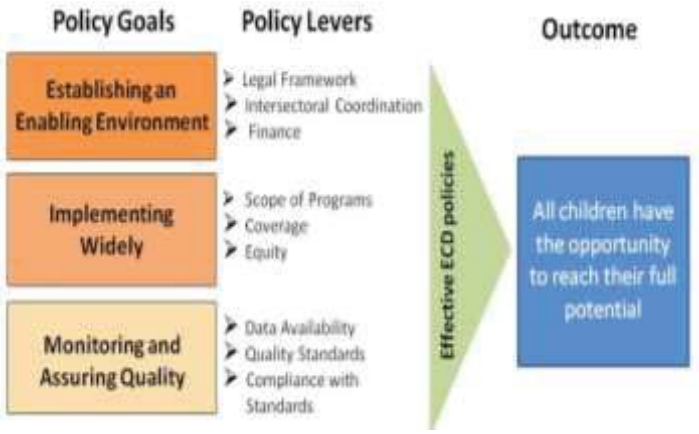
What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?
Health Care
• Standard health screenings for pregnant women • Skilled attendants at delivery • Childhood immunizations • Well-child visits
Nutrition
• Breastfeeding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

Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: Establishing an Enabling Environment, Implementing Widely, and Monitoring and Assuring Quality. Improving ECD requires an integrated approach to address all three goals. As described in Figure 1, for each policy goal, a series of policy levers are identified, through which decision makers can strengthen ECD.[2]

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

Figure 1: Three core ECD policy goals



Policy Goal 1: Establishing an Enabling Environment

➢ Policy Levers: Scope of Programs • Coverage • Equity

An Enabling Environment is the foundation for the design and implementation of effective ECD policies[3]. 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.

[2] 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" (World Bank, forthcoming).
[3] Britto, Yoshikawa, and Boller 2011; Vargas-Barón 2005.

Table 2: ECD policy goals and levels of development

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

Policy Lever 1.1: Legal Framework

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

National laws mandate some provision of health care for pregnant women and young children. The government is promoting access to basic health care for pregnant women and young children; Antenatal visits are free as well as labor and delivery. There are, however, no laws mandating that all children receive a full course of childhood immunizations, attend well-child visits, or that pregnant women receive standard HIV and STD screenings.

Significant efforts are being made to create national laws and regulations to promote appropriate dietary consumption by pregnant women and young children. The Government of Mali is working toward strengthening its nutrition laws, particularly to promote prenatal and early childhood nutrition. The country has officially adopted the International Code of Marketing of Breast Milk Substitutes. Salt iodization and iron fortification of staples are also mandatory.

In 2004, the post of Commissioner for Food Safety was created to develop a more comprehensive national nutrition policy and ensure that nutrition guidelines are followed. In 2010, the government hosted the first national forum on nutrition and as a result, the National Nutrition Policy was revised, emphasizing nutrition goals for young children and pregnant women. Some of the major objectives elaborated in this document are to:

- Halve the prevalence of acute malnutrition among children aged 0 to 60 months.
- Reduce by two-thirds the prevalence of chronic malnutrition among 0 to 60 month olds children.
- Completely eliminate micronutrients deficiencies (iodine, iron, zinc and vitamin A).
- Reduce by one-third the prevalence of anemia among young children and young women of reproductive age.
- Provide pregnant women with necessary nutritional supplements.

Despite these efforts, nutrition-related statistics for pregnant women and young children are still alarming. Only 38 percent of children are exclusively breastfed until 6 months of age, 59 percent of preschool aged children have vitamin A deficiency and only 79 percent of the population consumes iodized salt. Although malnutrition statistics have decreased over time, there are still a large number of young children who are affected. Moderate acute malnutrition, also known as wasting, defined by a low weight for height, affected 15.2 percent of children under 5 in 2006, against 8 percent in 2010. Chronic malnutrition or stunting, defined by shortness in height for the age, affected 49 percent of children under 5 in 1996 compared to 28 percent of children in 2010.

There are some policies to allow parents/caregivers to provide care to newborns and infants in their first year of life. Paid maternity leave is mandated in Mali. Under article 41 of the Employment Act, women receive 14 weeks of maternity leave starting 6 weeks before the due date. However, men only receive 3 days of paternity leave.

Employers are also required to provide an hour break for nursing mothers for a total of 15 months.

Preprimary school is not compulsory. Preprimary school is not compulsory in Mali and there are no publicly supported parenting programs.

Table 3: Regional comparison of maternity and paternity leave policies

Mali	Liberia	Nigeria	Sierra Leone
14 weeks paid maternity leave at 100% salary for women; 3 days at 100% salary for fathers.	90 days paid maternity leave at 100% salary for women; no leave for fathers.	12 weeks paid maternity leave at 50% salary for women working in the public sector; no leave for fathers.	84 days paid maternity leave at 100% salary for women; no leave for fathers.

Source: ILO, 2012

Key Laws and Regulations Governing ECD in Mali

- The United Nations (UN) Convention on the Rights of the Child (1990)
- The African Charter on the Rights and Welfare of the African Child (1998)
- The United Nations (UN) Convention on the Rights of Persons with Disabilities (2008)
- World Declaration on Education for All (Jomtien Declaration 1990)
- Millennium Development Goals (2002)
- Adopted National Laws and Policies including: The National Strategic Plan for Food and Nutrition (2005); The National Nutrition Policy (2010); Ten-year Education Development Program (Programme Décennal de Développement de l'Education known as PRODEC 1998); Child Protection Code (2002); National Policy for the Promotion of the Child and the Family (2002); National Policy on Special Education containing provisions on inclusive education (2011) (Politique Nationale en matiere d'Education Speciale renfermant des dispositions sur l'éducation inclusive 2011); Reproductive Health Policy (2002); Policy on Prevention, Care and Control of HIV(2006); Decree on the free prevention and free treatment of Malaria for pregnant women and children under 5 (2010); Policy to fight epidemics and mandate some immunizations (1998)

There are some child protection policies but access to those services is very limited. By law, all children are required to be registered at birth. In 2006, a law was passed to register all children free of charge, 30 days after the delivery. As a result, 81 percent of children under the age of 5 are officially registered, placing Mali as a reference for birth registration policy.

National laws promote the reduction of family violence. Pedophilia, rape, and child trafficking are punishable by law with an imprisonment of 5 to 20 years. However, significant progress still needs to be made to fight female genital mutilation (FGM). This practice is deeply rooted in the tradition and culture of Mali, making it more challenging for the government to eliminate it. In 2002, the government created the National Plan for the Eradication of Female Genital Mutilation which focuses more on raising awareness of the health risks of FGM. However, there is still no law

prohibiting FGM and many girls continue to be victims of this practice.

The judicial system in Mali gives special attention to minors. Under the Children's Court Law 2001, passed in accordance with the UN Convention on the Rights of the Child, children below the age of 13 are not responsible for their acts. If children commit a crime or an offense, they are acquitted or discharged and returned either to their parents or placed in a rehabilitation center. In addition, judges, lawyers and law enforcement officers receive training for matters related to children.

Box 2: Relevant lessons from Sweden: Protecting new parents with parental insurance

The Swedish Parental Insurance Benefit is the international exemplar for parental leave policy. Parental Insurance in Sweden is designed to benefit both men and women. In total, the leave includes 480 days of paid leave, 60 days of which are earmarked for the mother, 60 days for the father, and the remainder to be divided as the couple chooses. It commences up to seven weeks prior to the expected birth, and is also available for parents adopting a child. The compensation rate can vary; as a minimum, however, 80 percent of the employee's salary is provided during leave. In addition, each parent is legally entitled to take unpaid leave until a child is 18 months old. Additional benefits include: temporary parental leave, which entitles a parent 120 days of parental leave annually to care for children below the age of 12 with illness or delay (child requires a doctor's certificate); a pregnancy benefit, payable for a maximum of 50 days to expectant mothers who are unable to work because of the physically demanding nature of their jobs; and, pension rights for childcare years, which partially compensate the loss of future income during the period when the parent is at home with the child.

Key considerations for Mali:

- ✓ Longer paternal leave
- ✓ Adequate, sustainable financial support for all families during the early stage of child's life
- ✓ Additional benefits for families with children who

The Government of Mali has adopted many policies to provide orphans and vulnerable children with ECD services. In 1999, the National Policy for Special Education was passed and in 2002, the National Policy on Child Protection was adopted. Article 16 of the Child Protection Policy states that: "Children with disabilities are entitled, in addition to their rights under the Rights of the Child Act, to protection and medical care as well as education and training that strengthens their self - support and facilitates their active participation in social life." In 2008, the Malian government ratified the United Nations Convention on the Rights of Persons with Disabilities. In 2011, the Strategic Plan for Child Protection (2013 to 2017) was created.

Children identified for special protection under the child protection policy documents in Mali are: orphans, children with disabilities (physical and psychological), HIV positive children, child victims of armed conflicts and refugee children. Two ministries are officially in charge of implementing child protection policies: the Ministry of Education through the National Directorate of Preschool and Special Education (DNEPS) created in 1993, upgraded as a division in the Ministry of Education in 2000, and recreated in 2011, and the Ministry of Social Development, Solidarity and the Aged through the National Directorate of Social Development (DNDS). The DNEPS is responsible for developing and implementing special education programs and the DNDS is in charge of developing health care programs for children with special needs and other social programs for vulnerable children. Even though official documents mandating these services exist, access to them is very limited.

There is only one public school, known as the "*Pouponnière*" that provides special education for vulnerable children aged 0 to 60 months. In 2008, the DNDS created the National Program for Community-based Rehabilitation of Handicapped People (*Programme de Réadaption à Base Communautaire*) providing health services to children with special needs.

Policy Lever 1.2: Intersectoral Coordination

Development in early childhood is a multidimensional process[4]. 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, nonstate actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with nonstate actors are also essential.

The National ECD Policy is an explicitly-stated multisectoral ECD policy. The National Policy on ECD explicitly states an integrated approach in all four ECD sectors: education, health, nutrition, and child protection. Some of the strategies promoting the holistic approach have been classified by age range and area of intervention:

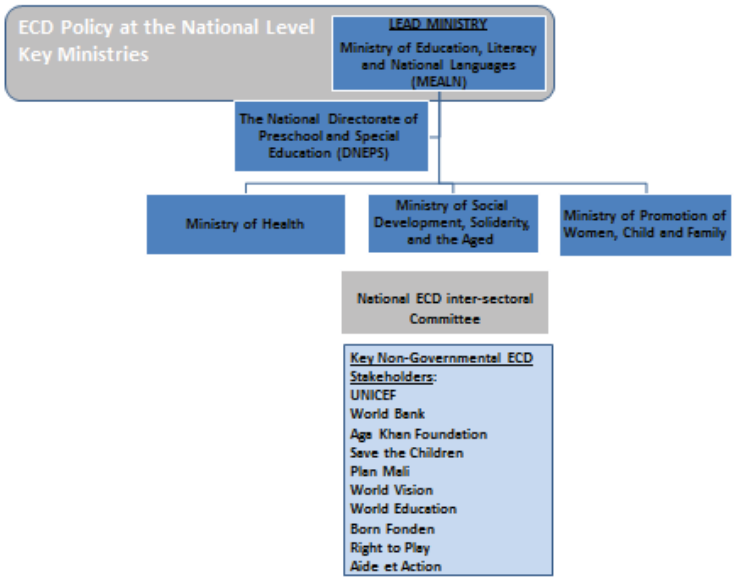
- For zero to three-year-olds, strategies focus on parenting education and training of all actors participating in ECD; immunizations; provision of vitamin A and micronutrients; provision of mosquito nets; family planning; screening and treatment of HIV; promotion of breastfeeding until 6 months; training educators on child protection techniques and translating all national texts on child protection into all national languages.
- For three- to five-year-olds, the approach includes: strengthening financial investments in early childhood education; promoting the prevention and treatment of stunting and malnutrition; and, providing free HIV treatment and screening.
- For six- to eight-year-olds some strategies include: improving access to schools offering special education programs; and, providing basic health care and support to vulnerable children.

The National Directorate of Preschool and Special Education has been established as an institutional anchor to coordinate ECD across sectors. The National Directorate of Preschool and Special Education (DNEPS), part of the Ministry of Education, Literacy and National Languages (MEALN), recreated in 2011, coordinates the inclusion of all four sectors in ECD programming. Despite this role, the goals stated in the DNEPS plan of action are highly focused on education and barely mention the inclusion of other sectors; this lack of multisectoral focus does not align with the draft ECD Policy which is more holistic.

In 2004, the National ECD Intersectoral Committee was established (*Cadre de Concertation sur le Developpement de la Petite Enfance*) comprised of representatives from the Ministry of Education, the Ministry of Health, the Ministry of Social Development, Solidarity, and the Aged, and the Ministry of Promotion of Women, Child and Family and representatives from nongovernmental stakeholders. While this concerted framework requires synergetic actions among the different sectors concerned, in practice ECD activities are scattered among different ministries with no concrete coordination between them. However, no legal document has yet been passed to recognize the committee officially and define its role.

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

Figure 2: Structure of the national ECD mechanism



Box 3: The Chilean Experience: Benefits of Multisectoral Policy Design and Implementation

Summary

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

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

Key considerations for Mali

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

Table 4: Regional comparison of health expenditure indicators

	Mali	Guinea	Liberia	Nigeria	Sierra Leone
Out-of-pocket expenditure as percentage of all private health expenditure	99%	99%	52%	95%	90%
Out-of-pocket health expenditure as percentage of total expenditure on health	53%	88%	35%	59%	79%
General government expenditure on health as a percentage of GDP	5%	5%	12%	5%	13%
Percentage of routine EPI vaccines financed by government	20%	24%	6%	71%	No data

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

Recent mechanisms have been elaborated to promote coordination between state and non-state stakeholders. The National ECD Intersectoral Committee plans to meet regularly to coordinate ECD activities between state and non-state stakeholders. However, in 2011, only two meetings were done and there are still no integrated service delivery guidelines to harmonize ECD activities across sectors.

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 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[5]*. 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.*

There are neither criteria nor methods to determine ECD financial spending. There is no coordination among the different ministries to allocate an ECD budget. Each ministry providing ECD services is in charge of planning its own budget making it difficult for the government to provide an accurate figure for ECD spending.

The level of public sector financial commitment to ECD is difficult to gauge as only the Ministry of Education has a separate budget line allocated to early learning. Funding is one of the major challenges to improving the ECD sector in Mali. The Ministry of Education has a separate budget line for early childhood education spending allocated to the DNEPS; however, more information is needed to know the total budget allocated to early learning. It is not possible to gauge the amount of finance allocated to ECD services in social protection, health and nutrition as the relevant ministries allocate their budget by area of intervention, and are not able to disaggregate allocations or spending by age range. International organizations and nonprofit organizations finance a significant portion of ECD service delivery in Mali, but data are not available to specifically quantify funding levels. The government finances only 20 percent of routine Expanded Program of Immunizations (EPI) vaccines.

Public sector financial policies provide some subsidization of ECD services. Preprimary school is neither mandated nor provided free of charge in Mali. Some health care services for pregnant women and young children are subsidized. According to policy, HIV screening and treatment, malaria screening, treatment and distribution of mosquito nets, routine vaccines, routine delivery for pregnant women and tuberculosis treatment are all mandated to be provided free of charge. Out-of-pocket expenditure represents 53 percent of the total expenditure on health. Table 4 shows that when compared to neighboring West African countries, Mali has one of the highest levels of out-of-pocket health expenditure.

[5] Hanushek and Kimko 2000; Hanushek 2003; Valerio and Garcia 2012; WHO 2005.

There is a lack of information to assess the exact level of remuneration for ECD service personnel. Remuneration for preprimary teachers entering the field is low, with salaries starting at approximately $200 per month. Data on salaries for other ECD caregivers are unavailable. Salaries are paid by the government for ECD service personnel working in public facilities.

Policy Options to Strengthen the Enabling Environment for ECD in Mali

Legal framework

- The National ECD Policy adopted on June 1, 2011, has concrete ECD goals and integrates all four relevant sectors; however, the policy could elaborate more on social protection strategies especially for children with disabilities. Some child protection policies need to be improved, especially policies regarding female genital mutilation. The government should pass a law prohibiting FGM and provide adequate sanctions for perpetrators, while taking into account the cultural context.

Intersectoral Coordination

- The Government of Mali showed its commitment to developing strong ECD institutions with the creation of the DNEPS in 2011. However, the DNEPS activities are too education centric, collaboration with other sectors is still in the early stages, and no concrete results emerged. The government could consider passing a policy to officially recognize the ECD intersectoral committee, stating clearer objectives and tasks for each of the different ministries involved.

Finance

- Either the government should consider creating a unique ECD budget or each ministry involved in ECD service provision should consider creating separate budget line items or some other mechanism to allocate and track ECD spending. The costing and inclusion of funding targets within the National ECD Policy should also be considered to help attain stated objectives. Increased subsidization of ECD services for pregnant women and young children, particularly early childhood education programs, prenatal visits and well-child visits should be considered. A system should also be put in place to track the level of remuneration for ECD service personnel.

Box 4: Relevant lessons from international experience in financing ECD

Example from Mauritius: Conditional Cash Transfers (CCTs) to Promote Early Childhood Education (ECE) Enrolment

Summary

The Government of Mauritius has focused policy efforts on increasing preprimary school enrolment in the last decade. In order to encourage parents to enroll their children, the government provides all families with financial support contingent upon the child attending the final year of preprimary school (age 4 in Mauritius). The transfer amounts to USD 6 per month and has helped achieve an 85 percent enrolment rate in preprimary school for children ages 3 to5 in Mauritius. Provision is largely through non-state centers (17 percent of all preschools are state-managed), but the design and enforcement of quality control mechanisms has remained central to government policy efforts.

Key considerations for Mali

Incentivizing on-time enrolment in preprimary school could help address the significant problem of early enrolment in primary school.

Conditional cash transfers (CCTs) could be combined with grant programs to Community Education Centers (CECs) to increase student enrolment and improve integrated ECD services at the community level.

It will be important to determine the appropriate funding level to maximize effectiveness of policy.

Policy Goal 2: Implementing Widely

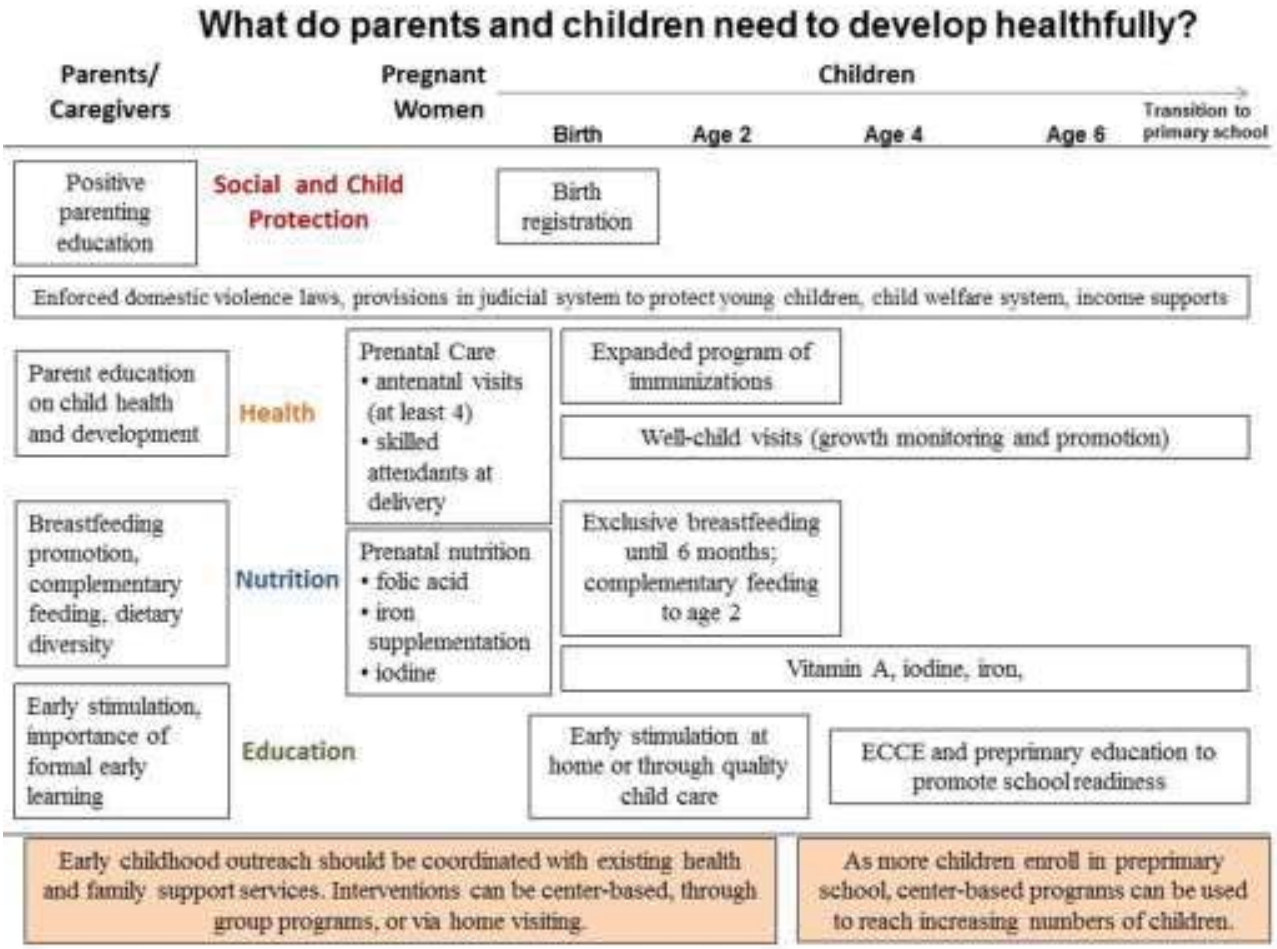
- **Policy Levers: Scope of Programs • Coverage • Equity**

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

Policy Lever 2.1: Scope of Programs

Effective ECD systems have programs established in all essential sectors and ensure that all children and expectant mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 3 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

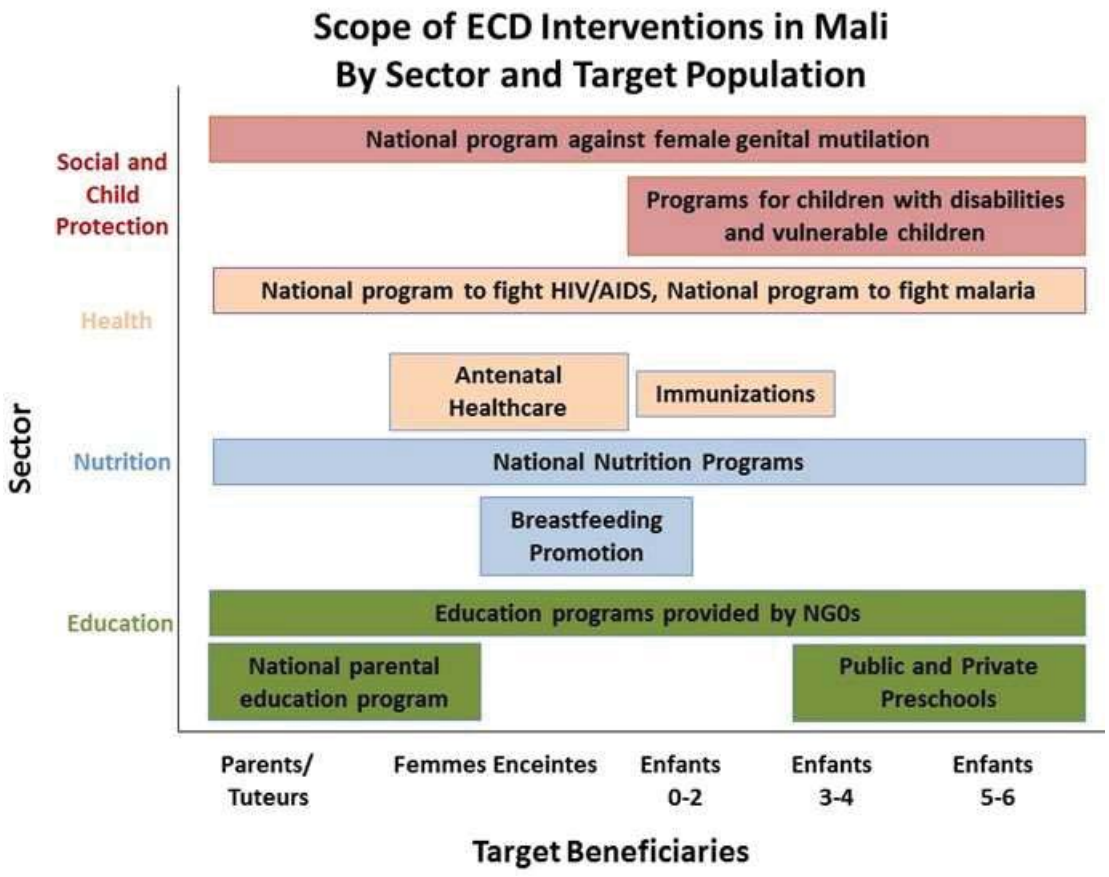
Figure 3: Essential interventions during different periods of young children's development



There is a disparity in the distribution of ECD interventions in all core areas of focus. There are more ECD programs in the health and nutrition sectors than in the education and child protection sectors. Most early learning programs are provided by the private sector and nonprofit organizations. Many health and nutrition programs are available on a national scale such as prenatal health care, immunizations for infants, food fortification and breastfeeding promotion programs. In contrast, early childhood care and education programs and programs for vulnerable children are only available in some regions. Many NGOs such as UNICEF, Save the Children, Aga Khan Foundation, BORNEfonden, Handicap International, and Plan Mali provide ECD programs in regions outside of Bamako but coverage is still very limited. Figure 4 shows an array of the most prevalent ECD interventions in Mali.

The government has developed some health programs that target all beneficiary groups. There are three major health programs that target parents/caregivers, pregnant women and children: the National Program to fight HIV/AIDS, the National Program to fight Malaria, and national immunizations programs. The National Program to fight HIV/AIDS aims to raise awareness among populations, provide free screening and treatment, and prevent mother-to-child transmission. In 2006, a law was passed to provide free HIV care and treatment for all. The National Program to fight Malaria also provides free screening and treatment, and distribution of mosquito nets, under the 2010 decree on malaria subvention for pregnant women and children under the age of five. In 1998, a law mandating free immunizations was passed. Under this law, parents/caregivers are required to vaccinate all children during their first year against meningitis, tuberculosis, tetanus, measles, yellow fever, diphtheria, polio, and pertussis. Other national and NGO programs provide antenatal care and child wellness services.

Figure 4: Scope of selected ECD interventions in Mali by major sector and target



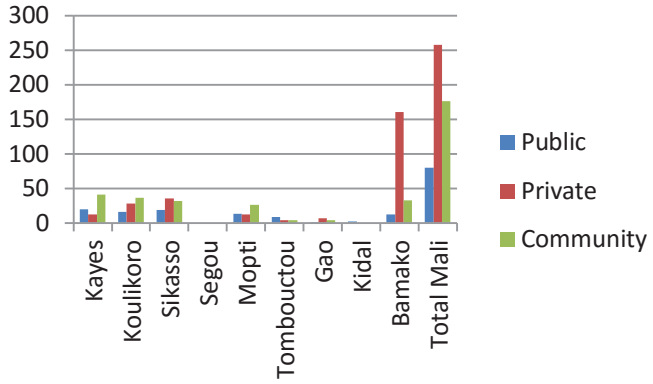
A few nutrition programs that target all beneficiary groups exist. The Malian government is determined to fight malnutrition especially among pregnant women and children under five. However, only a few national and NGO programs exist. From 2003 to 2006, the Ministry of Health launched the Community Nutrition Program targeting pregnant women and children under the age of five. The focus was on promoting breastfeeding, providing feeding programs to fight against vitamin A and iodine deficiencies, organizing deworming campaigns and providing iron supplements for pregnant women. Other national nutrition programs provide malnutrition screening and treatment, treatment of malaria and acute respiratory infections, basic care to newborns, and treatment of diarrheal diseases. In 2007, the Ministry of Health created the Acute Malnutrition program for children aged 6 to 59 months. The program aims to provide malnutrition screening and treatment and food supplements.

Education programs are provided for children and parents/caregivers by nonprofit organizations, private institutions and public and community institutions. The majority of education services are offered by private institutions as well by a few public and community preschools.

Nonprofit organizations provide most services for parenting programs and early stimulation for children below the age of three.

Figure 5 presents the type and number of preschools in Mali. There are a total of 258 private preschools, 176 community preschools and 80 public preschools nationwide. Bamako has the highest concentration of preschools with 160 private preschools, 33 community preschools and 12 public preschools, in contrast with regions such as Kidal and Gao which provide almost no Early Childhood Care and Education (ECCE) services. There is only one public preschool in Kidal and no private or community preschools. The region of Gao counts only seven private preschools, one public preschool and four community preschools.

Figure 5: Type and number of preschools, 2008-2009



Source: UNICEF 2010

Significant efforts are being made by the government to develop social protection programs. A few social protection programs exist but many children still don't have access to them, especially in regions outside of Bamako. The main national program that targets children with disabilities is the National Program for Community-based Rehabilitation of Handicapped People. The program offers early childhood education, health consultation, rehabilitation, and provides equipment for the handicapped. There are two other main social programs provided by private institutions: IPAOEHE (Private Institutions for Counseling and Sheltering for children ages 5 to 18) and IPAPE (Private Institutions for Family Placement for children ages zero to five). In 2008, a national study identified 68 social protection establishments that provided rehabilitation and educational programs for disadvantaged children—20 of them were run by IPAPE and 48 were run by IPAOEHE.

The National Program to Fight HIV/AIDS provides free care and treatment for people living with HIV/AIDS; however, access is still limited and only a few pregnant women and children benefit from this program. In 2010, a national study from the Ministry of Health revealed that only 1,005 children born of HIV positive mothers received antiretroviral drugs to reduce mother-to-child transmission.

In its action plans for 2013-2017, the Ministry of Promotion of Women, Child and Family, stated some of its priorities under the social protection program: promotion of birth registration, development of programs for children with disabilities, protecting children against violence, providing health care programs for pregnant women and children under the age of five.

Table 5 shows a range of ECD interventions and their coverage throughout the country. Only a few programs are available nationally such as prenatal health care, childhood wellness, breastfeeding promotion, and parental education programs. Early education programs are only available in some regions except for a few pilot programs provided by NGOs.

Table 5: ECD Programs and Coverage in Mali

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

Policy Lever 2.2: Coverage

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

The level of access to essential ECD health interventions is low for pregnant women. Expanding and improving reproductive health and HIV/AIDS services are core priorities for the government. Although the law mandates that all pregnant women are entitled to free child delivery and that all persons receive free HIV screening and treatment, just 34 percent of HIV positive women receive antiretroviral drugs (ARVs) to prevent mother-to-child transmission (PMTCT). Increasing availability of PMTCT services is a key goal of the government which hopes to provide ARVs to 80 percent of HIV positive women and their infants. Only half of births are attended by skilled attendants, putting mothers and babies at higher risks for birth-related complications.

Table 6 shows the level of access to key ECD health interventions for pregnant women in Mali compared to other West African countries. At 35 percent, Mali has one of the lowest rates of pregnant women receiving antenatal care.

The level of access to essential ECD health interventions is low for young children. Only 38 percent of children below five years of age suffering from diarrhea receive oral rehydration and continued feeding. Only 38 percent of children below the age of five with suspected pneumonia receive antibiotics. However, access to immunization services is among the highest in West Africa, with 76 percent of one-year-olds immunized against DPT3.

Table 6: Maternal Health Services in West Africa

	Mali	Liberia	Guinea	Nigeria	Sierra Leone
Births attended by skilled attendants	49%	46%	46%	39%	42%
Pregnant women receiving antenatal care (at least four times)	35%	66%	50%	45%	56%
HIV+ pregnant women/exposed infants receiving ARVs for PMTCT	34%	38%	22%	22%	62%

Source: UNICEF Country Statistics, 2010 and UNAIDS Database

Table 7: Level of access to health interventions for young children in West Africa

	Mali	Liberia	Guinea	Nigeria	Sierra Leone
1-year-old children immunized against DPT (corresponding vaccines: DPT3)	76%	64%	57%	69%	90%
Children below 5 with diarrhea receive oral rehydration/ continued feeding (2010)	38%	47%	38%	25%	57%
Children below 5 with suspected pneumonia receive antibiotics (2010)	38%	62%	No data	23%	27%
Children below 5 sleep under ITN	70%	26%	5%	29%	26%
Children below 5 with fever receive anti-malarial treatment	No data	67%	74%	49%	30%

Source: UNICEF Country Statistics, 2010

Fighting malaria is one of the priorities of the Malian government, which passed a law granting free malaria screening, prevention, and treatment nationwide. Seventy percent of children less than five years of age sleep under insecticide-treated bed nets (ITNs). Table 6 presents the level of access to health interventions for young children in Mali and in neighboring countries.

The level of access to essential nutrition interventions for young children and pregnant women is low. Gestation and the first 24 months are a critical period for young children to receive adequate nutrition. Statistics on malnutrition show that 38 percent of children below the age of five are stunted, 28 percent are underweight and 15 percent are wasted. Undernourished children are more likely to fall sick and die from an illness than well-nourished children. Exclusive breastfeeding up to six months of age fulfills all nutritional needs of infants and protects against major infections. Micronutrient deficiencies of vitamin A, iron, iodine and zinc threaten young children, as they are critical for growth and cognitive development.

Table 8 presents the level of access to essential ECD nutrition interventions for young children and pregnant women in Mali compared to other countries in West Africa. Fifty-nine percent of Malian children aged 6 to 59 months have vitamin A deficiency. Only 38 percent of children are exclusively breastfed until six months of age. There is a high prevalence of anemia amongst pregnant women at a rate of 73 percent. Due to a mandatory salt iodization policy in Mali, 79 percent of the population consumes iodized salt.

The preprimary education enrolment rate is very low. In 2009, only 41,222 children were enrolled in preschool representing only 5 percent of the preschool aged population.

Birth registration rates are among the highest in West Africa. The Malian government was able to scale up birth registration efforts by passing a law mandating free birth registration. In 2010, 81 percent of births were registered; this is one of the highest rates in West Africa.

Table 8: Level of access to essential nutrition interventions for young children and pregnant women in West Africa

	Mali	Liberia	Guinea	Nigeria	Sierra Leone
Children below 5 with moderate/severe stunting (2006-10)	38%	42%	40%	41%	36%
Vitamin A supplementation coverage (6-59 months)	59%	53%	97%	91%	100%
Infants exclusively breastfed until 6 months of age (2010)	38%	34%	48%	13%	11%
Infants with low birth weight	19%	14%	12%	12%	14%
Prevalence of anemia in pregnant women (2010)	73%	62%	69%	67%	60%
Children below 5 with anemia	83%	88%	79%	76%	83%
Population that consumes iodized salt	79%	No data	41%	97%	58%

Source: UNICEF Country Statistics 2010, WHO Global Database on Anemia

Table 9: Level of access to birth registration in West Africa

	Mali	Liberia	Guinea	Nigeria	Sierra Leone
Birth Registration	81%	5%	43%	30%	51%

Source: UNICEF Country Statistics, 2010

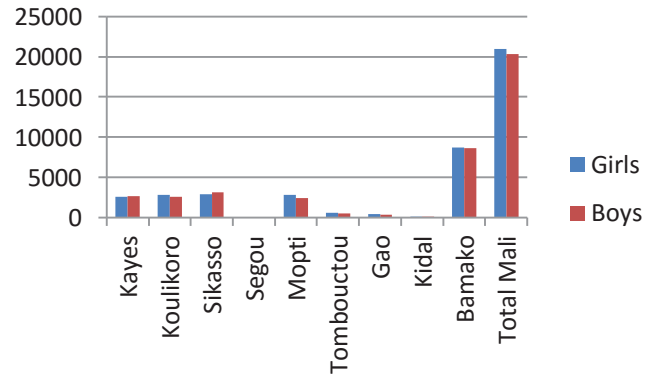
Policy Lever 2.3: Equity

Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services.[6] *One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.*

There is a strong disparity in access to ECD services throughout the country, but no significant gender disparities in access between boys and girls. Figure 6 represents enrolment in preschools by gender and region. The total number of enrolments is 41,222 with almost one third of enrolment in Bamako; this accentuates the disparity in access to ECD services between regions. Regions such as Kidal and Gao have the lowest ECD services rates compared to other regions.

Overall, there are slightly more girls enrolled in preschools than boys, but the gender disparity is not significant. The total number of girls enrolled in preschool is 20,927 in comparison to 20,295 boys enrolled in 2010. This figure has considerably increased in the past few years and has reached 41,825 for girls compared to 41,369 for boys (UNESCO, 2013).

Figure 6: Enrolment in preschools by gender and region, 2008-2009



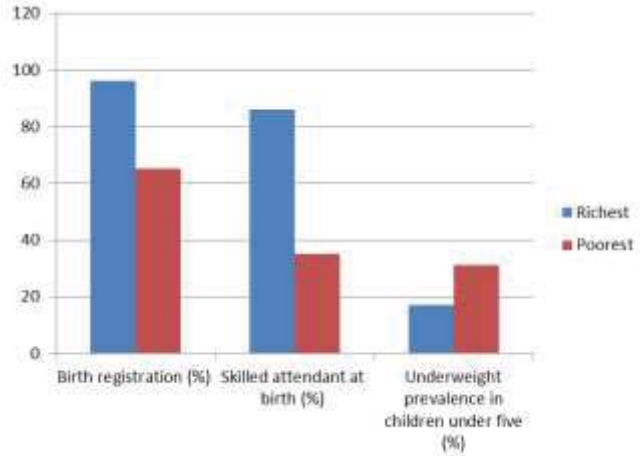
Source: UNICEF 2010

The government is promoting access to ECCE services for all children but more progress needs to be made to accommodate children with special needs. Regular ECCE services are required to provide services for children with special needs; however, in practice, facilities are not equipped and the staff is not trained to respond to that demand. Curriculum and teaching materials are not translated into major language groups; most materials are only available in French.

There is a strong disparity in access to ECD services between socioeconomic levels. The greatest disparity in access to ECD services between the richest and the poorest is in the prevalence of skilled attendants at birth, with 86 percent among the richest against 35 percent among the poorest. Birth registration rates are considerably high both among the richest and the poorest, with 96 percent and 65 percent registration rates respectively. Underweight prevalence in children is higher among the poorest with a rate of 31 percent compared to 17 percent among the richest.

Figure 7 presents the level of access of ECD interventions by socioeconomic levels for the following indicators: prevalence of skilled attendants at birth, underweight prevalence in children under five, and birth registration rates.

Figure 7: Level of access of ECD interventions by socioeconomic status



Source: UNICEF 2010

[6] Engle et al. 2011; Naudeau et al. 2011.

Between urban and rural areas, there is not much disparity in access to ECD services. There is not a strong birth registration disparity between urban and rural areas with 92 percent and 77 percent registration documented respectively. Only 35 percent of the population in urban areas has access to improved sanitation facilities against 14 percent in rural areas.

Policy Options to Implement ECD Widely in Mali

Scope of Programs

- The Government of Mali should create more ECD programs in education and social protection. Health and nutrition programs targeting young children and pregnant women have been developed and now efforts should be made to increase access to preschools and expand ECD services for children with disabilities and hard-to-reach populations, especially in rural areas.

Coverage

- While access to ECD services is expanding throughout the country, services are more concentrated in urban areas. A high proportion of the population consumes iodized salt, birth registration rates are high and immunizations are delivered on a national scale. However, access to public and community preschools is very limited, there is a low access to skilled attendants at birth, the promotion of breastfeeding needs to be expanded, and the distribution of micronutrient and food supplements for young children and pregnant women could be increased.

Equity

- There is a large gap in access to ECD services between regions and between the richest and the poorest. Most services are available in the main regions such as Bamako, Kayes and Koulikoro. The Government of Mali has a decentralized system to address this challenge. Efforts should be considered to target programs for the most vulnerable populations, particularly in rural areas.

Policy Goal 3: Monitoring and Assuring Quality

- **Policy Levers: Data Availability • Quality Standards • Compliance with Standards**

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

Policy Lever 3.1: Data Availability

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

Some data collection on access to ECD services is available and mostly done with the support of NGOs. There is no policy that requires ECD data collection at regular intervals. However, when available, data is collected at the national and regional levels with the support of international organizations such as UNICEF. Some government research agencies exist such as the National Institute of Statistics, which collects data on education, health, social protection and other categories. However, indicators on ECD are not regrouped and do not cover all different ECD areas. Data on access to social services are the most difficult to obtain, there is no information on the number of young children in the child welfare system or the number of children with special needs who have access to ECD services.

Data are available to differentiate ECCE access and outcomes for some special groups. When available, data on access to ECCE are differentiated by gender, and by rural and urban areas. However, there are no data on access to ECCE by socioeconomic status, special needs or mother tongue. It is important for the government to track these indicators to develop effective ECCE programs that respond to the needs of all children.

Indicators on child development outcomes are not collected in Mali. There is no information to measure children's physical, cognitive, linguistic and socioemotional development. It is crucial for the government to collect children's development outcome indicators to improve service delivery, develop effective policies and ECCE programs. The DNEPS has identified monitoring child development outcomes as one of its priorities and has recently nominated a monitoring and evaluation program manager. In addition to this initiative, a system to track development outcomes in all four ECD areas should be put in place.

Table 10 presents a series of key indicators that a country can collect to track the provision of services to promote young children's development. These data include both administrative and survey data.

Table 10: Availability of data to monitor ECD in Mali

Administrative Data	
Indicator	**Tracked**
Special needs children enrolled in ECCE (number of)	X
Children attending well-child visits (number of)	✓
Children benefitting from public nutrition interventions (number of)	✓
Women receiving prenatal nutrition interventions (number of)	✓
Children enrolled in ECCE by sub-national region (number of)	✓
Average per student-to-teacher ratio in public ECCE	✓
Is ECCE spending in education sector differentiated within education budget?	✓
Is ECD spending in health sector differentiated within health budget?	X
Survey Data	
Indicator	**Tracked**
Population consuming iodized salt (%)	✓
Vitamin A Supplementation rate for children 6 -59 months (%)	✓
Anemia prevalence amongst pregnant women (%)	✓
Children below the age of 5 registered at birth (%)	✓
Children immunized against DPT3 at age 12 months (%)	✓
Pregnant women who attend four antenatal visits (%)	✓
Children enrolled in ECCE by socioeconomic status (%)	X

Note: X refers to indicators that are not tracked and √ refers to indicators that are tracked.

Policy Lever 3.2: Quality Standards

Ensuring quality ECD service provision is essential. A focus on access, without a commensurate focus on ensuring quality, jeopardizes the very benefits that policy makers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children.[7]

Child development/learning standards are established for young children. The DNEPS is in charge of developing ECCE learning standards. A national preschool curriculum exists with clear learning standards for three- to six-year-olds. Areas covered are literacy, linguistic development, motor skills, cognitive development and socio psychological development. The curriculum is coherent and continuous with the curriculum for primary education.

Minimum requirements for ECCE service providers are established but in-service training programs are irregular and often nonexistent. To become an ECD caregiver, health and education workers are required to complete at least lower secondary school. Candidates then enroll in a specialized training for ECD and are required to participate in a pre-service field work. There is no policy requiring in-service training programs which they occur on an irregular basis and are often unavailable.

Some standards for service delivery and infrastructure are established for ECD service providers. The Ministry of Health and the Ministry of Education set service delivery and infrastructure standards. The Ministry of Health regulates standards for early childhood centers for children aged 0 to 36 months and the Ministry of Education for children aged 36 to 83 months. Children are required to receive a minimum of 25 hours of preprimary education per week; however, there are no requirements set for child-to-teacher ratio. For ECD programs to be effective, small group sizes and lower staff/child ratios are recommended. Infrastructure standards for health and education facilities have been

[7] Bryce et al. 2003; Naudeau et al. 2011; Taylor and Bennett 2006; Victoria et al. 2008.

established and include roof, floor, structural soundness, windows, building materials, connection to electricity and access to potable water.

Registration and accreditation procedures for both state and non-state ECCE and health facilities exist. All ECCE and health facilities are required to follow registration and accreditation procedures set by the Ministry of Health and the Ministry of Education.

Policy Lever 3.3: Compliance with Standards

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

ECCE professionals comply with established pre-service training standards qualifications. All ECCE professionals have the required credentials to work in early childhood development centers (*centre de developpement de la petite enfance* (CDPE)).

Public ECCE facilities are required to comply with service delivery and infrastructure standards. Infrastructure standards are monitored by site visits and school reports. Standards are set by the Ministry of Education for ECCE services and the Reproductive Health and Nutrition Division of the Ministry of Health sets standards for ECD health and nutrition interventions. Inspections are meant to be done immediately after construction. However, inspections are irregular and even when they do occur, the lack of resources prevents the facility from making major changes. Data on the number of preprimary facilities that comply with infrastructure standards is unknown. There is also no information on preprimary schools that comply with the established minimum number of opening hours.

Private ECCE facilities are required to comply with the same established service delivery and infrastructure standards as public ECD facilities. Facilities that don't follow standards are not recognized by the government and do not receive any benefits.

Policy Options to Monitor and Assure ECD Quality in Mali

Data Availability

- While the Government of Mali requires regular data collection in the education sector through the Planning and Statistics Unit (*Cellule de Plannification et de Statistique* - CPS) in charge of all statistical data of the education system, the government relies heavily on the support of international organizations to collect ECD data. A holistic tracking system should be created to collect ECD data in all four areas especially in social protection where there is currently almost no data available. ECCE data by socioeconomic level and by special needs areas should also be tracked. Even though specific learning standards are established for young children, there are no indicators on child development outcomes, so mechanisms to evaluate the child's learning development do not exist. The government should create comprehensive indicators on cognitive, linguistic and social development outcomes and implement them in every ECCE facility.

Quality Standards and Compliance with Standards

- Currently, there are no in-training services for ECCE professionals. The government should create mandatory and regular in-service training programs to develop teacher skills and improve pedagogy. There are also no required standards for child-to-teacher ratio for ECCE facilities. Small group size should be encouraged and low student-to-teacher ratio should be required in all ECCE centers. Even though standards for service delivery and infrastructure are established for ECD service providers, inspections are irregular and penalties for facilities that do not follow standards are lenient. The government should mandate regular inspections and severe sanctions should be given to those that don't follow standards.

Box 5: Relevant lessons from Jamaica: Ensuring Quality in ECCE provision

The Early Childhood Commission (ECC) was established by an Act of Parliament, the Early Childhood Commission Act, 2003. The Commission ensures the integrated and coordinated delivery of early childhood programs and services. Through its varying activities, the ECC guides the holistic development of children, including physical, cognitive, social and emotional development. The Commission has a range of legislated functions, one of which indicates direct responsibility to supervise and regulate early childhood institutions (ECI).

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

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

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

In deciding on the suitability of an ECI for registration under the Early Childhood Act, the ECC will, based on information obtained at inspection visits, determine whether or not an ECI meets and complies with the Act and Regulations. Where existing provision falls short of the legal requirements, and the shortfall does not present a real and present danger to children, a permit to operate until full requirements are met will be granted, with time scales for institutions to meet requirements. The ECC encourages the promotion of the highest standards of practice by monitoring not only the minimum requirements at inspection visits, but also by monitoring those standards that are not legally binding.

Key Lessons for Mali:

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

Comparing Official Policies with Outcomes

The Government of Mali has passed a number of policies to promote ECD; the existence of these laws, however, does not necessarily mean that the population has access to services. Figure 8 presents a comparison of ECD-related policies with outcomes. For example, the government officially adopted the International Code of Marketing of Breast Milk Substitute and now 38 percent of women exclusively breastfeed their children until the age of six months. Even though there is a national policy to promote the fortification of staples with iron, 83 percent of preschool aged children and 73 percent of pregnant women have anemia. In contrast, policies intended to promote birth registration, the distribution of bed nets, and immunizations seem to be working more effectively.

Figure 8: Comparing ECD Policies with Outcome

ECD Policies		Outcomes
Mali officialy adopted the International Code of Marketing of Breast Milk Substitutes	→	Rate of exclusive breastfeeding until the age of six months: 38%
Salt iodization is mandatory	→	Households that consume iodized salt: 79%
There is a national policy to promote the fortification of staples with iron	→	Preschool aged children and pregnant women with anemia: 83% and 73% respectively
Immunizations are free	→	1- year-old children immunized against DPT 3: 76%
HIV screening and treatment is free	→	Percentage of HIV+ pregnant women and HIV exposed infants who receive ARVs for PMTCT: 34%
Malaria prevention, screening and treatment is free	→	Under-fives sleeping under ITNs: 70%
Preprimary school is not compulsory	→	Preprimary school enrolment: 5%
There is a policy mandating the registration of children at birth in Mali	→	Completeness of birth registration: 81%

Source: Unicef, World Bank

Table 11 compares key policy provisions and associated outcomes in Mali and other countries in West Africa. Mali has the highest birth registration rate (81 percent) in West Africa as well the highest consumption of iodized salt (79 percent). These impressive numbers were attained thanks to laws mandating free birth registration and salt iodization. Mali is the only country that has a law mandating salt iodization as compared to countries such as Liberia or Guinea where no policy exists. Mali has also adopted a law for the International Code of Marketing Breast Milk Substitutes, which can explain the low rate of children who are exclusively breastfed until six months (38%) as compared to countries like Guinea where there are only a few provisions in the law. Finally, none of the countries compared in the table have a law mandating preprimary enrolment. Mali has the lowest rate of preprimary enrolment (5 percent) compared to countries like Liberia (47 percent) and Sierra Leone (14 percent). This country comparison of policy outcomes serves to highlight policies that are effective and those that do not seem to work.

Table 11: Comparing policy intent with ECD outcomes in Mali and comparison countries

	Mali	Liberia	Guinea	Sierra Leone
Salt Iodization				
Salt Iodization Policy	Mandatory	No policy	Voluntary	Draft policy
Population Consuming Iodized Salt	79%	20%	41%	58%
Appropriate Infant Feeding and Breastfeeding Promotion				
Compliance, Code of Marketing of Breast Milk Substitutes	Law	Voluntary	Some provisions in law & policies	Draft policy
Exclusive Breastfeeding until 6 Months	38%	34%	48%	11%
Preprimary Education				
Preprimary School Policy	Not compulsory; largely non-state provision	Not compulsory; state and non-state provision	Not compulsory; largely non-state provision	Not compulsory; largely non-state provision
Preprimary School Enrolment Rate	5%	47%	9%	14%
Birth Registration				
Birth Registration Policy	Mandatory since 2006; free of charge; within 30 days of birth	Mandatory; computerized registration system; free; within 30 days of birth	Mandatory within 15 days of birth or face a penalty	Mandatory; just a law; new decentralized policy since 2010
Birth Registration Rate	81%	5%	43%	51%

Table 12: Benchmarking Early Childhood Development Policy in Mali

ECD Policy Goal	Level of Development	Policy Lever	Level of Development
Establishing an Enabling Environment	●❍❍❍	Legal Framework	●●❍❍
		Coordination	●❍❍❍
		Financing	●❍❍❍
Implementing Widely	●❍❍❍	Coverage	●●❍❍
		Equity	●❍❍❍
		Area of Focus	●❍❍❍
Monitoring and Assuring Quality	●●❍❍	ECD Information	●❍❍❍
		Quality Standards	●●❍❍
		Compliance with Standards	●●❍❍

Preliminary Benchmarking and International Comparison of ECD in Mali

Table 12 presents the classification of ECD policy in Mali within each of the nine policy levers and three policy goals. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges. In Mali, most ECD policy areas are rated as "latent" except for the legal framework, policies on quality and compliance with standards and coverage of ECD programs, marked as "emerging." This shows that Mali is far behind and needs to urgently improve its efforts to provide adequate ECD services for all.

Table 13 depicts the classification of Mali compared with select countries from Africa and around the world. As can be seen, Sweden is among the top performers in the world, 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 Liberia, Kenya, Nepal, Turkey and Uzbekistan, 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 13: International Classification and Comparison of ECD Systems

ECD Policy Goal	Policy Lever	Level of Development							
		Mali	Chile	Ethiopia	Nepal	Sweden	Tanzania	Turkey	Uganda
Establishing an Enabling Environment	Legal Framework	●●○○	●●●○	●●●○	●●○○	●●●●	●●○○	●●●○	●●○○
	Coordination	●○○○	●●●○	●●○○	●●●●	●●●●	●●○○	●●○○	●●○○
	Finance	●○○○	●●●○	●○○○	●●○○	●●●●	●○○○	●●○○	●○○○
Implementing Widely	Scope of Programs	●○○○	●●●●	●●○○	●●○○	●●●●	●●●○	●●●○	●●○○
	Coverage	●●○○	●●●○	●○○○	●●○○	●●●●	●●○○	●●○○	●●○○
	Equity	●○○○	●●○○	N/A	●○○○	●●●●	●○○○	●●○○	●○○○
Monitoring and Assuring Quality	Data Availability	●○○○	●●●○	●○○○	●●○○	●●●●	●●○○	●●○○	●●○○
	Quality Standards	●●○○	●●○○	●●○○	●●○○	●●●●	●●●○	●●●○	●●○○
	Compliance with Standards	●●○○	●●○○	●○○○	●●○○	●●●●	●●○○	●●○○	●○○○

Legend: Latent ●○○○ Emerging ●●○○ Established ●●●○ Advanced ●●●●

Conclusion

The Government of Mali is committed to improving the lives of young children by developing new ECD laws and programs. However, efforts are still in the early stages and child development outcomes are still among the lowest in the world. With the creation of the National Directorate of Preschool and Special Education within the Ministry of Education and the preparation of the new ECD Policy, the government is officially moving ECD endeavors to another level. The government is also opting for an integrated approach, which is proven to be the most efficient way for the holistic development of the child. Today, efforts should be concentrated on passing the ECD National Policy, expanding ECD programs to vulnerable children, increasing ECD coverage in rural regions, subsidizing more ECD services especially ECCE and health services for pregnant women and infants, and enforcing quality standards and monitoring of ECD facilities.

Table 14: Summary of policy options to improve ECD in Mali

Policy Dimension	Policy Options and Recommendations
Establishing an Enabling Environment	• Adopt the draft ECD policy as soon as possible. • Improve child protection policies especially for children with special needs and victims of FGM. • Improve collaboration between all ministries involved in ECD. • Officially recognize the ECD intersectoral Committee. • Create a unique budget for ECD activities or encourage each ministry involved to have a separate budget for ECD spending. • Increase subsidization of ECD services for pregnant women and young children especially in education and health.
Implementing Widely	• Create more ECD programs in education and social protection. • Increase efforts to promote breastfeeding, provide more skilled attendants at birth, and increase the distribution of micronutrient and food supplements for young children and pregnant women. • Reduce inequity in access to ECD services between regions and socioeconomic levels by providing more opportunities for the poor and hard-to-reach populations.
Monitoring and Assuring Quality	• Mandate regular ECD data collection and develop a holistic tracking system to collect ECD data in all four areas. • Create comprehensive indicators on cognitive, linguistic and social development outcomes. • Mandate regular in-service training programs for ECCE professionals. • Set standards for child-to-teacher ratio and prioritize small group size. • Mandate regular inspections and rigorous penalties for facilities that do not follow standards.

Acknowledgements

This Country Report was prepared by the SABER-ECD team at World Bank headquarters in Washington, DC. The report presents country data collected using the SABER-ECD policy and program data collection instruments and data from external sources. The report was prepared in consultation with the World Bank Human Development Africa team and the Government of Mali through the National Directorate for Preschool and Special Education (*Directrice Nationale de l'Education Préscolaire et Spéciale*). For technical questions or comments about this report, please contact the SABER-ECD team (helpdeskecd@worldbank.org).

Abbreviations and Acronyms

CDPE Early Childhood Development Center (*Centre de Développement de la Petite Enfance*)

ECD Early Childhood Development

ECCE Early Childhood Care and Education

EPI Expanded Program on Immunizations

DNDS National Directorate of Social Development

DNEPS National Directorate of Preschool and Special Education

FGM Female Genital Mutilation

HIV Human Immunodeficiency Virus

IPAOEHE Private Institutions for Counseling and Sheltering for Children

IPAPE Private Institutions for Family Placement for Children

ITN Insecticide-Treated Bed Nets

NGO Non-Governmental Organization

PMTCT Prevention of Mother-to-Child Transmission

UNICEF United Nations Children's Fund

UNESCO United Nations Educational, Scientific and Cultural Organization

STD Sexually Transmitted Diseases

References

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

Bryce, J., S. el Arifeen, G. Pariyo, C. F. Lanata, D. Gwatkin, J.-P. Habicht, and the Multi-Country Evaluation of Imci Study Group. 2003. "Reducing Child Mortality: Can Public Health Deliver?" The Lancet 362: 159–64.

Engle, P. L., L. C. H. Fernald, H. Alderman, J. Behrman, C. O'Gara, A. Yousafzai, M. Cabral de Mello, M. Hidrobo, N. Ulkuer, and the Global Child Development Steer Group. 2011. "Strategies for Reducing Inequalities and Improving Developmental Outcomes for Young Children in Low-Income and Middle-Income Countries." *The Lancet* 378 (9799): 1339–53.

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

Hanushek, E. A., and D. D. Kimko. 2000. "Schooling, Labor-Force Quality, and the Growth of Nations." *American Economic Review* 90 (5): 1184–1208.

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

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

Tayler, C., and J. Bennett. 2006. *Starting Strong II: Early Childhood Education and Care*. Paris: Education Directorate of the Organization for Economic Co-operation and Development.

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

Vargas-Barón, E. 2005. *Planning Policies for Early Childhood Development: Guidelines for Action.* Paris: UNESCO/ADEA/UNICEF (United Nations Educational, Scientific and Cultural Organization/Association for the

Development of Education in Africa/United Nations Children's Fund).

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

www.worldbank.org/education/saber

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

This report focuses specifically on policies in the area of early childhood development