A Transformative Child-Centered Policy Proposal for the First Decade of Life in El Salvador

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July 2018
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Introduction

Young children are the common basis for all dimensions of sustainable development – social, economic, and environmental. No advances in sustainable development will occur in coming decades without multiple generations contributing to societal improvement. In El Salvador, such generations include the generation born after the civil war, and the subsequent two or three generations.

Beyond their right to survival, young children have the right to fully develop their physical, motor, cognitive, and socio-emotional potential. Therefore early childhood development is a priority for national investment worldwide. The importance of investing in ECD beyond survival has been put forward in the 2030 global agenda of the United Nations, in the definition of Target 4.2 of Sustainable Development Goal 4. Target 4.2, which states, “By 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.” The first of its two indicators calls for all member nations to track the “percentage of children under 5 years of age who are developmentally on track in health, learning and well-being.”

The aim of this document is to consider the rationale for a transformative social policy in El Salvador that invests in the first decade of life. We then propose three child-centered social policies that will help build a national workforce by 2040 and propel the country out of its current social and economic state, maximizing human potential for all and creating a more peaceful, productive and egalitarian society.

The Core Rationale for Investing in Early Childhood Development

Why is early childhood a particularly critical time for investment? First, the human adult brain has trillions of neuronal connections that together represent the unique capacities of the species. It has been termed “the most complex three pounds in the universe.”

The majority of brain development occurs during the early years. Neuronal connections occur at the rate of over 1,000 connections a second during the first years of life. Over 50% of nutritional intake of the infant is devoted to brain development. A typical three-year old’s brain is twice as active as that of an adult.

Beyond the astounding rapidity of brain development in the first years of life, these years are the period during which environmental influences have the strongest impact. These range from the positive influences of nurturing and responsive parenting, to the rich language and affective inputs from peers and adults, to the learning opportunities afforded by objects in the environment, language, toys, and early picture books and print materials.
Despite the promise of ECD for children around the globe, for far too many, exposure to violence and extreme poverty can have adverse effects that last a lifetime. Minimal or moderate levels of stress experienced from time to time, is normative in early childhood development. But when families are exposed to severe adversity in the form of chronic neighborhood or domestic violence; mental health issues; substance abuse; or long-term poverty and economic insecurity, both adults and children can develop what is known as toxic stress response.

Bodily adaptation to stress [such as the well-known “fight or flight” response] is vital to survival. The developing child is capable of withstanding short periods of high stress response – the body’s autonomic nervous system, immune system, and other biological defense systems going on “high alert.” However, toxic stress response occurs when the levels of adversity in the child’s environment are chronic and severe enough that this bodily response is maintained at very high levels over time. This stress response can lead to lifelong deficits in early skills – attentional; socio-emotional; attachment – as well as later cognitive, relationship, and achievement outcomes. Emerging evidence suggests that lifelong higher risk for mental health problems, aggressive behavior, and non-communicable diseases also occur when children experience toxic stress and extreme adversity early in life on a chronic basis. These issues are critical for El Salvador, in particular, and may inform both the content of interventions and the targeting of them to particularly vulnerable populations and neighborhoods.

Thus early childhood development is a critical period for El Salvador to invest in nurturing care on the part of caregivers, parents, and grandparents; as well as early learning opportunities in the form of quality out-of-home care and preschools.

The recent report of the Comité Técnica proposed a definition for early childhood in El Salvador, and accordingly, specifies an age range for this developmental period. CONNA’s definition is as follows:

“La primera infancia es la etapa de la vida en la que se construyen las bases para el desarrollo integral de niñas y niños. Comprende el periodo que transcurre desde la gestación hasta cumplir los 9 años.”

CONNA’s definition provides a powerful starting point to consider strategies for early care and education policy. The current draft of the Estrategica Nacional para el Desarrollo Integral de la Primera Infancia 2018 – 2028 by the Comité Tecnico Nacional de Primera Infancia argues that this national definition for an early childhood age range has important implications not just for the coordination of different institutions, but also for the need of family, state, and society to establish shared priorities. The document highlights key challenges such as the issue of quality, periods of transition, the need to follow children’s development longitudinally, and the goal of overcoming “el sectorialismo en las políticas públicas.” It also places the family and the community as principal stakeholders in children’s development. In this way, proposed goals and
strategies for early childhood care and policy reference not only recent political and technical documents, but longstanding legislation in El Salvador, such as the Ley de Protección Integral de la Niñez y de la Adolescencia (LEPINA), in which the “rol primario y fundamental de la familia” (Art. 9) is an important declaration.

Thus, coordinated ECD investments in the form of national policy in El Salvador would substantially increase the country’s capacity to support children to become productive citizens in a sustainable and peaceful society. In addition, such investments may be responsive to current family and neighborhood stressors such as exposure to violence, in order to reduce their influence on young children. When implemented with sufficient quality and intensity, ECD programs may also help reduce poverty and violence in the next generation of children and youth. This may in turn potentially reduce out-migration of youth, young adults and parents in future generations to Mexico, the United States and elsewhere.

**Family Risks Confronting Youth Development and the Role of Early Childhood Investment**

Salvadoran children and youth face family and neighborhood conditions that place them at risk for adolescent violence. Forty percent (40%) of children and youth under 17 years live with a single parent or with no parents (EHPM, 2016). Even during early childhood, this percentage is high at 32% (ENS, 2014). Over one-third (34%) of households live in multi-dimensional poverty (EHPM, 2016). As in many other countries, the rates of poverty are higher when children or youth are present in the household (40.9% for households with children or youth, compared to 22.6% for those without). And the younger the children, the higher the rate of multi-dimensional poverty. For example, for households with children 0-3, the rate is 49.3 percent, while for those with children 4 to 7 years old, the rate is 44.9 percent.

Among factors that comprise multi-dimensional poverty, those experienced most often in these families are low education level of the household heads; underemployment; and instability of work (EHPM, 2016). Within families, corporal punishment and violent forms of discipline are common, with one survey finding 52% endorsement of these approaches to parenting (ENS, 2014).

The roots of entry into and recruitment by gangs occur quite early in adolescence, and even in middle childhood. A study of gang members found that over three quarters (76.6%) entered a gang before the age of 18. Nearly one-fifth (19.6%) reported entry before age 12, and an additional 39.5% reported entry between 13 and 15 years old (FIU, FUNDE, INL, 2017). Moreover, 64% of gang members who had joined before the age of 12 had run away from home (FIU, FUNDE, INL, 2017). By age 15, nearly half (47%) report having completely left their
families, for reasons such as exposure to domestic violence, abandonment by parents, family alcoholism, or having a parent who was a gang member themselves.

It is no wonder that the majority of gang members report that joining a gang allowed them to gain self-esteem and respect from society (FIU, FUNDE, INL, 2017).

**Access to and Quality of Early Care and Education in El Salvador**

Levels of access to public out-of-home child care in El Salvador are extremely low. Only 1.5% of children between 0-3 years attend an early care or learning center. By ages 4 to 6, 65.6% of children attend a preschool. However, gross enrollment varies a great deal by family resources. Only 42.4% of children in the poorest income quintile attend preschool, compared to 75.1% of those in the wealthiest income quintile. Thus, although there are roughly 4,500 educational learning centers in El Salvador, this is not nearly enough to meet the demand, and early care centers funded publicly for 0-3 year olds are almost completely lacking (with only roughly 250 of these across the country).7

What about the quality of early care and education provision? El Salvador’s largest and most rigorous research project on early childhood is the National Evaluation of the Quality of Childcare in El Salvador, a partnership between the Center for Health Policy & Inequalities Research at Duke University’s Global Health Institute, the NGO Whole Child International (WCI), the Salvadoran government, and the Inter-American Development Bank.8 The research project is currently assessing levels of quality in existing child care programs, as well as evaluating WCI’s comprehensive multi-level quality childcare improvement intervention, which includes:

- Early childhood university courses for government officials and center directors
- Child care center caregiver trainings
- Technical assistance
- Some material assistance

The study’s primary outcomes of interest are children’s physical, emotional and cognitive development. Proposed mediators in the logic model of this program evaluation are change in institutional structure and environments, change in caregiver knowledge, behaviors and attitudes, change in caregiver health and emotional wellbeing. A number of secondary mediators have also been hypothesized, such as change in parental / guardian attitudes and child rearing practices and change in parental / guardian health and emotional well-being.

In addition to the randomized controlled trial being conducted in 204 child development centers across the country (impact results will be released in 2018), the project also includes a
qualitative research component investigating how the intervention fits into diverse cultural contexts of rural and urban areas in El Salvador.

Initial findings from ethnographic research, for example, include the following points:

- Centers’ relationships to INSA and ADESCO (local governing body) are important for decision making and funding.
- Caregivers serve as important mediators between centers and the community, raising the profile of caregivers could raise profile of the center
- WCI trainers should work to be more approachable, more connected to caregivers and parents, currently they come off as a bit distant
- Gang violence is a strong presence in the community, has repercussions for care
- Centers have to negotiate differences – socioeconomic, gender, cultural, this can cause tension
- Caregivers also have their own stresses such as experience with violence and trauma. They may need help supporting new ideas of care, child rearing in the context of these stressors.
- Caregivers need help navigating the complex situations presented by the challenges in children’s lives, witnessing violence, poverty, and physical or sexual abuse.

Another key part of the study concerns the development of measures that are appropriate for the Salvadoran setting, but are also rigorous and sensitive to experimental impact. One primary measure of interest is the Whole Child International Quality Childcare Universal Assessment for Limited Resource Settings (WCI-QCUALS) for assessing the quality of the built environment, practices, and relationships within institutional childcare settings used in Nicaragua and now El Salvador.

Researchers compared the QCUALS to the widely used ECERS (results included in Figure 1 below.)
As Figure 1 shows, the QCUALS scores are more normally distributed than the ECERS score. The research team concluded that QCUALS is better for low-resourced environments, as the ECERS includes things that might not matter for children’s development (size of bathroom, types of toys, written handouts to parents who might not be able to read). However, the comparison does indicate that quality remains a challenge in public educational centers in El Salvador.

Policy Options Supported by Global and Latin American Evidence

I. Prenatal to Age 3: Parenting and Family Support through Home Visiting for the Most Vulnerable Households

The family, as one of the contexts that is most important in the development of the young child, has always been at the center of community and culturally based support of human development. In formal ECD services, the support of parents in their roles as caregivers, workers and primary nurturers has been an important part of the field for decades. In the field of global ECD, the concept of supporting families in their ability to provide nurturing care is at the heart of exciting new evidence, supported by recent evaluations of the WHO / UNICEF Care for Child Development module and the dissemination of the well-known approach of the Jamaican Roving Caregivers program in several low and middle income countries throughout the world.

Existing Models

Supporting parents and caregivers to provide nurturing care and responsive stimulation to young children through home-visits and parent group meetings enhances short-term and long-term developmental outcomes for children. The evidence on the inter-generational impact of these family support programs on children’s development emerges from Latin America, the
Caribbean, North America, and increasingly a wider range of evaluations from South Asia, sub-Saharan Africa and Asia. We describe a few programmatic examples with rigorous evidence of success with indication of what accounts for successful implementation on the ground.

The home-visit approach of the **Jamaica Reach Up and Learn** program, provided for parents of 0-2 year olds at risk for stunting, showed positive impacts on IQ, earnings, and reduced anxiety and depression 20 years after completion of the intervention. 10 Supervisors monitored 10% of all home-visits. 11 This program provides weekly home visits, with rotating sets of developmentally appropriate toys and materials, to parents. The emphasis of the curriculum is on introducing play in the context of cognitive stimulation and responsive interactions with children.

- In **Colombia**, an intervention structured similarly to the Reach Up and Learn evaluation, and targeted to recipients of the social protection program **Familias en Acción**, showed positive impacts of the home visiting approach on cognitive development and receptive vocabulary at the end of 18 months of intervention. 12 The home-visits received coaching visits every 7-10 weeks.

- The Cuna Mas program in **Peru** represents the first national implementation of the Roving Caregivers model by a government. The program currently serves over 80,000 families across the country. An initial randomized evaluation (villages randomized to initial implementation as the program was being expanded to new areas of the country) showed short-term small positive effects on cognitive development and vocabulary as measured by the Bayley Scales of Infant Development (Araujo, Grantham-McGregor, Rubio-Codina, & Schady, 2016).

- An evaluation of the **Pakistan Early Child Development Scale-up (PEDS) trial**, which was implemented by the community health worker workforce of Pakistan through monthly group sessions and home-visits, showed large short-term impacts at age 2 and small to medium longer-term impacts at age 4 on multiple domains of children’s development. 13 This program provided both individual home visits (roughly biweekly) and monthly group sessions There is evidence to demonstrate that these impacts were mediated through medium-size impacts on aspects of parent-child interactions such as responsiveness and stimulating activities. 14 The Community Health Workers received coaching visits by trained supervisors every month who, within a context of support and positive rapport, observed their practice and provided feedback.

- In **India**, care and stimulation content was integrated into the existing Community Health Worker (CHW) program with 70,000 frontline workers through a decentralized capacity building effort through a multi-level hierarchical structure. A formative evaluation of the exercise revealed that the CHW’s found the integration meaningful and did not perceive overburdening. The top-leadership commitment to the agenda
emerged as a critical enabling factor for bringing the new agenda into the mainstream narrative of the organization, through manuals, trainings and supportive supervision practices. However, the work-load and conflicting priorities of senior functionaries limited their ability to provide coaching and monitoring which affected the quality of home-visits by the CHW’s.  

In Uganda, a combination group and home visiting curriculum was offered to both mothers and fathers of 0-3 year old children across 12 topical sessions. Most were conducted in groups but some were home visits. Topics included not only responsive and stimulating parenting but also respect, violence prevention, and the spousal or partner relationship. Improvements in child cognitive and receptive language skills were observed in the experimental evaluation, as well as reductions in maternal depression.

Importantly, the delivery platforms for successful parenting / home visiting programs therefore differ in the evaluation studies. In Colombia, a social protection program served as the base upon which to target and deliver home visiting. In Pakistan and in India, community health worker workforces served as the base for parenting interventions. In El Salvador, it may be useful to build on the promotores system of community family and health supports. Though less expensive, there is little evidence about the effectiveness of parent-group programs as a stand-alone strategy to influence changes in caregiver’s practices and children’s outcomes. Parent group meetings with or without children provide lesser opportunities for direct observation of caregiver and child, supportive feedback, and coaching; which in turn limit their effectiveness in influencing caregiver behaviour. However, these meetings may generate community-level demand for ECD services and foster peer-to-peer support and build a sense of community. Therefore, supplementing home visits with periodic group meetings may be useful.

Father or partner involvement may also be useful in either home visit or group formats – both to encourage positive parenting among fathers and partners, but also to improve the mother-father relationship if needed and prevent / reduce violence in the home. The Ugandan model above explicitly included fathers and sessions to promote respect and loving relationships among adults in the home.

These studies show the promise and feasibility of improving the developmental outcomes of children by enhancing caregiver capacity to provide care and stimulation. Services to strengthen families’ ability to provide care and stimulation for their children can be integrated into existing services for health, nutrition, or social protection platforms in ways that are streamlined and do not overburden the functionaries. In El Salvador, it may be important to adapt these programs for grandparents and other family members who in many cases are the primary caregivers. It is also important to consider the needs of young parents, as El Salvador has high rates of adolescent pregnancy.
Currently, El Salvador’s Family Circles program operates as a parent-group program and is run through the Ministry of Education (with roughly 1,900 circles across the nation). Family Circles practitioners have noted how enduring violence, poverty, and insecurity are obstacles to this program’s work with families. They have also noted the need to sensitize parents, families, and all levels of government officials about the importance of early childhood and the challenges children face, and that parent groups can be a good opportunity to build the demand for other early childhood development programs.

**Proposal: A National Home-Visiting and Group-Based Family Support Program for Children 0-3 Years Old in Vulnerable Families**

Based on the above evidence and existing models such as Family Circles, we recommend a national home visiting and parent group support program. With the home visiting program modeled on Cuna Mas in Peru, and integrated with the Family Circles model, the most vulnerable families in El Salvador would receive home visits and periodic group sessions for 2 years (ages 0-2).

In order to most effectively address risks such as parental depression or violence in the home, the program would begin at birth. Between birth and three months, visits would be biweekly or weekly, depending on the level of family need (for example, first-time mothers may require weekly support; those families with risks such as parental depression or risk of violence in the home). Between 3 and 12 months visits would be biweekly; and between 12 and 24 months, monthly visit. Two “booster” visits could be implemented during the period between 24 and 36 months. Thus a total of 38 to 44 visits might be implemented.

Group sessions could occur monthly and reinforce topics discussed during the home visit. These may also include the opportunity for parents to provide peer support, meet other parents in the community, and discuss common concerns in addition to ones covered by the curriculum.

The program could be implemented through training of promotores de salud as well as facilitators of Family Circles. Each month, participating families would receive 2 60-minute home visits, with emphases on breastfeeding, supplemental nutrition, stimulation, responsiveness, and caregiver and family well-being. Primary caregivers would also participate once a month in group meetings, covering these same topics but allowing for peer-to-peer support, the building of social capital and social cohesion, and discussion of additional community factors that families experience, such as violence in the community or at home. The group meetings could build on the existing Family Circles curriculum and guidelines.

Particular populations may receive their own groups. For example, adolescent mothers, should there be sufficient numbers in a community to form a group, may benefit from group meetings.
that address their particular needs in addition to the general curricular topics. Topics specific to adolescent mothers, for example, include continuing their own education; balancing parenting with schooling; extra support for couples’ relationships; youth empowerment; and sexual and reproductive health as well as family planning.

Groups may also to the degree possible involve fathers and other family members. Home visits although concentrating on the primary caregiver could also support the role of fathers and other family members in supporting children’s very early health, nutrition and development.

The target sample would be those families experiencing multi-dimensional poverty and identified through the Estrategia de Erradicación de Pobreza.\textsuperscript{19}

**Design and Implementation**

Each home visitor would be responsible for 30 families. This constitutes an average of two visits per day, plus implementation of group sessions every other week for 15 families each (families would experience group sessions once a month). The home visitors would be full-time staff drawn from communities; their wages would be at least at the minimum wage for service-sector employees. All home visitors would be trained initially through 10 days of pre-service training (the level of training offered by quality home visiting programs with substantial positive effects on child development).\textsuperscript{20} The training would cover the main topics of the curriculum, and consider how the topics would be implemented in both home-visit and group-session modalities.

For promotores de salud retrained to be home visitors in this program, the usual health and nutrition topics for this age range could be shortened to 30 minutes, leaving 45 minutes for support of parenting during a 75 minute visit. This task shifting would need to be piloted for feasibility.

As an illustration, the topics of the successful PEDS home visit and group-session parenting program are listed here:

1. What is ECD?
2. Helping mothers to feel confident and good about early care giving
3. Children learn from birth
4. Observing our children’s development
5. Understanding the importance of the special bond between mother and child
6. What is responsive care
7. Partner relationships; providing a safe environment for our children to learn
8. Care for feeding
9. Respect, praise and discipline
10. Helping mothers who feel too stressed or burdened
11. Making low cost, developmentally appropriate toys from local materials

12. Understanding the community contexts of our children

The most important additional caregiver aside from the primary caregiver would be invited to group sessions and could in addition participate in home visits. Depending on the household, this could be the father, mother’s partner, a grandparent, or an aunt or uncle. This aspect of the program would take into account the variation in family structure and father involvement in families in El Salvador.

Successful, high-quality home visiting programs include at least monthly coaching, accompaniment and observation of home visitors with supportive feedback. Supervisors / coaches would be responsible for 12 home visitors each. They would conduct monthly observation of home visits and group sessions for every home visitor. In addition, monthly group sessions for the home visitors would allow for peer support and continuous quality improvement approaches (self-definition of goals for improvement; development of metrics that can be tracked across time with peer sharing of experiences of barriers, solutions and innovations to the model that are responsive to community and cultural context).

Supervisors would be salaried workers making more than the minimum wage. They would be trained through their own two-week pre-service training curriculum. They would then practice as home visitors in the field for a period of a month with supervision, certified to provide home visits with a certain threshold of quality, before they enter the supervision role. Over time, successful home visitors with capacity for supportive coaching and mentorship skills would be identified to be promoted to the role of supervisor.

Quality Monitoring

National quality monitoring of the program would utilize home visitor-completed visit and group session forms; a supervisor checklist, indicating home visitor, parent and child engagement during observed visits and group sessions; and for a subsample across the country, observations of home visits utilizing the checklist but filled out by observers, rather than supervisors. Supervisors would use their checklist information to guide their mentoring and coaching of home visitors. This approach to quality monitoring has been used successfully at the national level in Peru by the Cuna Mas program, with evidence of the validity of the supervisor checklist regarding its association with a more intensive observational assessment.\(^{21}\) In addition, some measures have been developed of observed quality for group-based sessions.\(^ {22}\) Such measures may also help monitor, maintain and improve the quality of the program’s group modality.

Governance
The program would be supported through regional centers. For example, clinics and hospitals can serve as the centers for promotores de salud to reach out to community in rural and urban areas. The Equipos Comunitarios de Salud Familiar could serve as a team-level support for groups of supervisors and home visitors serving particular municipalities.

**Timeline**
This program could be piloted and expanded according to the municipality-level social protection plan of the Secretaria Tecnica y de Planificación, which aims to scale up from 30 municipalities in 2017 to 262 municipalities in 2025. Governance at the municipality level would occur through municipal leadership teams including the alcaldía, members of consejos municipals, the MINSAL, and the MINED in each municipality and then at the regional level as well.

II. High-Quality Early Care and Education for All

In Latin America, increases in women’s early employment over the past several decades has made affordable, quality out-of-home care a pressing need. However, the supply of such care falls far short of demand, as previously mentioned in relation to the term “crisis de cuidado.” Recent studies in multiple Latin American countries show that both access to out-of-home care for the ages of 0-3 is low in Central America, and that the quality of care when assessed in Latin American countries for 0-3 year olds is also quite low. As mentioned previously, only 1.3 percent of children ages 0-3 have access to publicly supported out-of-home care.

Moreover, the observed quality of existing public child care is unacceptably low. Data by Araujo and colleagues collected in a nationally representative sample of child care centers in Ecuador, indicate that the quality of emotional support in these centers is moderate (in the moderate range (median just above 3.5 on the 1- to 7 scale of the CLASS measure), while support for learning (richer language in interactions; use of stimulating materials and toys) is much lower (in the inadequate range of quality; median just above 1.5 on the 1-7 scale).

There are many reasons for the low quality of very early child care. First, child care providers are paid minimally and in many country contexts in LAC are either volunteer (provided only food for children and training) or paid irregular stipends. Second, training is minimal, often consisting of a few days or fewer of pre-service sessions. Third, on-site supervision with feedback, shown to be the most effective approach to improving the quality of interactions between caregivers and infants / toddlers, is generally completely lacking.

IIA. Quality Early Child Care for All Who Need It – ages 0-3

To address the crisis of access and quality in early out-of-home care, several policy components must be implemented.
Existing Models

Existing models of child care provision vary in the extent to which they balance public and private provision, and among the private provision the degree of public subsidy for families or for the providers to cover child care costs. At one extreme are some Scandinavian countries like Sweden, where virtually all child care provision is public. At another are countries like the UK and the US, where nearly all provision is private, with a relatively small proportion subsidized (primarily for families of low incomes).

The existing models for child care provision and quality for ages 0-3 that may be most relevant to El Salvador are ones with public subsidy of private centers. This is because in El Salvador, the vast majority of 0-3 child care centers currently consist of private providers. Among other countries, the Netherlands’ system is one of private providers with some subsidy by the federal government. The shift towards privatization in 2005 through the national Child Care Act, however, resulted in growth primarily in high-demand urban areas, with decline of provision in lower-demand rural areas with more disadvantaged populations, where formerly non-profit providers had predominated. Thus privatization may have worsened access to affordable child care among the poorest families.27

Some approaches to supporting private provision with quality are based on non-profit providers. This is the case in Colombia, where private provision is largely by non-profit organizations with funds from the federal government supporting these child care and early learning programs in low-income areas of the country. Chile’s government has similarly supported large-scale NGOs’ provision to lower-income families, such that use of publicly funded child care for 0-3 year olds gradually expanded from 5% in the mid-1990’s to 18% by 2011.28

Proposal: We propose a policy of early care and education for all families with children between 0 and 2 years 11 months – a system to help low- and moderate-income families meet the costs of licensed, high-quality, developmentally appropriate early care and education opportunities they may choose for their young children before Kindergarten entry.

Design and Implementation

Those eligible for this child care support will be those in the lowest 4 quintiles (lower 80%) of household income (national data show that a substantial proportion of even the fourth quintile are not in the “decent work” category). This group of families would be eligible for direct subsidies towards the cost of licensed non-parental early care and education of the parents’ choice, regardless of employment status.29 The amount of financial assistance would be based on family income, the type and cost of care, and hours of care used. Government subsidy amounts would be based on what providers charge for care up to a maximum amount.
Co-payments by families would differ depending on whether they are in the formal employment system. For those parents / guardians in informal employment, the co-payment would be the same as is currently implemented in the CDI centers. Co-payment would be in the 5 to 10 percent of income range for those in formal employment.

The federal government would establish a process for creating appropriate and consistent floors and ceilings for maximum reimbursement levels for licensed types of care, by child age and for full-time and part-time care. These floors and ceilings would reflect regional variations in the cost of care (for example, rural vs urban differences) and would be indexed to inflation.

The quality standards and enforcement system would not apply to non-licensed care provided by family, friends, neighbors or other non-licensed care providers, and these types of care would not be eligible for reimbursement with subsidies.

The workforce in the child care system would be paid at rates that are currently implemented in the CDI system.

Quality Monitoring and Governance

El Salvador’s nascent child care licensing system must be expanded to ensure that minimal quality standards are met for early child care programs. In many countries, these basic licensing standards must be met for centers to receive public subsidies. The standards may assure that basic safety and health / nutrition provisions are provided for; that a basic level of training has been provided to the child care worker; that the sizes of groups and ratios of adults to children are appropriate for the developmental age of children between birth and preprimary age. Of course such a licensing system must be accompanied by resources to implement inspections and administration of the licensing information, for both initial licensing and later recertification. If such resources are not provided, licensing systems may do little to assure good quality care.

Recommended ratios of children to caregivers and group sizes, for example, of the National Association for the Education of Young Children are 4 to 1 with a maximum group size of 8 for 0-11 months; 6 to 1 with a maximum group size of 12 for 12-30 months; 9 to 1 with a maximum group size of 18 for 30-48 months; and 10 to 1 with a maximum group size of 20 for 48-60 month olds.

Caregivers would be trained in activities that place emphases on early learning (language-rich interactions; materials for learning through play, including toys made with local or recycled materials; picture books; and a rich print and arts environment. In addition, they would be trained on aspects of self-regulation and socio-emotional development. Caregivers would also receive training in effective parent, family and community engagement.
Requirements for qualifications of directors, caregivers, and assistants should be developed. The minimum qualifications for caregivers would be 9 years of education or higher. In various countries the higher-education institutions have been aligned with national policy to provide degree and certification requirements for early care and education for director, caregiver / teacher and assistant levels.\(^{30}\)

The federal government would contribute 80 percent of the costs of the subsidies in the child care program, and 100 percent of the costs for establishing the quality standards, quality assurance systems, and quality improvement supports where needed.

In order to encourage mixed-income child care programs, each municipality would receive subsidy funding to purchase up to 40% of the slots at a below market rate in higher-income areas, so that low-income families may have subsidy access to these locations for child care.

In addition to the licensing system, quality improvement interventions must be implemented to improve both pre-service and in-service training and mentorship of child care workers. In Colombia, the Instituto Colombiano de Bienestar Familiar has in recent years worked to improve the intensity and quality of both pre- and in-service training for its community-based child care program, Hogares Comunitarios. It instituted paid wages and some benefits for the child care worker – Madres Comunitarias. It also provided some formal certificate and advanced training programs, which have shown positive effects on observed program quality and child development.\(^ {31}\)

**Timeline**

A 10-year timeline for expansion would begin with development of the national licensing system (1\(^{st}\) year) and design of the child care subsidy system (1\(^{st}\) year). Rollout would start in the lowest-income municipalities and the lowest quintile of income, but over the first 4 years (by year 5) include some mixed-income municipalities. Full coverage of the lower 60% income range would be achieved by 10 years.

**IIB. Quality Early Childhood Education for All Starting at Age 3**

A large body of evidence demonstrates that Early Childhood Education (ECE) programs for 4-6 year olds, *if implemented with sufficient quality*, can positively impact short and long term development of children, particularly in the domain of cognitive development.\(^ {32}\) It is clear that developmentally, 3-year olds are ready to learn and can benefit -- cognitively, socially, and emotionally -- in an organized group learning setting.\(^ {33}\) Ages 3 and 4 are a time of particularly rapid development for children’s language and social skills in which they can make enormous strides given two
years of high-quality learning opportunities. In El Salvador, disparities by household income in access for children to preschool occur across this age range of three to five year olds.

Existing Models

There are several recent examples of successful approaches to delivering quality ECE programs:

- In Chile, “Un Buen Comienzo” is a two-year professional development program for teachers in publicly funded preprimary classrooms. The program trained teachers on strategies to enhance oral language, literacy, social-emotional development, and basic health of children over a period of two years and provided intensive coaching support. The evaluation showed moderate to large impacts on emotional support and classroom organization at the end of two years. A subset of this set of classrooms then incorporated continuous quality improvement methodology where improvement teams consisting of school principal, teachers, and parents identify specific areas for improvement, to test ideas they had that might lead to improvement via Plan-Do-Study-Act (PDSA) cycles, and to collect and reflect on data regularly as a team to modify their practices. The teams also participated in three Learning Sessions, large, two-day working meetings where they presented their tests of change to one another, shared learning across schools, and received additional training in CQI skills. Children in classrooms whose teachers received professional development in language instruction plus CQI methods had larger increases in language skills than children whose teachers received language instructional strategies alone.

- In Colombia the aeioTU program of the Carulla Foundation program (now being expanded by the public Instituto Colombiano de Bienestar Familiar, or ICBF) provides comprehensive care, education, and nutrition from conception to 5 years. The aeioTU program is full day, has high qualifications requirements for staff, provides strong pre- and on-service training; has a strong monitoring and information system, and promotes family and community. According to an evaluation, the aeioTU program has a positive impact on nutrition, cognitive and socioemotional development of children. The program reduced the weight for height gap by 30% and the development gap in vocabulary by 60%. The program also positively impacted parental attitudes and behaviours. Parents of children who attend the aeioTU program reported using more positive discipline at home rather than punitive strategies; recognized the importance of play and learning materials, and showed more satisfaction with services of education their children receive.

- The Integrated Child Development Services (ICDS) is the primary ECD programme of the Government of India. It targets six services for children and their families: Immunization, Supplementary nutrition, Health check-up, Referral services, Pre-school non formal education, and Nutrition and Health information. Given the weak
implementation of the ECE component of the ICDS, an NGO Centre for Learning Resources designed and implemented ICDS Leadership Programs in two Indian states. The program follows a diffusion model to implement a decentralized capacity-building strategy at all levels of the ICDS within the state from district, block, cluster, village, and hamlet levels. The capacity building process covers pedagogical, institutional and community Leadership covered over 8-9 incremental training cycles over the project life cycle. Each level of the hierarchy trains, monitors, and mentors the next level of officers. The program is based on four major principles: Triple hat leadership (each level accepts responsibility as trainer, monitor and mentor); Mindful Cascade (incorporates experiential training, feedback loops, reflective practice and peer-coaching into capacity-building), Spiral Development (multiple incremental cycles, recurrent review of implementation and building upon previously learnt material), Intra-cycle and Inter-cycle feedback. Formative evaluation of the program provides evidence for how the program has influenced the beliefs of functionaries across the hierarchy and improved quality of ECE practices by preschool teachers at the frontline.  

- The Boston Public School system implemented a prekindergarten program that focused on literacy, language, and mathematics curricula and incorporated a coaching system. An evaluation of the program indicated moderate-to-large impacts on children’s language, literacy, numeracy and mathematics skills, and small impacts on children’s socioemotional indicators like executive function and emotion recognition. 

- In 1993, Argentina passed a law to include one year of pre-primary education in the country’s compulsory education. To meet the increased demand for preprimary education, the government began a large-scale school construction project. Research on this expansion found that one year of pre-primary school improved third grade test scores and positively affected children’s attention, effort, class participation, and discipline. 

- In 1995, the government agency in charge of public education in Uruguay began a building plan to expand provision in public preschool provision in public primary schools. Research on this initiative found that increased preschool attendance and reduced grade retention and later high school dropout. Children who attended preschool were 27 percentage points more likely to be enrolled in school at 15 years than their siblings who did not, a large and meaningful difference.

Proposal: Quality Initial Education for All 3-5 year Olds

We propose a universal preschool plan for full-day, full-year programs for all 3 to 5 year olds (inclusive – up to 5 years, 11 months) in El Salvador. Such a policy has been instituted in the country of Mexico since 2004.
Full-day programs would cover a 6-hour day (8:00 am to 2pm) every weekday, across the entire year. For additional care needed for full-time working parents, the child care subsidy system may provide subsidy-based child care in the additional afternoon hours.

**Design and Implementation**

Municipalities should be free to pursue provision of early education in community-based settings, but also explore the possibility of adding space or devoting early-childhood-specific space in public primary schools. A mixed-auspice approach provides municipalities with the flexibility to retain high-quality existing providers and ensure services are located in areas where they are needed. Over time, like first grade, the primary settings for preschool education may become public elementary schools. A primary locus in public schools supports many of the other key elements of our vision and rationale for universal early education support. The preschool years would be clearly viewed as part of every child’s educational career. Educators would be able to align transitions and pedagogy across the preschool through third grade years. Finally, a public-school-based system would facilitate the staffing of these programs with similarly professionally trained, credentialed and compensated teachers.

*Collaboration with Universities and La Ciudad Mujer.* For an investment of this size in expansion of initial education, substantial efforts must be made to improve and expand the teacher training programs for preschool education in El Salvador. Several factors should guide this initiative. First, regional teacher training institutions in universities must be greatly expanded so that expansion is equitable across San Salvador and the cities vs. outlying, more rural areas. Second, the capacity of La Ciudad Mujer to access and recruit a new generation of preschool educators should be strengthened, with a specific program devoted to this purpose. Third, pre-service training programs should incorporate consistently the on-site practical experience and coaching and accompaniment that will be characteristic of the initial education system. This exposure to in-service models will ensure that students experience live, on-site teaching and supervision for at least one semester, at least on a daily basis. Fourth, supports for continuing education for existing preschool teachers should be incentivized so that current teachers are encouraged to build new skills and then contribute to the training of a new generation of preschool teachers. Fifth, curriculum and instruction specialists should be drawn together in a national commission that incorporates Salvadoran expertise and integrates evidence from innovations from elsewhere in Central and Latin America in preschool curricula and quality supports. Finally, a separate track for training of coaches, mentors and supervisors should be strengthened to allow for better support of on-site supervision. Such programs should use monitoring and quality tools that directly assess the quality of coaching and supervision.

For these purposes, a national network of universities with teacher training departments and schools could be organized together with La Ciudad Mujer, with input from other recent networks of such universities in other Latin American nations.
Quality Monitoring

Programs would, at minimum, offer: a full school day (e.g., the same hours as K-12); student-teacher ratio of no more than 1:12; comprehensive services for families and children, including screening for developmental delays, special needs, and health problems; and a teacher pay scale, benefits, and educational requirements consistent with the public schools; and transportation. These features are characteristic of the universal preschool programs with the largest positive impacts on children.

Standards for meals would be set in collaboration with the MINSAL to provide a certain percentage of recommended caloric intake for children of different ages (3, 4 or 5), with nutritious lunch provided during the day. For those families in multi-dimensional poverty, an additional breakfast may be provided.

Curriculum and mentoring supports would be developed from existing models. For example, as previously mentioned, the international NGO Whole Child International is currently partnered with El Salvador’s Instituto Salvadoreño para el Desarrollo Integral de la Niñez y la Adolescencia (ISNA) and the Inter-American Development Bank to implement a comprehensive, multi-level quality childcare improvement intervention. This intervention enrolls government officials and childcare center directors and administrators in early childhood development university courses. It also compares two different delivery mechanisms for training and coaching: one in which Whole Child staff conduct trainings and provide technical support directly to childcare centers and one in which government staff conduct trainings and provide technical support.

The accompanying research study investigates the relative benefits to children’s physical, emotional, and cognitive development of these two different approaches. The results of this study can be used to inform future caregiver training, mentoring, and center improvement.

The Whole Child study also included the development and use of a monitoring instrument for the evaluation of quality in childcare centers: the Whole Child International Quality Childcare Universal Assessment for Limited Resource Settings (WCI-QCUALS). This measure is characterized by inclusion of both structural and process dimensions of quality; and evidence of validity.\textsuperscript{41} This offers the opportunity to use a well validated, Salvadoran measure to continually monitor and assess the quality of childcare services in the future.

Governance

The goals and specific strategies for the early care and education policy would follow the recent report by the Consejo Nacional de la Niñez y de la adolescencia (CONNA) on early childhood development (Comité Técnico Nacional de Primera Infancia, 2018).\textsuperscript{42} Administration of this program would occur through the Ministry of Education. Linked services in health and nutrition would be designed and coordinated with the MINSALUD. A national technical committee may
oversee the territorial implementation, which would involve consejos municipales, comités locales de derechos, local and international NGOs, and teacher or service worker unions, among others.

**Timeline**

Expansion of initial education would occur in phases with the following priorities:

1) Universal access for 5 year olds (and actual take-up of 80%) before expanding access of 4 year olds

2) At least 70% coverage of 4 year olds in public preschool before beginning expansion of 3 year olds (this approach was taken in the expansion of universal preprimary education in Mexico)

3) More disadvantaged municipalities before more advantaged municipalities

We believe a 10-year time frame for expansion to universal access may be feasible. The expansion of the early childhood education workforce of at least 50,000 teachers may be accomplished through a national commission on expansion of early childhood education. The population of former TPS holders in the United States may be an additional source of this greatly expanded workforce.

**Cross-Cutting Issues: Transitions, Youth Engagement in ECD Programs and Inclusion of Children with Disabilities**

**Supporting Transitions to Primary Schooling (Ages 5 to 8)**

Attention to transitions between preprimary and primary schooling is critical to ensure continuity of quality and individualized attention to children and families. This may be an important supplemental direction for a child-centered policy.

Transition planning and implementation should implement these issues:

First, alignment of learning experiences is supported by coordinated professional development, curriculum, and training. Some systems have provided joint professional development, for example, for the preprimary and first-year primary teachers.

Second, instruction and pedagogy should support socio-emotional development consistently across these years. Holistic approaches to preprimary education emphasize both socio-emotional and early language and numeracy development, for example. Yet early primary grades often focus only on academic areas and not on socio-emotional development. Early curricula integrating socio-emotional development (e.g. through teacher training to create a
positive emotional climate and effective behavior management) have been shown to reduce behavior problems in early and middle childhood in the LAC region.  

Quality measures for initial education should be adapted for the observation and monitoring of quality during the first year of primary education. Such efforts have recently been initiated in the country of Colombia, for example. By building a bridge in the definitions of quality – especially instructional quality – between initial education and early primary education – alignment of professional development and quality improvement systems can begin.

Third, when preparing children and families for entry into primary schooling, it is important that information on children’s individual needs and learning be conveyed to the new teacher / school. This is particularly important in the case of children with delays or disabilities (see section below on inclusion of children with disabilities). A variety of strategies can be incorporated, such as:  

1) Integrating curricular frameworks. For example socio-emotional development definitions and conceptualization can be linked across early childhood and the early primary grades. Learning standards can similarly be aligned across language; numeracy; and other domains of development.

2) Professional development concerning the transition and its communications, across teachers, preschool and school leadership, and parents, can be designed jointly through a national stakeholder process bridging the early childhood and early primary education communities, convened by MINED, CONNA, and CONED.

3) Approaches to engaging families can be coordinated as well across early childhood and the early primary grades. Approaches to school management committees, parent-teacher associations, parent workshops and visits to preschools and schools, and other ways to bridge schools and communities can be implemented in a coordinated way across the early childhood and primary grade systems.

4) Workforce conditions can be made more equitable, such that the current disparities in pay, benefits and work conditions between the early childhood workforce and the primary education teaching workforce are reduced. Many examples exist of these efforts in Latin American and elsewhere. Such efforts, moreover, go a long way to addressing the much lower social prestige and status of early childhood in the society, relative to teaching in the primary grades.

Youth Engagement in ECD Programs

The potential for youth involvement in ECD programs is huge in El Salvador, and if successfully implemented may carry a double impact – improvement of positive youth outcomes, as well as enhanced early childhood development.

Existing Models
Around the world, several organizations are experimenting with the development of programs that integrate youth into the care and development of younger children. UNICEF’s Child to Child program implemented in Bangladesh, China, the Democratic Republic of the Congo, Ethiopia, Tajikistan and Yemen serves as one example. In this model, youth are trained as teaching assistants to supplement the preprimary teaching workforce in areas with low coverage of teachers. Although the program has shown variation in results, with some evaluations showing stronger positive effects than others, lessons from successful implementation in some countries can serve as a model for involving youth in early childhood education. This can also build demand for quality ECE by engaging a larger proportion of community families in supporting young children.

Two examples from India may be relevant. First, a project in partnership with multiple government and INGO partners provides support to Youth Volunteer Programs in the country to facilitate greater youth participation in sustainable development. In one district in Central India, the program focused on reducing malnutrition and preventing malnutrition deaths by working with local youth activists to ensure that Katkaris, a marginalized minority group, are linked with the government’s employment and nutrition security programs. The youth program adopted a two-pronged strategy to address the crisis of malnutrition in the region: 1) Identify acute malnourished children and refer them to a care center, and create awareness in the community about causes and effects of malnutrition; and 2) explore ways to stop outward migration and displacement of the Katkaris by linking them with existing employment generation schemes in their district and facilitating skill development in income generating activities. As part of their first goal, youth volunteers conducted a survey of 123 public preschools across several blocks in the district, talking to the preschool teachers and families to assess rates of malnourishment. They referred severely malnourished children they identified to the local nutritional rehabilitation center. They also performed street plays in the villages and sensitized female adolescent girls in schools about the link between underage marriage (prevalent in the tribe) with maternal anemia, malnutrition, and child mortality. They also engaged with key community influencers and encouraged them to be more proactive in preventing underage marriages. The program influenced youth to take ownership of the key issues facing their community and to participate in the local government. It also incorporated an arts based approach, which has been proven in many youth programs to be effective. A few youth volunteers also participated in school management committees as well as municipal governance, further providing leadership opportunities. A similar youth program (Nava Jatan) assigned 10 malnourished children to each youth, supporting them to track and ensure proper nutrition for 6 months at a time as well as make appropriate referrals.

The Youth Leaders for Early Childhood Assuring Children are Prepared for School in Pakistan is another example. This program builds youth leadership to explicitly increase community demand for quality early childhood education. Building on the very successful earlier parenting program implemented by Aisha Yousafzai and colleagues, this program’s impact evaluation
results are to be released in 2018. Such programs present the opportunity to impact young children, youth, and parents’ development and behavior. A more detailed description of one such program in India is presented below.

Possibilities for the El Salvador Context

Additional models adapted to the El Salvador context could consider sports and fútbol coaching or vocational work and the physical construction of early childhood centers as ways in which to involve youth and adolescents. Youth, for example, can serve as “coaches” for early childhood outdoor activities such as developmentally appropriate versions of fútbol that build gross motor skills. The infrastructure problems of early childhood facilities could also be solved with the aid of community youth. Construction and arts based approaches to design and furnish developmentally appropriate early childhood facilities that are crumbling or in need of repair can be a productive venue for structured, adult-supervised youth programming.

Youth-facilitated programs with such flexibility in interest and activity areas have been shown successful in El Salvador – for example, in an experimental evaluation of the Glasswing afterschool program, which has shown positive impacts on academic and social outcomes in El Salvador.51

The building of public space that is developmentally appropriate for young children can be another youth-led activity. “child-friendly cities” is a global movement to create public spaces that are developmentally appropriate and stimulating for children of a variety of ages. For example, vacant spaces or parks that are threatened with gang or drug activity can be redesigned such that playgrounds for young children are set aside from larger spaces for fútbol or other activities. In this way, entire families can better utilize such spaces. Youth can be involved in the design and construction of such community spaces.

Considering the potential end of the TPS program in the United States, and possible repatriation of Salvadorans from abroad, returnees could also help develop and implement bilingual programs that foster language skills among young children. Neuroscientific evidence suggests that early childhood is the best period developmentally to introduce new languages.

These program approaches can both support early childhood development and combat gang involvement and gang violence. Research on gangs in El Salvador has found that more than 50% of gang members have children and gang members list children as the greatest inspiration for leaving a gang.52 Involvement in ECD programs and initiatives could represent an important activity for young people outside of gangs. It could be used for the development of safe spaces throughout the community, as gangs often recognize child-focused locations.

Child Inclusion: Children with Disabilities
The International Classification of Functioning, or ICF, views Disability as neither purely biological nor social but as the interaction between health conditions, environmental, and personal factors. It could be an impairment in body function or structure, a limitation in activity—such as the inability to read or move around, or a restriction in participation, such as exclusion from school. $^{53}$ Children with disabilities are at high risk for rights violations in Early Childhood Development. They experience stigma from birth and are more prone to exclusion. Large majority of children with disabilities in LMICs do not attend pre-primary education and parenting programs too often do not provide support on this issue. In addition, Mortality rates among children with disabilities are 80% even in countries where under-five mortality has declined below 20%. $^{54}$

In El Salvador, the Consejo Nacional de Atención Integral a la Persona con Discapacidad (CONAIPD) estimated that in 2015 that roughly 3.1% of children and adolescents in the country showed some form of disability. $^{55}$ Although the need exists, there are only 30 centers for special education for children with disabilities in the country, and few supports exist for mainstreamed inclusive services that incorporate children with disabilities into early childhood programs. Such support includes professional development and training for teachers, home visitors and caregivers; policies clearly stating standards for inclusion, and an intersectoral approach to the various kinds of disability (behavioral as well as physical).

There are some examples of successful approaches to inclusion of children with disabilities in Early Childhood Development programs and policies worldwide, and some especially noteworthy ones in Latin America.

**Cuba:** Cuba has a multifaceted prevention and remediation approach to children with disabilities. As part of their prevention strategy, which is a prime focus of the polyclinics located in every community, primary care workers work with women who want to become pregnant and have one or more risk factors that could complicate her pregnancy. Once the woman becomes pregnant, a number of specialized services are drawn which include “partogram” where a medical team is assembled for a pregnant woman at-risk, medical genetic services to provide a genetic risk assessment of congenital defects and genetic diseases, and maternal homes where it is ensured that women at-risk receive proper medical attention, rest, and nutrition in a center relatively close to their homes. All of these ensure that children are born healthy and any issue with the child is detected as early as possible.

A child born with disabilities is supported in several ways. First, the Educa a Tu Hijo (Educate Your Child) program represents a coordinated approach to services for early childhood
development. The program provides non-institutional preschool education for children who do not attend child care centers. This is done through parental education for children between birth to two years and through informal groups in parks or other nearby sites for children between 2 to 4 years. As part of this program, children with special educational needs receive attention from the local polyclinics, which are comprehensive clinics in the local communities. In addition, staff at the polyclinics work closely with teachers in early childhood development, preschool, and elementary school to provide ongoing training as well as learn first-hand about the children in the community. Second, each municipality has established a diagnosis unit for potential developmental disabilities, where a multidisciplinary team assesses the child and advises the family. With support from Ministry of Education, these children are also seen by program specialists who are part of Educa a Tu Hijo. Third, Cuba has also opened two public funded schools to serve children between 2 and 18 years diagnosed with autism. The schools serve as a therapy center, provide support to families and also partner with research initiatives.

Chile: Chile Crece Contigo is an integrated social protection system for children from conception to age four. The program is intersectoral with different sectors being responsible for the delivery of their components at the municipal level. For example, the health sector for biopsychosocial development; education sector for policies and standards for preschool education; Labor and the National Women’s Service for legislative protection; the National Board of Kindergartens for access to daycare and preschool for children from the 60% lowest income families. In addition, the National Disability Fund is responsible for technical aids for children with disabilities. The Chile Crece Contigo program incorporates modalities to support children with lag.

Both these national policies have integrated services children with disabilities as part of their comprehensive program for supporting early childhood development. Their success is primarily due to this intersectoral approach, their ability to bring together a range of service providers and integrate resources, to ensure a shared responsibility of the results.

Conclusion: Transforming Social Policy to Build a New Future for El Salvador

Building on the atenciones recommended by the recent Comité Técnica Nacional de Primera Infancia report, we propose three specific initiatives to build the capacity of El Salvador to invest in high-quality learning for caregivers, parents, and young children in the first decade: a national home-visiting program, a policy of early care and education, and universal quality initial education. We complement these social policy initiatives by highlighting three cross-
cutting issues: transitions to primary school, the incorporation of youth into early childhood initiatives, and the inclusion of children with disabilities.

In this conclusion, we summarize the key points of these proposals.

Proposal 1: A national home-visiting, group-based family support program for children 0-3 in vulnerable families

- Home-visits would target El Salvador’s most vulnerable families, those experiencing multidimensional poverty, and would align with the country’s Estrategia de Erradicación de Pobreza.\textsuperscript{58}
- Each month, participating families would receive two 60-minute home visits with emphases on breastfeeding, supplemental nutrition, stimulation, responsiveness, and caregiver and family well-being.
- The program could work to integrate fathers, grandparents and other family members into early childhood activities and development support.
- Home visitors could be promotores de salud or facilitators of the Family Circles program. They would receive a 10-day training and on-going coaching and support in their work with 15 families.
- Home-visiting would be integrated into the Family Circles program, providing the necessary, intensive one-on-one training for the most vulnerable families, but aiming to coordinate with the community-level engagement and solidarity of groups defined either by locality or by special interest, such as groups specifically for adolescent mothers.
- Home-visits would be overseen by coaches, working to develop the skills of the home-visitors and to ensure the quality of the services delivered. The program would also be connected with regional centers, clinics, and hospitals to further support the monitoring of quality and also work to facilitate families’ referral to additional services, when necessary, and in general, the coordination of all services working directly with families.

Proposal 2: A policy of early care and education for low- and middle-income families with children between 0 and 2 years 11 months

- El Salvador would develop a system to help low- and moderate-income families meet the costs of licensed, high-quality, developmentally appropriate early care and education opportunities they may choose for their young children before Kindergarten entry.
- The federal government would establish a process for creating appropriate and consistent floors and ceilings for maximum reimbursement levels for licensed types of care, by child age and for full-time and part-time care. These floors and ceilings would reflect regional variations in the cost of care (for example, rural vs urban differences) and would be indexed to inflation.
• The federal government would contribute 80 percent of the costs of the subsidies in the child care program, and 100 percent of the costs for establishing the quality standards, quality assurance systems, and quality improvement supports where needed.

• Those eligible for this child care support will be those in the lowest 3 quintiles (lower 60%) of household income. This group of families would be eligible for direct subsidies towards the cost of licensed non-parental early care and education of the parents’ choice.\textsuperscript{59} The amount of financial assistance would be based on family income, the type and cost of care, and hours of care used. Government subsidy amounts would be based on what providers charge for care up to a maximum amount.

• Requirements for qualifications of directors, caregivers, and assistants should be developed, but can follow established guidelines. Recommended ratios of children to caregivers and group sizes, for example, of the National Association for the Education of Young Children are 4 to 1 with a maximum group size of 8 for 0-11 months; 6 to 1 with a maximum group size of 12 for 12-30 months; 9 to 1 with a maximum group size of 18 for 30-48 months; and 10 to 1 with a maximum group size of 20 for 48-60 month olds.

• The quality standards and enforcement system would not apply to non-licensed care provided by family, friends, neighbors or other non-licensed care providers, and these types of care would not be eligible for reimbursement with subsidies.

• A 10-year timeline for expansion would begin with development of the national licensing system (1\textsuperscript{st} year) and design of the child care subsidy system (1\textsuperscript{st} year). Rollout would start in the lowest-income municipalities and the lowest quintile of income, but over the first 4 years (by year 5) include some mixed-income municipalities. Full coverage of the lower 60% income range would be achieved by 10 years.

**Proposal 3: Quality Initial Education for All 3-5 year Olds**

• A universal preschool plan for all 3 to 5 year olds (inclusive – up to 5 years, 11 months). Full-day programs would cover a 6-hour day (8:00 am to 2pm) every weekday, across the entire year. Additional care needed for full-time working parents, the child care subsidy system may provide subsidy-based child care in the additional afternoon hours.

• Municipalities should be free to pursue provision of early education in community-based settings, but also explore the possibility of adding space or devoting early-childhood-specific space in public primary schools. A mixed-auspice approach provides municipalities with the flexibility to retain high-quality existing providers and ensure services are located in areas where they are needed. Over time, like first grade, the primary settings for preschool education might become public elementary schools.
• The preschool years will ultimately be viewed as part of every child’s educational career. Educators would be able to align transitions and pedagogy across the preschool through third grade years.

• Substantial efforts must be made to improve and expand the teacher training programs for preschool education in El Salvador. A partnership with La Ciudad Mujer could be a powerful collaboration in this effort, in addition to the necessary alignment and development of universities and teachers colleges.
  o First, regional teacher training institutions in universities must be greatly expanded so that expansion is equitable across San Salvador and the cities vs. outlying, more rural areas.
  o Second, the capacity of La Ciudad Mujer to access and recruit a new generation of preschool educators should be strengthened, with a specific program devoted to this purpose.
  o Third, pre-service training programs should incorporate consistently the on-site practical experience and coaching and accompaniment that will be characteristic of the initial education system. This exposure to in-service models will ensure that students experience live, on-site teaching and supervision for at least one semester, at least on a daily basis.
  o Fourth, supports for continuing education for existing preschool teachers should be incentivized so that current teachers are encouraged to build new skills and then contribute to the training of a new generation of preschool teachers.
  o Fifth, curriculum and instruction specialists should be drawn together in a national commission that incorporates Salvadoran expertise and integrates evidence from innovations from elsewhere in Central and Latin America in preschool curricula and quality supports.
  o Finally, a separate track for training of coaches, mentors and supervisors should be strengthened to allow for better support of on-site supervision. Such programs should use monitoring and quality tools that directly assess the quality of coaching and supervision.

• In line with this last point, the development of quality monitoring and assurance systems will need to build on and expand existing initiatives, such as MINSAL, and when possible focus on well-researched and tested measures and practices, such as those of Whole Child International.

• Expansion of initial education would occur in phases with the following priorities:
  1) Universal access for 5 year olds (and actual take-up of 80%) before expanding access of 4 year olds
  2) At least 70% coverage of 4 year olds in public preschool before beginning expansion of 3 year olds (this approach was taken in the expansion of universal preprimary education in Mexico)\textsuperscript{60}
  3) More disadvantaged municipalities before more advantaged municipalities
• Though this program will be administered by the Ministry of Education, linked services in health and education would be designed and coordinated with the MINSALUD. Implementation and policy would follow the recent report by the Consejo Nacional de la Niñez y de la adolescencia (CONNA) on early childhood development (Comité Técnico Nacional de Primera Infancia, 2018). A national technical committee might oversee the territorial implementation, which would involve consejos municipales, comités locales de derechos, local and international NGOs, teacher and services worker unions, among others.

Cross-cutting Issue 1: Transitions to primary schooling

• Alignment of learning experiences is supported by coordinated professional development, curriculum, and training
• Instruction and pedagogy should support socio-emotional development consistently across these years.
• When preparing children and families for entry into primary schooling, information on children’s individual needs and learning will be conveyed to the new teacher / school

Cross-cutting Issue 2: Youth Engagement in ECD

• Considering the potential end of the TPS program in the United States, and possible repatriation of Salvadorans from abroad, returnees could help develop and implement bilingual programs that foster language skills among young children.
• Sports and fútbol coaching or vocational work and the physical construction of early childhood centers are possible ways in which to involve youth and adolescents.
• The building of public space that is developmentally appropriate for young children can be a youth-led activity. “Child-friendly cities” is a global movement to create public spaces that are developmentally appropriate and stimulating for children of a variety of ages.
• Involvement in ECD programs and initiatives could represent an important activity for young people outside of gangs. It could be used for the development of safe spaces throughout the community, as gangs often recognize child-focused locations.

Cross-cutting Issue 3: Children with Disabilities

• Integrated services for children with disabilities are a necessary part of any comprehensive program for supporting early childhood development.
• El Salvador’s success will depend on its ability bring together a range of service providers and integrate resources, and to ensure a shared responsibility of the results.
• Specific initiatives should include professional development and training for teachers, home visitors and caregivers; policies clearly stating standards for inclusion, and an intersectoral approach to the various kinds of disability (behavioral as well as physical).
Endnotes


29 The 250 percent maximum income threshold would be at or above the current thresholds in all but one state, North Dakota, which has a threshold equivalent to 298 percent of FPL. In 30 states, the income threshold as of 2014 was below 200 percent of FPL.


33 Li et al. 2016


52 Cruz, J., Rosen, J., Amaya, L., & Vorobyeva, La nueva cara de las pandillas callejeras: El fenómeno de las pandillas en El Salvador. Informe presentado a: Oficina de Asuntos Internacionales de Narcóticos y Aplicación de la Ley (INL, por sus siglas en inglés) Departamento de Estado de los Estados Unidos. El Centro Kimberly Green para América Latina y el Caribe y el Instituto Jack D. Gordon para Políticas Públicas Universidad Internacional de la Florida Con el apoyo de: Fundación Nacional para el Desarrollo (FUNDE)


Patricia Frenz, Tania Alfaro, Mauro Orsini, Rafael Alaniz, Hernán Aguilera, Jhonny Acevedo, Ximena Sgombich, Claudia Díaz and Antonio Infante(2014). *Learning from Promising Primary Care Practice Models for the USA: Country Case Study Chile*. Escuela de Salud Pública, Facultad de Medicina Universidad de Chile, Santiago for the Training and Research Support Centre, July 2014.


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