WORKING PAPERS IN

Early Childhood Development

44

Early Childhood in Brazil

General overview and current issues

by Gabriela Azevedo de Aguiar,
Gary Barker, Marcos Nascimento
and Márcio Segundo

Bernard van Leer Foundation

Cover: Girls playing house at the Child Life Span playgroup in Indaiatuba, Brazil. Photo: Antônio de Cunha Penna.

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Foreword

What is Brazil, one of the world's dozen largest economies and the largest economy in South America, doing for its most vulnerable population, its youngest children? While education has been a key area of public policy under several government administrations, early childhood development has not been spotlighted. The numerous deficiencies in Brazil's public education system – high dropout rates, poor performance on standardised tests, high repetition rates – are well documented. Policies and strategies for improving the public system have been developed. As these policies are implemented, early childhood development must become a priority.

The idea that early childhood development is crucial in the achievement of the fullest human potential has not yet taken hold in Brazil. Nonetheless, accumulated research on the importance of social, emotional and cognitive development in early childhood have made clear that early protection, promotion, care and stimulation are the keys to success in primary and secondary education and to lifelong learning. Early childhood education, combined with primary and secondary schooling, is important in acquiring adequate and meaningful livelihoods.

Adding to the complexity of the lives of many young children in Brazil is income inequality. The distribution of income is highly inequitable. Children are disproportionately affected by this poverty and inequality. Thus, spending on public education is only approximately USD 462 per child per year, which is close to the average per child household expenditure of a middle-class urban family on private daycare or schooling per month. Despite the efforts of dedicated teachers and public education officials, the public education system is not providing an adequate foundation so that children from low-income families may one day rise out of poverty within Brazil's increasingly complex economy. This means that children in poor families are likely to remain poor. An integrated, modern, universal public education system spanning the needs of the population from early childhood through tertiary education has not been established in Brazil.

Another reality facing young children in Brazil is violence. A household survey carried out by Promundo in low-income neighbourhoods in Rio de Janeiro found that about two-thirds of all parents used some sort of physical violence against their children, and around a third of the survey respondents reported violence between adults (mostly involving women victims of violence by men), much of which was witnessed by children.[1] The violence is not limited to low-income settings. Corporal punishment and other physical abuse against children are

[1] *See Promundo, CIESPI and PUC-Rio (2003). The survey was carried out among 543 residents in three low-income communities of Rio de Janeiro as part of the Strengthening Family and Community Support for Children and Youth Project initiated in 2002. The results have inspired additional research and shaped the initial activities of the Children, Holders of Rights Project, supported by Save the Children Sweden.*

a problem in middle-class households as well. Among young children, violence and abuse are leading causes of death. How does contact with violence shape the ability of children to become lifelong learners, explore the world, feel safe and achieve their maximum potential?

There are many challenges in the promotion of early childhood development in Brazil, but there are also reasons for optimism. The government's Family Support Programme is the largest income-support programme for low-income families in Brazil's history. It is a significant first step in addressing poverty in Brazil. Reform in education has been too gradual, but it is under way. Brazilian civil society is vibrant and increasingly well organised. It is holding the government accountable and advocating for more comprehensive policies in early childhood education and children's rights. An example is the newly formed National Early Childhood Alliance, which includes non-governmental organisations, universities, international organisations and representatives of the federal government and the national congress. The alliance is working on a national platform to advocate for early childhood development.

There are numerous examples of good practice in early childhood education in Brazil, including children's participation, progressive pedagogies that build on local cultures and well-designed, publicly funded early childhood education strategies.

In Brazil, we have a good idea of what works in promoting early childhood development. The missing pieces are political will, accountability and adequate investment in the future of Brazil: the country's youngest children.

Gary Barker (Promundo)

Executive Summary

This paper describes important issues in the promotion of the development of children 0 to 6 years of age in Brazil, particularly in education, health, children's rights and public policy. Brazil exhibits tremendous disparities and some of the worst welfare indicators in Latin America. Much of the population faces poverty, limited educational opportunities, and inequitable access to services and basic protections. The youngest children are disproportionately affected. Indicators of malnutrition remain high. Corporal punishment and other physical violence against children are a serious problem. Despite the efforts of dedicated teachers and officials, the public education system is not providing an adequate foundation so that children from low-income families may one day rise out of poverty. Education has been a key area of public policy under several government administrations, but early childhood development has not been underscored.

Nonetheless, there are reasons for optimism. The government's Family Support Programme is the largest income-support programme for low-income families in Brazil's history and represents a major step in addressing poverty in the country.

Significant progress has been made in prenatal care. Most Brazilian children are born in hospitals, and around half of all pregnant women are benefiting more than six prenatal medical visits each year. The Community Health Agents Initiative and the Family Health Programme are among the most important mechanisms for reaching families with information and services on early childhood development, particularly issues related to health.

The births of more than 500,000 infants go unregistered in Brazil every year. In 2002, the Ministry of Health began offering financial incentives to hospitals in the unified health system that establish birth registry posts. In 2004, the government adopted the National Plan for Birth Registration to undertake steps to increase registrations.

The government has initiated the National Iron Supplement Programme and the National Vitamin-A Supplement Programme to address the problem of malnutrition through the distribution of supplements among children from 6 to 18 months old and women up to the third month following a birth.

A national food security and nutrition programme called Zero Hunger includes an income benefit transfer programme that covers other benefit programmes such as school grants, food programmes, food cards and gasoline allowances. To receive benefits, families must keep their children in school and follow specific public health routines in pre- and postnatal care for pregnant women and breastfeeding mothers and in vaccination schedules for children 0 to 6.

The paper includes numerous examples of good practice in early childhood education in Brazil, including children's participation, progressive pedagogies that build on local cultures and well-designed, publicly funded early childhood education strategies.

Legal regulations, along with public and private institutions, services and programmes, are helping safeguard and promote the basic rights of children. The Statute on the Child and Adolescent is a forward-looking document in the protection of the rights of children, and municipal authorities are key in its implementation.

Brazilian civil society is vibrant and increasingly well organised. It has been rigorous in monitoring the federal government's actions in terms of children's rights, especially through the creation of the Child Friendly Monitoring Network. It is holding the government accountable and advocating for more comprehensive policies in early childhood education and children's rights. An example is the newly formed National Early Childhood Alliance, which is working on a national plan to advocate for early childhood development.

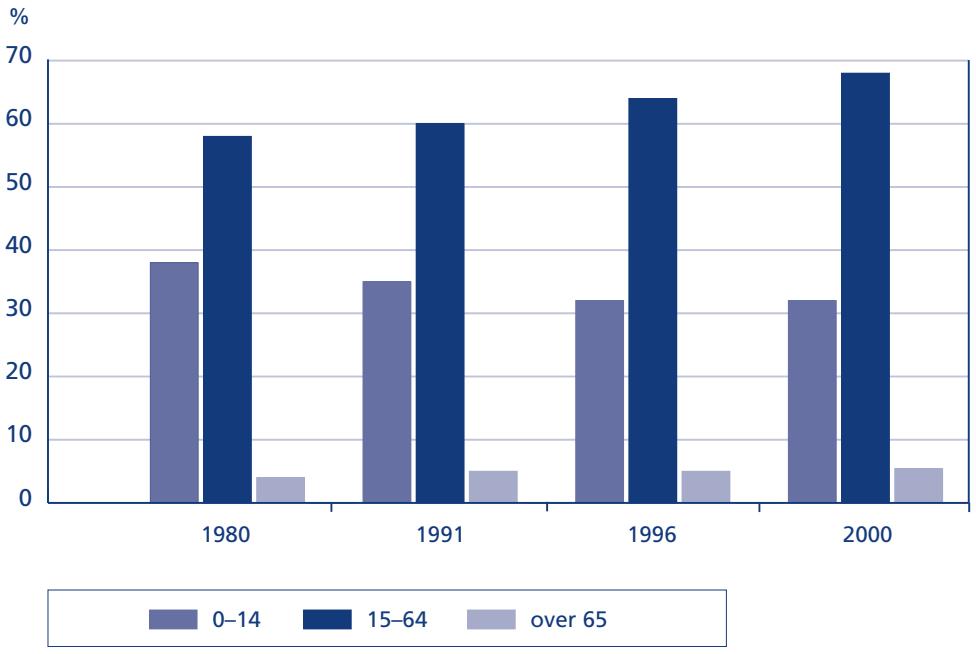
Early childhood in Brazil

Introduction: Diversity and inequality

Brazil has a population of 186.5 million according to June 2006 estimates of the Brazilian Institute of Geography and Statistics (IBGE), the national census agency. It is undergoing a demographic transformation (see figure 1). Declining fertility rates (2.1 births per woman of childbearing age in 2004) and declining mortality rates are leading to the ageing of the population (IBGE 2005). The gross mortality rate – the number of annual deaths per 1,000 people – fell from 11 in 1970 to 7 in 2004, while life expectancy at birth rose from 59 in 1970 to 71 in 2004 (UNICEF 2005a).

One of Brazil's most important assets is the cultural and ethnic diversity of the country's 26 states and one federal district. However, the differences that make Brazil such a rich country also constitute a challenge, namely, the challenge of the unequal distribution of wealth among groups and across regions. Much of the population faces poverty, limited educational opportunities, and inequitable access to services, basic protection and human rights. The income of the richest 1 percent of the population is equal to the income of the poorest 50 percent, and the richest 10 percent earns 18 times more than the poorest 40 percent.[2] This inequality directly influences living conditions among the

Figure 1: Population by age group, 1980–2000 (percent)



Sources: 1980, 1991 and 2000 census and 1996 population count (see www.ibge.gov.br/home).

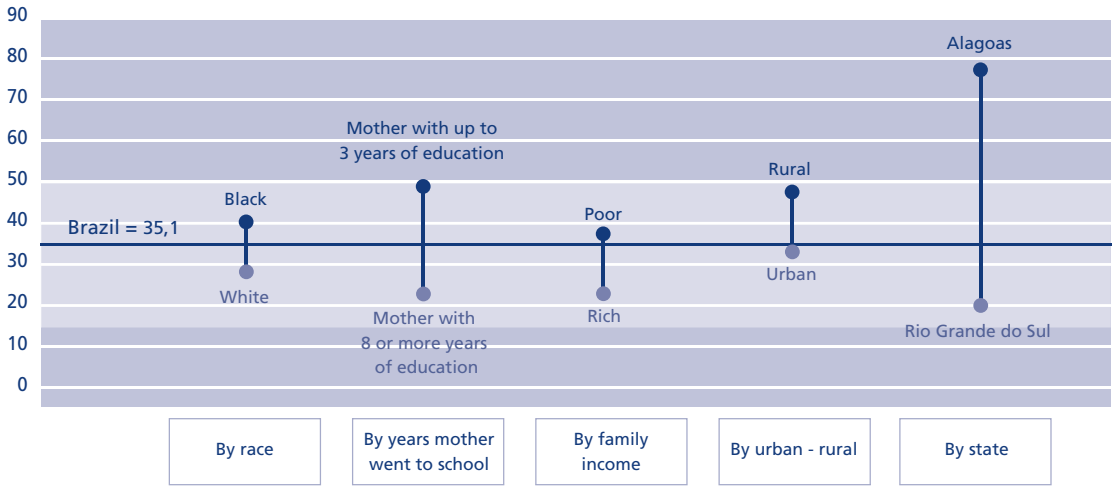
most vulnerable part of the population, the more than 23 million children under the age of 6 (2000 census). It is not restricted to any geographical area. It has arisen from deep-rooted social legacies, including slavery and colonialism. Around 46 percent of the population is of African descent; Brazil has the second largest black population in the world.[3] The unequal distribution of wealth according to race becomes apparent if one considers that, of the 22 million Brazilians who are living below the poverty line, 70 percent are black.

There are still too many children and families living in poverty and need. Brazil is ranked 88th among 195 countries in the under-5 mortality rate. The infant mortality rate in Brazil in 2000, 30.1 per 1,000 live births, was the third highest rate in South America, behind only Bolivia and Guyana. Although the rate had declined from 39.5 in 1994, it was still 38 among infants born to mothers of African descent, compared to 22.9 among infants born to mothers of European descent (UNICEF 2005a, 2005b). A look at the under-5 mortality rate broken down by region, urban or rural location, years of schooling of the mother and race illustrates the inequalities existing in society (see figure 2).

The public sector has achieved some progress

This paper describes some of the issues in the lives of young children in Brazil, particularly

Figure 2: Under-5 mortality rates by selected socio-economic variables, 2000 (per 1,000 live births)



Source: Child Friendly Monitoring Network (2004).

[2] *See www.ibge.gov.br/home/presidencia/noticias/12062003indic2002.shtm.*

[3] *Nigeria has the largest black population. The racial categories of the IBGE are based on self-descriptions accepted in Brazil. There are five main categories: white, black, mixed race or colour, yellow and indigenous. For purposes of demographic studies, the black population is composed of people who describe themselves as black or of mixed race or colour.*

relative to education and health, the laws that safeguard and promote the rights of children in this age group and public policy in the promotion of early childhood development.

The federal government has focused significant efforts on reducing poverty and hunger through a national programme called Zero Hunger. Started in 2003, Zero Hunger is a food security and nutrition programme coordinated by the Ministry of Social Development and Hunger Eradication. Among Zero Hunger initiatives, the most relevant for early childhood development[4] is *Bolsa Familia* (the Family Fund), an income benefit transfer programme that covers older benefit programmes such as school grants, food programmes, food cards and gasoline allowances for families with monthly incomes per person up to BRL 120 (about USD 60 in 2007). To receive benefits, families must keep their school-age children in school and follow specific public health routines, including vaccination schedules for children 0 to 6 years of age and guidelines for pre- and postnatal care for pregnant women and breastfeeding mothers.

According to recent assessments, the Family Fund has helped improve living standards among beneficiary families and their children.[5] However, a problem in Zero Hunger, including the Family Fund, is the large-scale investments in income transfers rather than in planned structural changes, such as the creation of jobs. Thus, although there is some local development thanks to the allocation of resources in small communities through the fund, the beneficiary population remains dependent on the continuation of the transfers.

Among the states, there are several noteworthy interventions in early childhood development. The Northeast region has infant mortality rates that are double those in other regions. Nonetheless, some states in the region have achieved significant declines in the rate. An example is Alagoas, which has reduced a high infant mortality rate (possibly as high as 68 per 1,000 live births) by close to 30 percent according to some estimates (UNICEF 2005b). This has been accomplished by targeting actions directly on children in high-risk situations. A major step has been greater investment in the establishment of infant and child mortality reduction committees, the creation of more teams of community health agents through the Family Health Programme and an increase in the number of municipalities in a programme known as Humanising Prenatal Care and Childbirth. A monitoring system for children at risk, more coordination between the Family Health Programme teams and the Guardianship Councils and better prioritising among

[4] *In Brazil, early childhood is generally considered the period from 0 to 6 years of age (see www.fundodomilenio.org.br/; www.unicef.org.br).*

[5] *An assessment of the Family Fund Programme has recently been carried out by DataUff, a research group at Fluminense Federal University in Niterói, Rio de Janeiro, with assistance from nutritional experts at the Federal University of Bahia in Salvador, Bahia.*

families within psychological and nutritional programmes, including services and counselling, have also been undertaken (UNICEF 2005a).[6]

Ceará is another state in the Northeast that has reduced the infant mortality rate appreciably, from 39 to 20 between 1999 and 2004 (UNICEF 2005b). Strategies have included a distance learning course in methods to reduce child mortality that is part of an education programme for primary healthcare professionals in the Family Health Programme and the basic healthcare network. In addition, a health education programme is being carried out among families and community health agents. The programme is a component of the Living Life Project, which aims to foster collaboration among several government bodies in education and basic sanitation to reduce mortality in Ceará.[7]

At the other extreme in economic well-being is the relatively wealthy state of Rio Grande do Sul, in the South region. The *Programa Primeira Infância Melhor* (Better Early Childhood Programme) was started in 2003 by the state government.[8] It receives technical assistance from the Latin American Reference Centre for Preschool Education (Cuba), UNICEF and the United Nations Educational, Scientific and Cultural Organisation (UNESCO). It is implemented by the municipal children's rights councils and coordinated by the state's health secretary, in partnership with the state secretaries of education, culture, employment, citizenship and social assistance.
The programme has provided services for over 30,000 families and nearly 50,000 children. A total of 312 municipalities (among the state's 496), 202 staff and 1,296 outreach workers participate. The outreach workers provide information and counselling to vulnerable families on early childhood development. Pregnant women and children up to the age of 3 are visited at home, and children from 4 to 6 are cared for in community facilities. Children who do not attend formal institutions, such as kindergartens or early childhood educational centres, are given priority in the home visits and other services. In 2006, the programme was officially recognised in state law, thus becoming an ongoing public service not dependent on a specific government administration.

The public health system, the *sistema único de saúde* (unified health system), is decentralised in Brazil, and public health services are implemented by municipal governments. Within the system, the Community Health Agents Initiative and the Family Health Programme are among the most important mechanisms for reaching families with information and services on early childhood development, particularly issues related to

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[6] *The Guardianship Councils were instituted through the Statute on the Child and Adolescent in 1990 to receive complaints about abuses or violations of rights and take appropriate measures. They act as intermediaries between civil society and government authorities or the judiciary. As of July 2005, 4,260 such councils were active in 5,560 municipalities in Brazil.*

[7] *www.saude.ce.gov.br/internet; www.iets.inf.br/article.php3?id_article=271.*

[8] *See www.pim.saude.rs.gov.br.*

health. In communities where the programme is being carried out, health agents make home visits to monitor child growth and nutrition, provide information to parents of young children and refer parents to health services whenever necessary.

The legal framework and national policy

The Statute on the Child and Adolescent (ECA) is a forward-looking document in the protection of the rights of the child (see Brazil, Office of the President of the Republic 1990). The ECA arose, in part, out of the United Nations Convention on the Rights of the Child (see OHCHR 1990), but it also emerged from an organised civil society movement concerned with protecting the rights of the poorest and most vulnerable children in the context of a dynamic period in the country's history: a new Constitution was being drafted in an atmosphere of significant public participation after 20 years of military dictatorship.

The ECA, similar to the Convention on the Rights of the Child, recognises children and adolescents as 'individuals with rights' (article 3) and as 'persons at a particular state of development' (article 6). This is embodied through the following principles:

- absolute priority in the promotion of the rights of children and adolescents;
- priority for the best interests of children and adolescents;
- political and administrative decentralisation to promote these rights;
- popular and fair participation in service provision;
- maintenance of special public funds for children's services;
- integration of children through early childhood provision;
- substantial effort at raising public awareness.

Brazil is one of the 189 member countries of the United Nations that made a formal commitment, in 2000, to achieve the Millennium Development Goals, which include well-defined guideposts in the effort to improve the situation of children. At the United Nations General Assembly's Special Session on Children, in 2002, the Millennium Development Goals were translated into a set of specific targets and social objectives in several areas (education, health, protection and HIV/AIDS). These are presented in *A world fit for children* (UN 2002).

In response to widespread demand and based on these targets, the Brazilian government adopted the Child and Adolescent Friendship Plan of Action (2004–2007). The plan is in keeping with the constitutional principles that children and adolescents must be priorities in public policy and public funding and that the rights of children and adolescents must be protected.[9]

Child rights

Civil society groups have been rigorous in monitoring the federal government's actions in terms of children's rights, in particular through the creation of a national network, the *Rede*

de Monitoramento Amiga da Criança (Child Friendly Monitoring Network).[10]

Legal regulations, along with public and private institutions, services and programmes, are helping safeguard and promote the fundamental rights of children in Brazil. This system in favour of the child revolves around three main areas of action (UNICEF 2005c):

Promotion: public services in education, healthcare, social assistance, and so on; non-governmental organisations that manage daycare centres and shelters; the public Councils on Rights and the Sectoral Councils that determine public policies in education, health and social assistance.

Monitoring: public and civil society actors that monitor and evaluate the system for the protection of children's rights and forums and action groups among non-governmental organisations, government ministries, Councils on Rights, municipal councils, courts of accounts, and auditors.

Protection: children and youth courts; government ministries; public prosecutors; municipal councils; the police and other bodies that defend the rights of children and adolescents and hold officials and others to account for failure to comply with the rights established in the ECA or for otherwise violating these rights.

According to the directives of the ECA, the work of all these bodies and the related services are to be integrated at the municipal level. Municipal authorities are thus a fundamental element in the proper functioning of the network. Article 87 of the ECA stipulates that relevant public policies should include basic social policies; social assistance policies; programmes for families in need; special preventive services and medical and psychosocial healthcare for victims of negligence, violence, exploitation, abuse, cruelty, or oppression; services to identify and locate missing parents, guardians, children and adolescents; and legal and social protection by entities that defend the rights of children and adolescents.

Birth registration

Birth registration is a right recognised in article 7 of the Convention on the Rights of the Child and Brazilian law 9,534 of 1997. Nonetheless, despite the serious efforts undertaken to enforce this right, more than 500,000 infants in Brazil complete their first year of life without being registered (IBGE 2003). Rural, indigenous and *quilombola* communities show the most

[9] *'It is the duty of the family, society and the State to ensure that children and adolescents, with absolute priority, have the right to life, health, food, education, leisure, professionalism, culture, dignity, respect, freedom and family and community life, as well as prevention of all forms of neglect, discrimination, exploitation, cruelty and oppression.' See Brazil (1988), article 227. For the plan of action, see Brazil, Office of the President of the Republic (2003).*

[10] *See www.redeamiga.org.br.*

significant levels of non-registration.[11] According to UNICEF (2005b), one of the main causes of the under-registration of births is lack of awareness among parents about registration procedures, including the fact that there is no charge for birth registrations through notaries public.

In 2002, the Ministry of Health began offering financial incentives to hospitals in the unified health system that establish birth registry posts. Mobile posts also enable families in poor or remote areas to register births. In 2004, the government adopted the National Plan for Birth Registration to undertake steps to increase registrations. One initiative worth highlighting is a partnership between UNICEF, the judiciary and the government of the state of Maranhão, in the Northeast. The partnership has been supporting a registration campaign in the municipality of São Luiz since 2001 called Civil Registry: A Right of Citizenship and of the Family. In 2001, under-registration in Maranhão was reportedly at 62 percent; today, it is at 38.2 percent according to the IBGE. Among the strategies adopted through the project, which began with a municipal survey, are campaigns to find unregistered children through municipal health authorities, maternity wards, registry offices, the creation of registry posts in maternity clinics, joint efforts with Councils on Rights and municipal councils, education initiatives, citizenship campaigns and other media campaigns, and regional seminars.

Maternal and child health

While Brazil continues to exhibit tremendous disparities and some of the worst indicators in Latin America, it has made consistent advances in reducing maternal and child mortality and in improving child nutrition over the last 20 years.

Significant progress has been made in prenatal care, for example. Because most Brazilian children are born in hospitals (96.7 percent), it is relatively easy to determine that an average of 49 percent of all pregnant women had more than six prenatal medical visits (the recommended number) each year between 1995 and 2002. (No indicators are available that shed light on the quality of this prenatal care.)

An efficient way of guaranteeing improvements in the health of children and their families is through primary healthcare programmes. The Community Health Agents Initiative was started in 1994 by the Ministry of Health and is now part of the Family Health Programme (see elsewhere above). The multiprofessional teams of community health agents are attached to municipal primary healthcare units and provide care to families based on the standards of the unified health system. The basic team configuration includes a family doctor, a nurse, a nurse's aide and six community health agents. Larger teams include a dentist, a dental assistant and a dental hygienist. In June 2006, there were

[11] *Originally, a* quilombo *was a place, often a fortified village, generally hidden in the jungle, where escaped slaves and other marginalised individuals might take shelter. The special rights of the hundreds of* quilombola *communities still in existence today are recognised in Brazilian law.*

a total of 25,964 teams of community health agents in 5,081 municipalities serving over 83 million people, or about 45 percent of the Brazilian population.

Despite the efforts undertaken through these programmes and the decline in the number of cases of malnutrition in the country, indicators of malnutrition remain high. In 2004, 3.6 percent of infants 0 to 1 year of age and 7.7 percent of children 1 to 2 years of age were underweight (UNICEF 2005b).

The lack of micronutrients such as vitamin A, iron and iodine in the diets of children and women ('hidden hunger') is also a problem. These nutritional deficiencies are closely linked to poverty. The government has initiated the National Iron Supplement Programme and the National Vitamin-A Supplement Programme ('More Vitamin A') to address this problem through the distribution of supplements among children from 6 to 18 months old and women up to the third month following a birth. To reduce iodine deficiency, the government is promoting the use of iodised salt.

Other government programmes are the Baby-Friendly Hospitals Initiative (among other goals, aimed at encouraging breastfeeding) and the enlargement, in 2005, of the National Network of Mothers' Milk Banks to 191 milk banks.

Municipalities are beginning to understand the huge influence that proper breastfeeding has on maternal and child health, and some municipalities have prepared a draft law, which is before the legislature, proposing an increase in the maternity leave in the private sector from four to six months. The initiative was launched by the Maternity Leave: Six Months Are Better! Campaign, led by the Brazilian Paediatrics Association, the Association of Lawyers of Brazil and the Parliamentary Front for Children. Similar bills have already been passed in several municipalities and states.

There are few efforts to engage fathers in childbirth, prenatal care and the care of young children, although there have been some advances. According to federal law, fathers have five days of paternity leave. The state of Amapá in the North has enacted an increase in the paternity leave to 15 days, and several large corporations have been discussing the possibility of offering a one-month paternity leave. Since 2005, Brazilian law has granted women the right to be accompanied during childbirth. (The law does not give fathers the right to be present during the birth of their children.) Nonetheless, few public maternity hospitals comply with the law. They do not allow the right partly because facilities are already inadequate and overcrowded and partly because health professionals, women and fathers are generally unaware of the right. Instituto Papai, in Recife, and other, collaborating organisations, including non-governmental organisations, have initiated a campaign to promote awareness of the law.

Other programmes targeting children's health include the following:

- The Friendly Postman Project has involved the recruitment of 17,000 postmen to deliver information materials on breastfeeding to families. It benefits pregnant women and more than 2 million infants under 1 year of age.
- The Assistance to New-Born Babies Project focuses on investments by the Ministry of Health to improve the quality and coverage of prenatal healthcare, increase the use of birth attendants, reduce the number of Caesarean births and establish Normal Childbirth Centres.
- A financing programme supplies more than BRL 100 million to over 250 maternity clinics and wards as part of an effort to support a system among the states to provide care for pregnant women at risk.
- The Neonatal Screening Programme identifies babies with congenital illnesses through the heel prick test.
- The Programme for Integrated Care for Prevalent Childhood Illnesses integrates awareness, diagnosis and treatment campaigns on the most common childhood illnesses.[12]
- The National Immunisation Programme was started nearly 30 years ago. It supplies free vaccines against illnesses that affect children, including tetanus, whooping cough, diphtheria, measles, mumps and serious forms of tuberculosis. These illnesses have been brought under control. Children also receive vaccines against meningitis and hepatitis B. Women of childbearing age receive doses against tetanus and diphtheria. There have been no cases of child paralysis in Brazil since 1989. Among the strategies for the eradication of poliomyelitis are campaigns to immunise children up to 5 years of age with two drops of oral vaccine. In 1994, Brazil received a poliomyelitis eradication certificate from the World Health Organisation.
- The Kangaroo Mother Method is being promoted among hospitals and clinics. It relies on skin-to-skin contact, exclusive breastfeeding and other means to strengthen the bond between the mother and her premature or otherwise underweight baby, lessen the periods of separation between her and her new-born, lessen their hospital stay and reduce the risk of hospital infection. The name of the method has arisen from the strip of material resembling a kangaroo pouch that is used to secure the baby to its mother.
- To address the shortage in medical professionals and hospital equipment in the unified health system, a Ministry of Health initiative, the Project to Expand and Consolidate Family Health, aims at purchasing equipment for healthcare units in municipalities of more than 100,000 inhabitants.

Early childhood education

According to Brazilian law, access to free education is the right of all children. The

[12] *See http://portal.saude.gov.br/portal/saude/cidadao/area.cfm?id_area=151.*

education system in Brazil consists of early childhood education in crèches (up to 3 years of age) and pre-schools (4 to 5 years of age), basic education (children from 6 to 14 years of age in nine grades), upper secondary education (15 to 17 years of age in three grades) and higher education.[13] Only basic education is compulsory.

Over the past 15 years, the federal government has sought to increase the number of institutions offering early childhood education and to improve the quality of the services being provided for the youngest children. Early childhood education has therefore been regulated since 1996, when standards were set with regard to the facilities and pedagogical content of early education (see Brazil, Secretariat of Basic Education 2006).

Despite the resulting expansion in the number of places in early childhood education in recent years, take-up remains low. Attendance among the population of children 0 to 6 years of age was 36.6 percent in 2002, with 7.2 million enrolments. Of these, 1.4 million were in crèches, equivalent to 11.7 percent of the population 0 to 3 years of age, and 5.8 million were in preschools, corresponding to 57 percent of the population 4 to 6 years of age.

The coverage of crèches and preschools is highly concentrated in the public sector. The private sector accounts for only 28.5 percent of total enrolments. Among the 20 percent of children 0 to 6 years of age in the poorest families, only 28.9 percent attend early childhood education establishments. Among the 20 percent in the richest families, more than half are in crèches or pre-schools. There is also an imbalance in urban-rural take-up. In urban areas, 40 percent of children 0 to 6 attend educational establishments, while the corresponding share in rural areas is only 27 percent (UNICEF 2005b).

There are fewer qualified crèche teachers than pre-school teachers. This partly derives from the fact that crèches were initially established as a social service to supply an environment for healthcare, nutrition programmes, hygiene and child protection. Trained teachers were not required.

School meals have been supplied in crèches and pre-schools since 1955 through the National Programme for School Meals. The goal of the programme is to meet at least 15 percent of the nutritional needs of children while they are at school.

A federal law of 1996 stipulates that 25 percent of tax revenues among the states must be invested in education and that, of this share, 60 percent must be directed at basic education. This stipulation means that, since 1998, when the law was implemented, states and municipalities

[13] *The system was changed in 2006. Previously, basic education had covered children 7 to 14 years of age in eight grades, and early childhood education covered children 0 to 6 years of age.*

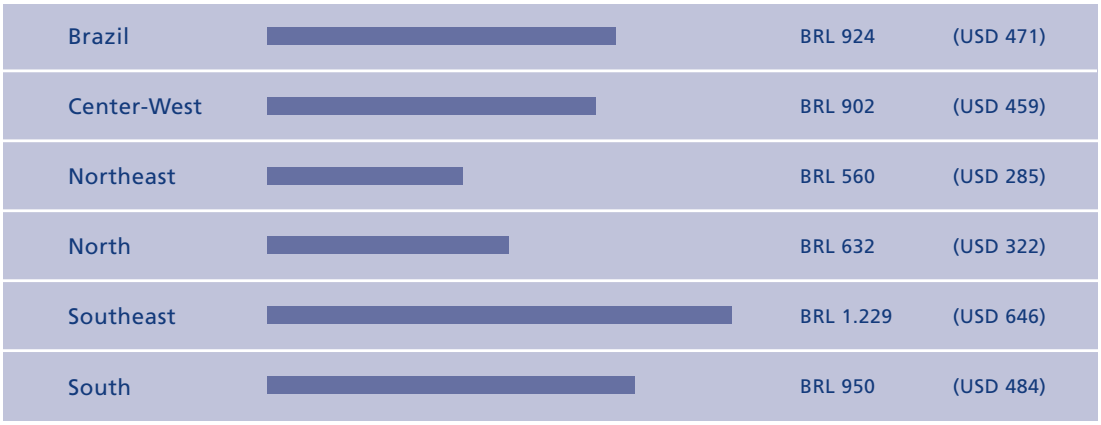
have been reducing their investments in crèches and pre-schools (which are not included among institutions of basic education). The average expenditure per pupil per year is BRL 924 (about USD 462 as of early 2007) in the public early childhood education network. Illustrating the disparities in income and opportunities in Brazil, this is equivalent to the average fee per month at private crèches in Rio de Janeiro (see figure 3).

A new law, called Fundeb, governs federal financial allocations for pre-school, basic education and upper secondary education. It is essentially a national fund to raise teacher salaries, increase the number of classrooms and provide school infrastructure for preschool, basic and upper secondary education. The creation and implementation of the fund has been championed by numerous civil society organisations, notably the group *Fundeb pra Valer!* (Making Fundeb Work!), which is comprised of more than 200 organisations, and the National Right to Education Campaign, which has already achieved important changes in the relevant legislation.[14] Perhaps the most important of these changes has been the inclusion of crèches and early child educational centres within the purview of Fundeb given that the original text of the bill did not include children 0 to 5 years of age.

Exclusion and vulnerability

The various forms of inequality evident in Brazil mean that certain groups of children may become marginalised more easily. These children are more vulnerable and therefore require special protection measures. Such children include disabled or handicapped children, children living with HIV/AIDS,

Figure 3: Average per-child expenditure on early childhood education, 1999



Source: Based on UNICEF (2005b), p. 69.

[14] *See www.undime.org.br/htdocs/index.php?id=4198.*

AIDS orphans (children who have lost one or both parents because of AIDS) and children belonging to ethnic minorities (indigenous children and the quilombolas).

Disabled and handicapped children

Children with disabilities, handicaps, or special needs, including children who are physically challenged, visually challenged, or hearing impaired, are included in the ECA in principal and should generally be guaranteed places in the public school system. Nonetheless, almost 80 percent of the nearly 110,000 children who face disabilities are in special schools, that is, they are not mainstreamed in the public education system (UNICEF 2005b). While these children require attention, Brazilian law and prevailing good practice suggest that disabled or handicapped children also require socialisation in regular public schools. Numerous organisations in Brazil are working to provide technical assistance and training to public and private schools that seek to mainstream children with disabilities or handicaps.[15] At the federal level, the Special Education Development Programme of the Ministry of Education seeks to ensure the proper conditions within the public education system so that handicapped and disabled children may have full access to quality education (see Brazil, Office of the President of the Republic 2003).

Children living with HIV/AIDS

The Ministry of Health has estimated that around 600,000 people are living with HIV/AIDS in Brazil and that there are about 30,000 AIDS orphans (Child Friendly Monitoring Network 2004).

It has been estimated that close to 13 million expectant women are infected with congenital syphilis. The notification and registration of such sexually transmitted diseases are required by law, but non-reporting is common among pregnant women with syphilis, which makes proper treatment for future mothers and their partners difficult.

In 2003, there were 10,577 children under 14 years of age who were HIV-positive owing to vertical transmission from mother to child during pregnancy, birth, or breastfeeding. Brazilian legislation provides for the protection of children who are living with HIV/AIDS against discrimination (Promundo 2004). Unfortunately, such children must usually bear a social stigma, although public awareness campaigns over the past 10 years have helped sensitise teachers and public health professionals to the issue.

The National Sexually Transmitted Disease and AIDS Programme is considered a model in many low- and middle-income countries for HIV prevention and treatment and for supporting

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[15] *For example, the Associação de Pais e Amigos dos Excepcionais (Association of Parents and Friends of Exceptional Children), an affiliation of state federations founded in Rio de Janeiro in 1954, is active throughout Brazil in the prevention of handicaps and of the social inclusion of people with disabilities or handicaps (see www.apaebrasil.org.br/).*

persons living with HIV/AIDS. It is one of the Brazilian government's notable programmes. (It received the Gates Award for Global Health from the Bill and Melinda Gates Foundation in 2003.) The programme guarantees free access to anti-retroviral treatment and carries out comprehensive prevention campaigns, including community-based, workplace-based and school-based prevention efforts and free condom distribution.

The Brazilian government allocates resources to reduce the incidence of vertical transmission and to optimise partnerships with civil society organisations so as to increase the effectiveness of initiatives. To address the incidence of HIV among infants, the government has undertaken to reduce the share of cases from 3.7 percent to 2 percent and to raise from 50 percent to 100 percent the share of infants of HIV-positive mothers who receive lactic formula instead of maternal milk for the first six months of life.

Ethnic minorities (indigenous children and **quilombolas***)*

Because of racial discrimination, the remoteness of their communities, a lack of political will, or other, cultural factors, ethnic minority children, especially indigenous children and quilombolas, generally do not benefit from the effects of public policies aimed at children. For this reason, policies may be required that take into account the particular needs of these specific segments of the population.

According to the National Health Foundation, indicators such as low bodyweight for age show that the incidence of malnutrition has fallen from 15 percent to 12 percent among indigenous children. Nonetheless, this is still more than double the national average. To tackle this health problem, a partnership between the Ministry of Social Development and Hunger Eradication, the Ministry of Health, the Pan American Health Organisation and UNICEF is distributing megadoses of vitamin A for children under 5 years of age and using clay filters and sodium hypochlorite at 2.5 percent to disinfect water sources and widen access to drinkable water. The partnership is also teaching families how to use these methods.

In 1999, the National Health Foundation launched the indigenous healthcare subsystem as an integral part of the unified health system. To ensure regular healthcare among indigenous populations, the subsystem relies on special indigenous sanitary districts (of which there are still only a small number) and indigenous health agents appointed by the communities directly.

The Secretariat of Continuing Education, Literacy Training and Diversity, a unit of the Ministry of Education, is charged with inclusive education and the enrichment of ethnic-racial, cultural, gender, social, environmental and regional diversity. It is responding to an increase in the demand for schooling in indigenous areas, teacher training in special indigenous courses and school meals in indigenous schools. The share of children receiving education in indigenous areas has grown by more than 40 percent since 2002.

Another segment of the child population that continues to be confronted by particular problems in healthcare and education, as well as racial discrimination, is the quilombolas. Since 2004, the Brazil Quilombola Programme has been addressing these special issues through initiatives coordinated by the Special Secretariat for the Promotion of Racial Equality and carried out by several government agencies.

Given that land is of extreme importance among these peoples because of its role in the preservation of their cultural identity, the Ministry of Social Development and Hunger Eradication and the National Institute for Rural Settlement and Agrarian Reform, assisted and guided by the Palmares Cultural Foundation of the Ministry of Culture, are involved in steps to support the cultural identity of the quilombolas and guarantee the rights and titles of the quilombolas to the land they occupy.

To help overcome ethnic and racial discrimination, legislation was passed in 2003 to make the teaching of black or mixed race culture and history compulsory in public and private institutions of basic and upper secondary education.

Working children

Child labour must be included among the specific vulnerabilities faced by low-income children in Brazil. Except for apprenticeship, the ECA prohibits labour among children under 14 years of age. Nonetheless, 1.8 percent of children 5 to 9 years of age were still exercising some sort of occupation in 2001, although the figure had been 3.7 percent in 1992 and the shares were falling in all regions (IBGE 2003). The phenomenon was more prevalent in the Northeast and the South, particularly in rural areas.

The share of working children has declined thanks to the efforts of the government to guarantee access to education, maintain school attendance and ensure that children do not have to work to help sustain their families. The level of school attendance and the need to work are intertwined with family income in all regions. Poorer families also tend to be those in which the children, even younger children, are held back from school to work at home or outside the home. That these younger children are not relied on to work for extra income, but simply to help out with other chores in or around the home – for example, in agricultural production for family consumption – is demonstrated by the fact that, among working children 5 to 9 years of age, 92 percent were not earning any income.

Accidents, abuse and violence

Together, accidents and violence are the number one cause of death in Brazil among children 1 to 6 years of age. Of the deaths through external causes among this age group in 2002, 27.3 percent were fatalities among children 1 to 4 years of age during accidents involving motor vehicles. Most of these children were struck by the motor vehicles. Another significant indicator is the share of deaths by unspecified causes, typically, burns, poisoning or intoxication, and other causes. Among deaths by

all external causes, these accounted for 32.5 percent of the fatalities among children under 7 years of age in 2002. Among cases reported in 2001, 25 percent involved children 0 to 5 years of age (UNICEF 2005b). The main source of poisoning or intoxication, according to the Oswaldo Cruz Foundation, is medicines and cleaning products. One may assume that many of these accidents have been facilitated by negligence or lack of proper child supervision.

Approximately 200,000 children and adolescents declare that they have suffered physical violence, and, in 80 percent of these cases, the aggressors have been parents or acquaintances (UNICEF 2005b). Because most violence occurs within the family and often is not reported to health services, the official data clearly do not reflect the true extent of the problem, especially among the young. According to the Laboratory on Children's Studies at the Psychology Institute of the University of São Paulo, sexual abuse is one of the least reported types of violence against children (UNICEF 2005b). This is explained by the taboo associated with it, mainly because the aggressors are usually family members or people who are otherwise close to the children and who the children trust.

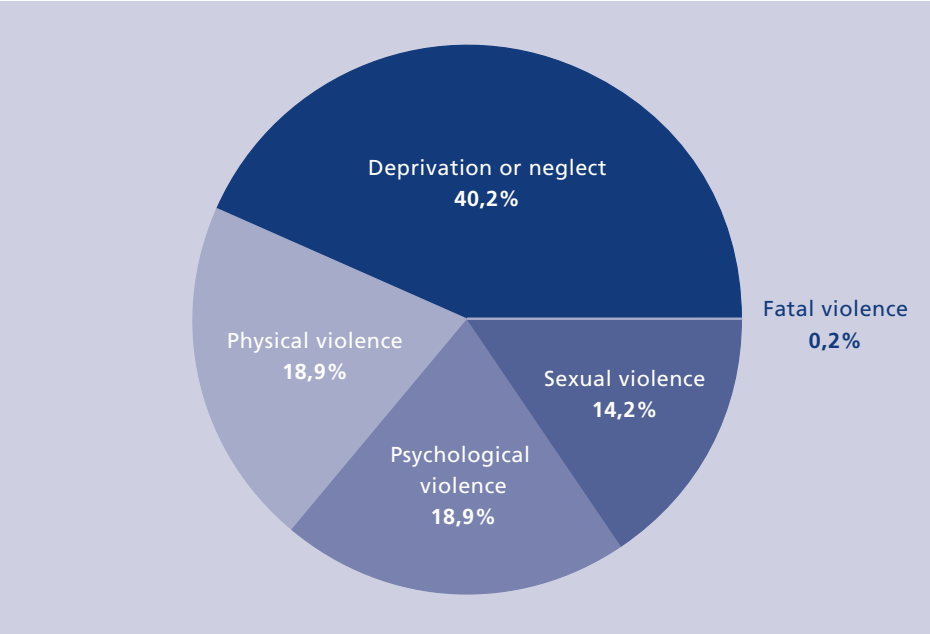
In contrast, since 2001, health services have been required by regulations of the Ministry of Health to report cases of suspected or proven violence against children and adolescents to municipal councils. The regulations were among the measures adopted through the National Policy to Reduce Accidents and Violence. This policy led to the creation of a state and municipal network of violence prevention and health promotion units in 2004. Commissions for the protection of children and adolescents have also been established, but, by 2003, there were only 24 of these in 16 of the states.

There are two major systems in place for reporting cases of domestic violence involving children, including physical, sexual and psychological abuse: the Information System for Children and Adolescents and the *Disque-Denúncia* (Dial-for-Help) Exchange, a telephone hotline.[16] These systems are coordinated by the Special Secretariat for Human Rights in the Office of the President of the Republic.

Analysis of data from the Disque-Denúncia Exchange by the technical unit of the Subsecretariat for the Promotion of the Rights of Children and Adolescents in the Special Secretariat for Human Rights shows that, between 2003 and May 2006, more than 18,000 reports were received from throughout the country on violence against children and adolescents, including more than 2,850 reports of sexual abuse and more than 2,200 reports of commercial sexual exploitation, as well as cases of negligence and psychological abuse (see figure 4). The analysis indicates that, as elsewhere in the world, age and gender are more revealing than social or class categories or

[16] *See www.rndh.gov.br/disque.html.*

Figure 4: Incidence of types of domestic violence, 2005 (percent)



Source: UNICEF (2005b), p. 25.

racial and ethnic origin as variables explaining violence and abuse (UNICEF 2005b). Thus, among the victims, 62 percent were girls, and 56.5 percent were children 0 to 6 years of age.

Many cases of physical and psychological abuse arise from a perception among parents and caregivers and, often, in society at large that abusive behaviour may be a legitimate educational and disciplinary strategy to maintain control and parental authority (see Barker and Araujo 2006). Nonetheless, this type of abuse, even if it does not result in death, has a profound impact on the development of children, frequently leaving them vulnerable and insecure. Abuse masked as punishment makes reporting more difficult.

In 2006, a group of governmental and non-governmental organisations, including the *Agência de Notícias dos Direitos da Infância* (News Agency for Children's Rights), Save the Children Sweden, Promundo, the *Fundação Abrinq pelos Direitos da Criança* (Abrinq Foundation for Children's Rights) and the Parliamentary Front for the Defence of Children and Youth, introduced a legislative proposal to prohibit the use of corporal punishment against children and launched a national awareness campaign, Educate, Don't Hit, targeting parents with messages about alternative, non-violent forms of childrearing.

It is extremely important to provide therapy to children victims of violence or abuse, as well as

to other family members, especially the mothers. However, the lack of coordination among the unified health system, government ministries, the judiciary, the municipal councils and schools in responding to reports of violence and abuse means that children and families often do not receive the benefit of suitable treatment and the aggressors are not punished. The school system, in particular, should become a more active agent in the identification of cases of abuse and the formation of new relationships of trust able to protect children against violence (SPDCA 2006). The Victims of Violence Referral Centre, in São Paulo, appears to be the only organisation in the country that offers treatment for sexual aggressors in order to break the cycle of violence (UNICEF 2005b).

In 2000, the National Programme against the Abuse and Sexual Exploitation of Children and Teenagers and then, more recently, the National Plan to Combat Sexual Violence against Children and Youth were launched by the government. One of the initiatives is Sentinela, which is active in over 300 municipalities, where it runs programmes to strengthen the self-esteem of victims and re-establish their sense of community.

The Parliamentary Front for the Defence of Children and Youth, an association of dozens of federal senators and deputies, has been trying to combat abuse and violence against children by increasing the funding for relevant programmes in the government budget and in government planning.[17] It supported a congressional enquiry into sexual exploitation in 2003 that led to a report the following year. The association has also encouraged the establishment of similar groups among lawmakers, staff and other officials in the states and municipalities.

Initiatives of non-governmental and international organisations

Brazilian civil society has a long history in initiatives to champion children's rights. There are numerous non-governmental organisations, associations and community groups with substantial experience in the field. This section provides a few examples of the kind of efforts currently being implemented in Brazil by non-governmental organisations.

One of the largest non-governmental efforts in the promotion of early childhood development is the Children's Pastorate, a charitable initiative run by the National Conference of Bishops of Brazil.[18] Active throughout Brazil since 1983, the programme provides assistance to pregnant women and children under 6 years from low-income families and communities. It carries out preventive initiatives with families and communities and seeks to recruit community leaders to mobilise families to care for their children. It is especially active among

[17] *See www.senado.gov.br/web/senador/patriciasaboyagomes/frente/default.htm.*

[18] *See www.pastoraldacrianca.org.br/.*

indigenous populations and in parts of the country, such as the North, that are not well covered by public institutions or in which there are pockets of poverty.

A noteworthy partnership between municipal authorities and an international organisation is the UNICEF Municipal Seal of Approval Programme.[19] To participate, a municipality must be located in one of the 11 states that have signed the National Pact for a World Fit for Children and Adolescents in the Semi-Arid Region. It must also undertake to achieve nine objectives measured by nine indicators. The objectives are focused on the promotion of healthy lifestyles, access to quality education, the management of public policies, environmental education, popular culture, political participation by adolescents and communication.

In 2003, the Maurício Sirotsky Sobrinho Foundation, UNESCO and the World Bank launched the Millennium Fund for Early Childhood.[20] This initiative aims to provide access to quality education among children 0 to 6 years in low-income families in the states of Rio Grande do Sul and Santa Catarina in the South region. The programme has the following goals:

- ensure that children at risk have opportunities to play and learn, broaden their cultural universe, socialise and build positive values, that is, have a more positive, healthier early childhood;
- enhance the quality of early childhood education provided by communitarian, philanthropic, or public institutions to children 0 to 6 years;
- promote in-service training for teachers, coordinators and principals of selected daycare centres and pre-schools, purchase pedagogical materials and equipment relevant to high-quality education and care, and establish educational boards in municipalities.

The programme seeks to increase self-esteem among educators by promoting the recognition of their work among families and encouraging study, good reading habits and cultural awareness among populations. The improvement in institutional infrastructure and the implementation of a wide range of projects are among the gains already achieved through the programme.

Strengthening Family and Community Support for Children and Youth, a project of Promundo and the International Centre for Research and Policy on Childhood (in conjunction with the Pontifical Catholic University of Rio de Janeiro), was launched in 2002.[21] It aims to develop proposals for model replication projects to improve living conditions among children and youth in low-income communities

[19] *See www.selounicef.org.br.*
[20] *See www.fundodomilenio.org.br.*

by strengthening the foundations for support among families. These foundations include all resources that the families might be able to muster for the education and development of their children. The project attempts to stimulate the involvement of the community in children's issues, such as guaranteeing the rights of children, preventing domestic violence and advocating for appropriate public policies. Some of the background materials created through the project are being used by similar organisations in Brazil and elsewhere (for example, see Promundo, CIESPI and PUC-Rio 2003).

Other notable initiatives include:

- The Centre for the Creation of the Popular Image holds workshops and publishes creative materials for the promotion of early childhood development.[22]
- The *Instituto da Infância* works through partnerships in rural areas of the Northeast region to promote municipal plans and services for young children.[23]
- The Institute for the Development of Social Investment, in São Paulo, promotes private social investment in children's rights, including early childhood development, as a means to contribute to reducing social inequality in the country.[24]
- Also in São Paulo, *Ato Cidadão,* a non-governmental organisation, focuses especially on early childhood development in the project *Estação Atitude Cidadã* (Citizen Attitude Station), which aims to create spaces where young children may be safe to develop and grow.[25] The project also promotes community participation among families with young children.

These few examples give a sense of the programme base and the extent and range of the creative responses on which to build future action among non-governmental organisations and public-private partnerships to promote early childhood development in Brazil.

Conclusions and recommendations

There has been significant efforts by private and public actors in recent years to improve the lives of young children in Brazil, but much remains to be done. This is particularly so in the case of the children who are more vulnerable. These children are typically living in poorer households or belong to excluded or marginalised social groups, such as the handicapped, children living with HIV/AIDS, AIDS orphans and children in racial or ethnic minorities, including indigenous children and children in quilombola communities.

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[21] *www.basesdeapoio.org.br; www.promundo.org.br; www.ciespi.org.br.*

[22] *See www.cecip.org.br.*

[23] *See www.ifan.com.br.*

[24] *See www.idis.org.br.*

[25] *See www.atocidadao.org.br.*

From this paper, the following points may be highlighted:

Focus on the local

- The focus on young children should be intertwined with local community development policies.
- Non-formal services and at-home care for children 0 to 3 years of age should be encouraged as a means of strengthening family- and community-based initiatives, promoting early childhood services and linking them with appropriate local public or community-based policies.
- The quality of early childhood services should be monitored locally. This includes formal and non-formal services provided by public entities, civil society organisations, and individuals or groups.

Public-sector budgets and the commitment of government leaders

- Public budget allocations aimed at realising early childhood policies should be respected, and the funds should be properly spent in order to enable the planned actions to be carried out and generate positive changes in the situation of children in Brazil.
- The monitoring of public budgets should be part of the agenda of relevant civil society organisations in fostering transparency in the allocation and use of resources on appropriate actions to promote early childhood care and development.
- Because federal spending may be channelled in several ways and many public policies have been decentralised, such as in healthcare, there must be a firm commitment by state governors and municipal councils in the implementation of appropriate policies on early childhood.

Monitoring, research and tracking

- Steps must be taken to improve monitoring and the accuracy of indicators of the situation of young children in the various environments of their lives. Additional data are needed to monitor and assess properly the number of children aged 0 to 6 who are receiving adequate stimulation and protection in their homes and in other settings, as well as other indicators of their progress in the preparation for school learning.
- Government information systems on early childhood at the federal, state and municipal levels should be integrated. This would help in the identification of policies that are consistent and reflect the reality in the field. Funding will be needed to purchase and maintain equipment and train human resources at the three levels of government.

Issues that require more attention

- Public policy makers and non-governmental organisations should become more well informed about the issue of fatherhood in the life of children and the importance of fathers for the full, proper development of children.

Among the early childhood programmes run by the Ministry of Health, none seem to focus on fatherhood or the relationship between fathers and children. An initiative that may be highlighted is the Paternal Care Campaign, which is run in Rio de Janeiro in August each year.[26] The campaign is now in its fourth year and includes a programme of debates, exhibitions and children's theatre and television.

- The transition from preschool to primary education should be given greater attention by public authorities through the recruitment of teachers trained in this issue and awareness initiatives among schools on the special needs of the children 5 or 6 years of age who are making this transition. Many of these children will have never experienced the organised classroom environment before.
- More research is needed in Brazil on violence and abuse against young children and the negligence of small children by caregivers. Policy makers, leaders at all levels of government and society as a whole must be made more aware of this problem. The sexual abuse of young children also needs to be studied in order to break the taboo surrounding the issue and to help these children effectively. Even when they have been removed from their families for a period of time, abusers often come again into contact with the children. If they are not properly supervised, abusers may repeat the abuse.
- The use of physical punishment as a means of educating or disciplining children must be prevented. The National Campaign to End Corporal and Humiliating Punishment – Promundo is the national coordinator – promotes steps to change attitudes and behaviour with regard to this problem. The impact of urban violence on children should be the subject of more research. The consequences on children of the fears and dangers they experience in violent neighbourhoods and communities should be investigated so that specific policies and actions may be put in place.

A note on the National Early Childhood Alliance

To contribute to making early childhood a national priority and enabling greater coordination among the various actors that encourage this approach, Promundo, supported by the Bernard van Leer Foundation, launched the *Rede Nacional Primeira Infância* (National Early Childhood Alliance) in Brazil in March 2007.

The alliance is a pilot project in *advocacy* for early childhood, that is, it champions the rights of children 0 to 6 years of age. It seeks to present a model for similar work by the Foundation in other regions of the world. The strategies of the alliance include the development and spread of best practices, the identification of areas of

[26] *www.aleitamento.com.br/a_artigos.asp?id=7&id_artigo=1292&id_subcategoria=13.*

advocacy for key actors in Brazil, the production of relevant materials, and planning and design for a long-term initiative.

The promotion and dissemination of the related knowledge and the creation of a viable strategic alliance with the main actors will foster progress towards the aim of influencing public policies and practices in early childhood in Brazil. This will be accomplished through more nationwide coordination within civil society and all levels of government to promote transparency and monitoring and to influence public policies on early childhood.

There are currently 26 member organisations in the alliance, including non-governmental organisations, universities, United Nations agencies (the Pan American Health Organisation, UNICEF and UNESCO) and representatives of the federal government and the national congress. Promundo serves as the secretariat. The alliance is working on a national plan on early childhood development as a platform for advocacy. For more information, see the website (in Portuguese) at www.primeirainfancia.org.br.

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About the Bernard van Leer Foundation
The Bernard van Leer Foundation funds and shares knowledge about work in early childhood development. The foundation was established in 1949 and is based in the Netherlands. Our income is derived from the bequest of Bernard van Leer, a Dutch industrialist and philanthropist, who lived from 1883 to 1958.

Our mission is to improve opportunities for children up to age 8 who are growing up in socially and economically difficult circumstances. We see this both as a valuable end in itself and as a long-term means to promoting more cohesive, considerate and creative societies with equality of opportunity and rights for all.

We work primarily by supporting programmes implemented by partners in the field. These include public, private and community-based organisations. Our strategy of working through partnerships is intended to build local capacity, promote innovation and flexibility, and help to ensure that the work we fund is culturally and contextually appropriate.

We currently support about 140 major projects. We focus our grantmaking on 21 countries in which we have built up experience over the years. These include both developing and industrialised countries and represent a geographical range that encompasses Africa, Asia, Europe and the Americas.

We work in three issue areas:

- Through "Strengthening the Care Environment" we aim to build the capacity of vulnerable parents, families and communities to care for their children.
- Through "Successful Transitions: The Continuum from Home to School" we aim to help young children make the transition from their home environment to daycare, preschool and school.
- Through "Social Inclusion and Respect for Diversity" we aim to promote equal opportunities and skills that will help children to live in diverse societies.

Also central to our work is the ongoing effort to document and analyse the projects we support, with the twin aims of learning lessons for our future grantmaking activities and generating knowledge we can share. Through our evidence-based advocacy and publications, we aim to inform and influence policy and practice both in the countries where we operate and beyond.

Information on the series
Working Papers in Early Childhood Development is a 'work in progress' series that presents relevant findings and reflection on issues relating to early childhood care and development. The series acts primarily as a forum for the exchange of ideas, often arising out of field work, evaluations and training experiences. As 'think pieces' we hope these papers will evoke responses and lead to further information sharing from among the readership.

The findings, interpretations, conclusions and opinions expressed in this series are those of the authors and do not necessarily reflect the views or policies of the Bernard van Leer Foundation.

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