INCLUSIVE EARLY CHILDHOOD CARE AND EDUCATION

Background paper prepared for the International Forum on inclusion and equity in education – every learner matters
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I.   Introduction

*Sustainable Development Goal (SDG) Target 4.2: By 2030, ensure that **all girls and boy**s have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.[1]*

***Diversity, removing barriers, equal opportunities, respect, celebration of differences, meeting needs, ongoing processes, overcoming exclusion, better access, and increasing participation**. Individuals differ in many aspects, and inclusion for each child can mean something different.[2]*

All of the terms in bold above relate directly to the concept of inclusive education – a seemingly simple concept that goes back over a half century to the Universal Declaration of Human Rights (1948) and to the then optimistically imaginable ideal of fulfilling for all children the fundamental right of universal education. In the decades since then, this ideal has been both reinforced through the adoption of further human rights instruments, notably the UN Convention on the Rights of the Child (1989) and the Convention on the Rights of Persons with Disabilities (2006), and the global education and development goals such as Education for All (1990), the Millennium Development Goals (2000), and the Sustainable Development Goals (2015). However, it has also been battered by endemic poverty, malnutrition, economic crises, emergencies, political indifference, and discrimination. Although many advances have been made in terms of educational access, equity and quality, education for **all** – the basis of the conceptual framework and good practices of inclusive education – is still far from being a reality for everyone.

One of the most remarkable lessons learned from this lengthy struggle to attain the goal of education for all has been the acceptance of the importance of comprehensive early childhood care and education (ECCE) in the ultimate achievement of this goal. Better health and nutrition, more active and stimulating parent-child interaction, enhanced child safety, hygiene and protection, and stronger social-emotional nurturing from birth onward and during the transition to formal education can help young children develop to their full potential, participate actively in ECCE services, and achieve successfully in primary school and beyond. Quality care and education in the early years support young children's learning and

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1 United Nations, Sustainable Development Goals. 2015. https://sustainabledevelopment.un.org
2 Deverakando, Chandrika. 2012. Diversity and Inclusion in Early Childhood: An Introduction. SAGE. https://books.google.com.my/books/about/Diversity_and_Inclusion_in_Early_Childho.html?id=iNvTajDAyiAC& redir_esc=y

development, and ultimately contribute to both their own future well-being and that of society as a whole.

But this process will only happen if the systems, policies, and strategies which promote more comprehensive ECCE, and the services which implement them, are genuinely inclusive: that is, available to all children and families but especially to those most disadvantaged who benefit most from these services but access them least. Inclusive ECCE services respect and celebrate diversity and difference; remove all barriers to, and promote equal opportunities for, attending, learning, and developing; create strong linkages with parents/caregivers and welcome their involvement and participation; and meet the individual needs of individual children and their caregivers. This process reflects a twin track approach to early child development – a combination of those services meant to be universally available to all young children and of those that are more specialized in order to focus effectively on the needs of the most disadvantaged, excluded children.

The essential basic messages of this background paper are therefore as follows:
- **High quality, comprehensive, and multisectoral early childhood care and education (ECCE) lays the foundation for children's long-term development, well-being, learning, and health.** It builds the competencies, skills, and values that enable children both to make a successful transition into more formal education and, as adults, to be healthy, earn an adequate livelihood, continue to learn throughout life, interact more successfully with his/her environments, and contribute to achieving the Sustainable Development Goals.
- **Such ECCE services are also important in enhancing the involvement of parents, caregivers, and the larger community both in caring for and nurturing young children and in developing their own capacities.**
- **ECCE services related to health, nutrition, physical, cognitive, language and socio-emotional development, learning, and protection must be genuinely inclusive, available to all young children and their families, and adapted to address their individual needs, abilities, interests, and cultural contexts, with a special focus on those most often excluded.**
- **Inclusive ECCE must pay particular attention to improving the development and learning of children with developmental delays and disabilities**. Early childhood intervention (ECI) programmes are essential integrated services that ensure this is achieved from birth to three or five years of age and that children transition successfully from ECI services to inclusive preschools, kindergartens and primary schools.
- **There are already many inclusive ECCE policies and many more inclusive ECCE services in the world, but there still are many countries with few to none**. More progress, therefore, must be made toward developing more genuinely inclusive ECCE policies and services in every region of the world.

- **Inclusive ECCE services are an essential foundation for ultimately achieving an education system, in all of its sub-sectors and at all levels, that is truly inclusive.**
- **Since the Declaration of Salamanca (1994), considerable progress has been made in moving towards a broader definition of inclusion as equitable access to quality ECCE for all children** (rather than only those with "special needs"); this has included developing national multisectoral ECCE policies, strategic plans, laws and normative frameworks; fostering cooperation, networks and partnerships among ECCE stakeholders; and promoting curricula, pedagogies, teacher training, and environments that support inclusive ECCE practice.[3]

The objectives of this background paper are as follows:
- To outline the rationale for working on inclusive ECCE for the promotion of inclusion and equity
- To analyse the trends, achievements and challenges concerning inclusive ECCE since Salamanca in areas such as:
  - Moving towards a holistic, comprehensive, multisectoral approach to ECCE; this includes moving from a medical to a social model of disability and the rapid growth of early childhood intervention (ECI) programmes to support this movement
  - Developing and implementing legislation and policy frameworks
  - Increased and more innovative financing for ECCE
  - Increasing access to and participation in inclusive ECCE services
  - Fostering cooperation and engaging multisectoral partnerships to help fulfil the government's responsibility for ECCE provision
  - Cultivating approaches for friendly, nurturing and welcoming ECCE and primary education environments and supporting the transition between them[i][ii]
  - Providing high quality interactions and institutional support for young children and their caregivers
  - Mobilizing the different local, regional, national and international actors to contribute to the development of innovative solutions supporting inclusion
  - Promoting the emergence and development of global, regional and national networks that broadly address early childhood

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[3] In the original Salamanca Declaration, only two of 85 points mention early childhood and even those are restricted to early childhood education. Salamanca was on "Special Needs Education", and the world has fortunately evolved to promoting a broader, more appropriate framework for inclusive education focused on the equitable provision of high quality ECCE services for all children.

II. Essential definitions and conceptual frameworks

Many terms are used to describe actions that support early childhood development. These are ECCE, ECEC (early childhood education and care), and ECCD (early childhood care and development). ECCD is considered in some regions to be more comprehensive, multisectoral, and integrated in nature than other terms to cover holistic outcomes for children linked to as health, education, nutrition, and protection. For the purpose of this background paper, the term ECCE will be used with holistic connotations associated with ECCD.

For purposes of this background paper, UNESCO's definition of inclusive education will be used: "A process that helps to overcome barriers limiting the presence, participation and achievement of learners" (UNESCO[4]) – thus, essentially a process that leads to both **physical inclusion in the classroom** (access/enrolment/attendance/progression/completion) and **inclusion in learning** (participation and achievement), both expected to lead to longer-term academic success, productivity and social inclusion.

A. Inclusive education

The original meaning of "inclusive education" was limited to the diverse educational needs of children with disabilities or "special needs" and seen as a more useful and powerful term than "integration" and "mainstreaming" because it insisted on both physical inclusion of such children in the classroom and also their inclusion in learning. But the term has now been redefined as a larger "umbrella" to include all obstacles to schooling and to learning. Thus, inclusive education is meant to:

- strengthen the capacity of the education system to reach out to all learners (including those whose families lack official documents or legal status), increase the quality of education for all children, support and welcome difference and diversity among all learners, and therefore help to eliminate social exclusion and promote social justice and cohesion.
- realize the fundamental human right to education as reflected most clearly in the Convention on the Rights of the Child (CRC) and the Convention of the Rights of Persons with Disabilities (CRPD), both of which focus on a child's right to develop to her/his full potential without discrimination based on "difference"
- fulfil internationally mandated goals; e.g. Sustainable Development Goal 4 on education
- improve the internal efficiency and reduce the costs of education systems
- promote equity in the opportunity to participate in individual and national economic, social, and political development and to improve individual and national economic productivity and wellbeing.

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[4] UNESCO (2017). A Guide for Ensuring Inclusion and Equity in Education.
https://unesdoc.unesco.org/ark:/48223/pf0000248254

In general, children who are excluded from education include:

- Those who never enrolled because of where they live, of how they live, and of who they are (with disabilities or from linguistic minorities and/or families living in poverty or those who lack formal documents or legal status).
- Those who once were enrolled but then dropped out or were "pushed out" of the system.
- Those sitting in class but not learning due to individual or group characteristics (language, gender, poverty, ability) or because of teachers who cannot or will not respond to their individual learning needs, the presence of too many children in the class, the low quality of education provided, the "mainstreaming" of children with diverse educational needs into classrooms with inadequate preparation, support and parental involvement, and so forth.

B. Early childhood care and education (ECCE)

ECCE is defined as a comprehensive, integrated, dynamic, multisectoral approach to the development of young children, their caregivers, and their larger communities. "Early childhood care and education supports children's survival, growth, development, and learning – including health, nutrition and hygiene, safety and security, and cognitive, social, physical and emotional development – from birth to entry into primary school, in formal, informal and non-formal settings."[5] In this context, ECCE defines a child's desired status as being physically healthy, well-nourished, mentally engaged, alert, emotionally sound, well self-regulated and socially competent, safe and protected, and eager to explore and learn.

In terms of age, the original concept of early childhood usually covered children aged 0-6. The term has now been redefined (but not universally accepted) to cover preconception and prenatal education and care as well as children age 0-8 years. This definition recognizes the developmental plasticity and diversity of children's development in these years and, in regard to education, compels programming that provides continuity and a seamless transition between infancy, toddlerhood and pre-primary and primary education. Neuroscience research has shown the importance of attending to the period from preconception to 36 months of age – often referred to as roughly as the first 1,000 days.

Given its focus on the most important developmental phase in the human lifespan, there are several broad rationales for developing and implementing ECCE:

- From the perspective of human rights and a range of legal and ethical arguments which go beyond the fundamental right to education mentioned above, **children have the right to ECCE of high quality**. This is reflected in an important addendum to the original CRC -- General Comment 7 (2005) on Implementing Child Rights in Early Childhood -- which analyses how the CRC's focus on genuinely inclusive education (and States' commitment to provide it) needs to be expanded to cover

ECCE. This right is further reinforced in regard to children with disabilities through General Comment 9 (2006) on The Rights of Children with Disabilities and General Comment 4 of the CPRD (2016) on the Right to Inclusive Education.

- **Preventive early interventions yield higher returns compared to later remedial services**; e.g., developmental delays can be prevented or reversed if identified quickly during the first months of life, and referred successfully to early childhood intervention (ECI) services. When they are enrolled in ECI services during their first year of life, most children with developmental delays can achieve typical levels of development; and many children with disabilities can greatly improve their development and attain their full developmental potential. Children who become stunted and enter ECI services not only improve their nutritional status and growth, they also usually attain expected levels of development for their age.

- The use of mother tongue in ECCE can promote improved literacy, a more positive self-concept, improved achievement in school, and enhance the involvement of the family in the full range of ECCE services.

- **ECCE interventions have sustainable, long-term effects** on the development of human capital, social cohesion, and economic success.

- **The most disadvantaged and marginalised children experience the most dramatic gains from ECCE service**s – but are least likely to be enrolled.

More specifically, there is increasing evidence from many fields of study regarding the importance of good quality ECCE for the wellbeing of young children, greater success in their future lives, and enhanced family and community development. These include:

- **Neuroscience**: The most rapid period of brain development occurs in the first years of life; the quality of this development is long lasting.

- **Economics:** Returns on investment in ECCE accumulate and help offset later inequality; the productivity of the workforce will be enhanced, and, ultimately, the economic prosperity of the community and nation, increased.

- **Poverty reduction:** Providing quality ECCE for young children, especially those most at risk, is a powerful strategy for breaking the intergenerational cycle of poverty.

- **Culture:** ECCE services, if embedded in local culture and delivered in the mother tongue, support a community's cultural identity and self-esteem, the inter-generational transmission of knowledge, and future positive participation in national development.

- **Social justice and cohesion**: Equitable access to inclusive ECCE services can promote both individual social-emotional wellbeing and enhanced social harmony and justice as well as reduce crime, violence and the costs of court systems.

- **Health:** ECCE greatly lowers health care costs for young children and their mothers, improves birth outcomes, and reduces the number of later high-risk adults**.**

- **Education:** High quality ECCE results in (1) cost-savings and increased efficiency in the education system, (2) children more prepared for school with strong pre-literacy

and pre-numeracy skills, and a (3) solid foundation of socio-emotional skills (e.g., resilience, tolerance, empathy, honesty).

- **Social protection:** Safety and emotional security and responsiveness in early childhood positively impact the development of lifelong stress response pathways, coping mechanisms, and healthy relationship-building.
- **Inter-generational outcomes**: Successful ECCE services also support learning across and cohesion among generations of caregivers and family members.

Children excluded from ECCE have a consequent negative impact on their physical, social, and cognitive development. They include (inter alia):

- children with developmental delays, disabilities, and/or behavioural or mental health needs
- children from very poor and/or very large families
- children from remote and rural communities
- children from religious, linguistic, and ethnic minorities (e.g., Roma and traveler children); low castes; and indigenous peoples
- girls and women (and sometimes boys)
- children from migrant, refugee, displaced, and asylum-seeking families (many of whom are often stateless/undocumented)
- street and working children, orphans, and abandoned, abused, traumatized, and unaccompanied children
- children in emergencies (e.g., affected by armed conflict or natural disasters)
- children affected or infected by HIV and AIDS and other chronic diseases and complex health needs

There are two important points about this kind of "labelling" of the various types of excluded children. First, some of these labels, although useful in order to address specific causes of exclusion through targeted policies and practices, are to some extent imposed by policy-makers, planners, and educators without consideration of the harm that such labelling might produce (e.g., once disabled, always disabled; once defined as "rural", never provided the opportunities of those labelled "urban). Identified with one particular factor of exclusion, labels can make planning and programme implementation easier, but sensitivity in their use is important to avoid further and continued marginalisation.

Second, the reality, of course, is that many children are affected by multiple factors of exclusion; e.g., an indigenous girl from a poor family, with a disability or delay, and living in a remote area will face more than one challenge in being included in any kind of ECCE service. Counting her, individually, in surveys of different categories of exclusion will not reflect these complex challenges. As an example, in Nigeria, with a national rate of attendance in pre-school of children aged 3-6 at 36%, the rate for urban children from the wealthiest quintile

having a mother with more than a secondary education is 81% and for rural children from the poorest quintile with a mother with primary education or less, 5%.[6]

III.   What is inclusive ECCE?

Inclusive ECCE is rights-based and child-centred and -friendly:
- where all children are welcomed and equally valued
- where children develop on the basis of their individual strengths and are scaffolded to develop further
- where their differences and diversity are celebrated rather than ignored or "cured"
- where teachers and other ECCE facilitators have high expectations for all children
- where all facilities available to them are fully accessible
- where staff work together in ensuring that all children and their families participate
- where children's presence, participation, learning and development are constantly monitored and supported.

Good quality, inclusive ECCE – comprehensive, multisectoral, integrated, child-centered and play-based - ensures that all children are included in development and learning and that all families and caregivers are included in these processes. It is therefore essential in order to achieve truly inclusive and effective systems which support early childhood. It is necessary, in other words, to start early, beginning during the preconception period or early pregnancy, by promoting within families and in all ECCE services adequate nutrition and health care, consistent nurturing, protection and psycho-social support, and cognitive and social stimulation.[7]

This emphasizes the fact that ECCE is embedded first in the home environment, and it is this environment across early childhood that exerts a predominant influence on later development. ECCE initiatives, therefore, must also address learning at home, parent and community attitudes and capacities including childrearing skills, and the cultural and physical environments in which children grow.

Specifically in regard to education, evidence available to date indicates that the extent to which young children are successfully included in ECCE services will enhance their success in the education system. Thus, a systemic approach to education for inclusion needs to start

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[6] UNICEF. 2019. A World Ready to Learn. https://www.unicef.org/media/51746/file/A-world-ready-to-learn-2019-eng%20.pdf

[7] The Nurturing Care Framework, endorsed in late 2018 by the World Health Assembly of the World Health Organisation with the support of UNICEF and the World Bank, highlights five important things which a young child's brain expects and needs : good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning. These components must be supported by enabling policies, supportive services, empowered communities, and caregiver capabilities.
(https://www.who.int/maternal_child_adolescent/child/nurturing-care-framework-rationale/)

from early childhood and then continue, seamlessly, to inclusive higher levels of education and lifelong learning; hence the importance of the integration of an inclusive ECCE subsector into system-wide educational planning.

An **inclusive ECCE service based on the above principles and characteristics**[8]:

- is concerned with access (overcoming exclusion *from* ECCE services) by removing barriers to and expanding ECCE and early childhood intervention (ECI) provision, both public and private (home- , community-, and center-based). While proactively seeking out disadvantaged or excluded children, families, and populations.
- is affordable and fully accessible, especially for disadvantaged groups.
- is concerned with the quality and accessibility of its facilities (overcoming exclusion *within* ECCE services); e.g., young child health centers able to provide the range of services needed to monitor and promote good health and nutrition; for education, accessible preschool schools with developmentally appropriate curricula and methods.[9]
- systematically identifies and maps excluded children and analyses and addresses the causes of their exclusion
- does not exclude, stereotype, stigmatize or discriminate against any children on the basis of their differences and promotes the values and attitudes of inclusion
- responds appropriately to the diverse needs of all young children – their health and nutrition, socio-economic and family background, culture and language, and differing abilities, needs, and learning styles
- uses diversity not as a problem but as an opportunity for better learning for all children and their caregivers (including those not seen as being excluded) and for learning new communications skills, developing empathy, and building diverse friendships in the school and community.
- protects children from abuse, neglect, and stress and provides consistent nurturing care and protection.
- encourages the participation of the children themselves, their families, and their communities in a culturally appropriate way.

More specifically, **inclusive practices and interventions** are crucial to the success of inclusive ECCE services and should be the responsibility of all key actors in ECCE-related sectors. These include the following:

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[8] UNESCO. 2009. Policy Guidelines on Inclusion in Education. UNESCO: Paris.
https://asksource.info/resources/policy-guidelines-inclusion-education
[9] Universal Design for Learning presents one way to ensure this happens by providing an "approach to curriculum design that can help teachers customize curriculum to serve all learners, regardless of ability, disability, age, gender, or cultural and linguistic background. UDL provides a blueprint for designing strategies, materials, assessments, and tools to reach and teach students with diverse needs". See TEAL Center. 2010. *Universal Design for Learning,* Fact Sheet No. 2 The Teal Center: Washington, D.C. https://lincs.ed.gov/state-resources/federal-initiatives/teal/guide/udl

- Activities which encourage the welcoming and participation of all children and their families and caregivers in the ECCE service; such should be planned and Implemented by ECCE stakeholders and practitioners oriented toward inclusion and provided the continuing education and skills development that builds on the skills they already possess.
- Activities which actively engage children, involving their families and caregivers, in order to promote their development and learn to support one another.
- Support provided when children experience difficulties in terms of either exclusion from ECCE or exclusion within ECCE.
- Ongoing, continuous monitoring and assessment of children's development, through processes that involve their families and caregivers and contribute to the achievement of all children.

IV. How can inclusive ECCE be implemented most effectively?

Basic steps in regard to planning and implementing inclusive ECCE policies, strategies, and services, whether at the system (macro) or ECCE service (micro) levels, begins with systematically identifying and mapping the excluded – groups or individuals -- and analysing the causes of their exclusion. Some of these causes may be universal while others are local and contextualised and vary by cultural, economic and ecological context. This mapping and analysis should be done with the involvement of both experts and community stakeholders and can be assisted by census data, focus groups, interviews or household surveys, and a information management system oriented toward exclusion which therefore focuses not only on enrolment/participation but also on non-enrolment/non-participation.

Once such an analysis is available, specific prevention strategies can be developed to eliminate exclusion by overcoming the identified barriers to ECCE (e.g., stigma and the lack of accessible facilities for children with diverse needs, lack of access to ECCE in rural and remote locations, etc.). These can be macro-level strategies with indicators focused on excluded groups or micro-level ones, at the level of ECCE services in communities, focusing on excluded individuals.

As mentioned below, national policies and plans focusing on inclusion must be developed, adopted and implemented. They provide a legal basis for implementing a comprehensive reform of the ECCE sub-sector as a whole towards inclusion -- its vision, objectives, core concepts, contents, approaches, methods, organizational structures, strategies and investment requirements. Such a reform should reflect the twin-track approach mentioned above which develops sector-wide, multisectoral, general and universal interventions for all children and more specialized services, such as ECI, for those who need them. In other words, it is important to promote universal provision with a varied level of intensity of services and varied types of services depending on the needs and demands of different groups of population so that no one is left behind.

A. At the macro (system) level

Genuinely inclusive ECCE ultimately requires the re-structuring and transformation of the ECCE sub-sector, the higher levels of education which follow, and the communities and culture in which they are embedded. Multi-directional interaction among these entities is necessary in order to ensure that inclusion and equity become overarching principles that guide all child-focused policies, structures, strategies, plans, methods, content and practices. To do so, several principles are important:

- All sectors concerned with ECCE should have inclusive visions and goals, starting from early childhood (e.g., in education, the Laos National Inclusive Education Policy, Strategy, and Action Plan).
- National ECCE and ECI policy instruments (e.g. legal and policy frameworks, strategies, action plans) – sectoral or multisectoral/integrated -- should strongly emphasise inclusion and equity, for example in Myanmar the multisectoral ECCD Policy and the integrated ECI Strategic Plan, and ECCE policies of Bosnia and Herzegovina, Colombia, Ecuador, Laos, Lesotho, Rwanda and Tunisia, among others.
- Each nation's ECCE policy must influence and support inclusive thinking and practices by establishing the equal right of every individual to high quality ECCE services and by outlining the forms of support and leadership that lay the foundation for fulfilling this right.
- Bringing the principles of equity and inclusion into ECCE policies, strategies, structures, actions plans, and budgets requires engaging not only the education sector but also other sectors, such as health, social welfare and child protection services, to ensure a common overarching administrative and legislative framework for developing and coordinating effective inclusive and equitable ECCE services.
- Leaders of these sectors at all levels – municipal, regional and central – should articulate and implement consistent policy goals to develop inclusive and equitable ECCE practices throughout each country while also effectively challenging and overcoming non-inclusive, discriminatory, and inequitable practices.
- A qualified early childhood workforce (teachers, facilitators, assistants, specialists, community health workers, social workers, etc.) needs to be developed, provided the high status they deserve, and continuously supported by both governments and communities.
- A comprehensive, integrated strategy needs to be designed leading to the enhanced health and nutrition of pregnant women and the healthy development and education of all children from birth through the early grades. In the health sector, this can mean systematic tracking of a child's weight and immunisation and in education, a focus on milestones linked to early literacy and psycho-social development. In education, it is especially important to focus on facilitating a smooth, seamless transition from home to inclusive ECCE services to inclusive

primary schools, e.g., the Philippines focus on children aged 5-9, the Colombian ECCE Policy *from Zero to Always*).

- Engaging primary caregivers/parents, the leading educators of children, and key national and community stakeholders (e.g., political, traditional and religious leaders[10], non-governmental organisations) is necessary to foster the conditions for inclusive ECCE and to create a broader understanding of the principles of inclusion and equity.

- Implementing changes effectively and monitoring them for continuous improvement and impact recognizes that building inclusion and equity in ECCE is an on-going process rather than a one-time effort.

More specifically, in relation to the education sector:

- The national ECCE curriculum and its associated learning materials and assessment systems should be designed to respond effectively to all learners by being oriented toward inclusion (e.g., eschewing stereotypes, celebrating diversity, using Universal Design for learning approaches).

- Inclusive teaching-learning skills and attitudes, strategies and practices – child-centered, interactive, play-based, and flexible – should be developed and suitable to all and especially those most excluded from the ECCE and school systems.

- Pre-service and in-service teacher education (for ECCE and the early primary grades) should include concepts, methods, and skills oriented toward inclusion and multisectoral collaboration with other actors (health sector professionals, the social welfare personnel); collaboration between and among ECCE and primary schools (e.g., through joint teacher training, sharing innovations, and conducting inter-site exchanges) must also be developed.

In addition to the numerous suggestions above in regard to developing a more inclusive education system**, specific national policies, strategies, and services can also be developed for specific categories of excluded groups of the population**. These include:

- mother tongue-based language policies, with essential social services (e.g., health and nutrition and pre-school and the early grades (initial literacy) in the child's home language (e.g., mother-tongue policies in the Philippines, Cambodia and Myanmar, and expanding pilots of mother-tongue services in Thailand and Vietnam); such policies should guarantee the linguistic and cultural relevancy of materials, books, teaching and facilitation practices, etc.

- models of inclusive ECCE services appropriate for rural, remote regions, conflicted affected and/or emergency situations (e.g., which are usually characterised by the inclusion of few children, the lack of well-trained teachers and facilitators, and an absence of suitable and accessible facilities)

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[10] One of the most important advocacy efforts in regard to promoting ECCE in Indonesia was a request to the leaders of the five recognised religions to identify in their holy texts references to the development and well-being of young children.

- models of inclusive ECCE services both affordable and accessible to children living in poverty, stunted, or affected by emergencies as well as children of migrant and refugee families
- analyses of gender biases in ECCE services and the development of activities to mitigate them (e.g., biases such as play spaces and toys more suitable for girls than boys and the possible impact of the lack of male role models in ECCE services)
- early childhood intervention (ECI) policies, strategic plans, and laws; ECI programme guidelines and procedures for national ECI systems; and the development of ECI services to identify and then provide services for children with developmental delays, disabilities, or behavioural or mental health needs.

ECI services deserve special attention because children with developmental delays and disabilities are among the most invisible, marginalised, and excluded groups of children. Routinely, they are denied their right to quality education, including at the pre-school level (WHO and World Bank, 2011). Progress towards including these children in inclusive early childhood intervention and development programmes and then in formal education represents strong evidence that the education system is committed to inclusion. It is important for all nations to develop and adopt inclusive laws, policies and strategic plans with regard to ECCE. These policy instruments should include indicators at all levels of systems, programmes and populations of children.

Policies regarding children with developmental delays and disabilities vary considerably worldwide. Different countries have different criteria for identifying and listing such children, and provide ECCE services in a wide variety of settings, including: "special needs" pre-schools and schools, resource centres, health centres, and child protection services[11]; special classes in so-called integrated schools; or inclusive schools which actively work to identify and remove barriers, improve accessibility, and seek to enable learners of differing abilities to participate and achieve in regular school settings. Establishing inclusive schools is widely regarded as a more desirable approach for promoting equality and human rights. As previously noted, inclusive education has many educational, social and economic benefits.

But policies to make all schools inclusive can be challenging to implement given perceptions regarding the potential difficulties of including children with disabilities in "regular" facilities. Such challenges vary from country to country but may include:
- low awareness among families, communities, and concerned ministries of the importance of – and the possibility of – providing good quality, inclusive services for these children

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[11] Special needs schools (e.g., for the sight- and/or hearing-impaired and for those deemed as having severe, complex, and multiple disabilities) are linked to the field of defectology and a medical approach to disability and sometimes are carrying out practices both harmful and illegal in regard to children. In general, and in the context of a greater focus on inclusive services for all, many of these schools are seeing their enrolment declining; in the best of circumstances, their teachers are acting at least part-time as resources for teachers working with children with delays and disabilities in their classrooms.

- a lack of appropriate training for facilitators, teachers, and other ECCE providers
- a lack of suitable assistive devices (e.g., glasses and hearing aids) and inclusive materials and methods (e.g., books and other materials in braille, ECCE providers fluent in sign language)
- a lack of facilities accessible to the full range of children with disabilities.

These challenges make it essential to begin inclusion in the relatively informal and flexible environments of ECCE services rather than in the more formal and rigid environments often found for older children (such as that of the primary school). Early inclusion can create an important foundation for more inclusive lifelong learning.

B.   At the micro level

It is not enough, of course, to have appropriate inclusive policies at the top of the system if the policies -- and the services and practices they promote -- are not actually implemented at the bottom in schools and classrooms and other ECCE services with the full support of local government officials, the community as a whole, and families. Reflecting systemic macro-level policies about inclusive ECCE means, for example, that inclusive ECCE services should develop specific practices which [12]:
- recognise, cultivate and celebrate the benefits of diversity in all ECCE services and demonstrate how to live with, and learn from, difference
- use these services to promote parental, caregiver, and local community support and social protection
- are able to advocate with, and convince, caregivers unaware of the utility of ECCE services (or unwilling to use them) to enroll their children in the service, particularly caregivers who may live in extreme poverty, are undocumented, or may be hiding children with disabilities or are reluctant to leave their children due to concerns about their safety
- collect, collate, and analyse evidence regarding children's barriers to ECCE access, participation, and achievement in the community, with particular attention to learners who may be most at risk of underachievement, marginalization, or exclusion – and then provide them adequate support
- promote better health, nutrition, stimulation and nurturing care for young children in all ECCE services (e.g., physical check-ups and feeding and nutrition reinforcement in health centers and pre-school programmes, etc.)
- ensure that teachers, facilitators and professionals of all sectors learn how to identify and respond to learner diversity during their initial training and have opportunities to take part in continuing professional development regarding inclusive and equitable care and educational practices.

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[12] http://osisa.org/wp-content/uploads/2019/07/Getting-It-Right-Vol-2-Final-low-res.pdf

In addition to these general requirements for inclusive ECCE services, more specific interventions at the micro-level can also be developed; thus, ECCE services which:

- use the mother tongue (MT) as the language of communication and learning with both children and their caregivers. This implies that ECCE services, including the early grades of primary school, should promote strong family and community engagement; develop locally and culturally relevant textbooks, materials, and pedagogies; and hire trained (or trainable) ECCE service providers able to work in both MT and the national language.
- are appropriate for rural, remote groups including home-based ECCE and, in the likely absence of qualified ECCE providers, the identification and training of community members and mobile rural teams who are able to work effectively in what are usually under-supported services.
- respond to the particularly challenging needs of traumatized migrant, internally displaced and refugee children and all those who are affected by emergencies.
- are gender-sensitive, able to analyse any existing gender issues and design ways to mitigate them.
- provide assistive devices or approaches (e.g., sign language) to children who need them.

In this context of local-level interventions to promote inclusion, ECI is of utmost importance as a system of services that provides support to the families of children with developmental delays, disabilities, and behavioural or social-emotional needs. Effective ECI systems are (inter alia): (a) individualised; (b) intensive; (c) family-centred; (d) transdisciplinary or interdisciplinary; (e) team-based; (f) evidence-informed; and (g) outcomes-driven.[13] Early developmental screening, child development assessments, individualised family service plans, intervention activities in the natural environment of the child, and effective transitions from home to inclusive preschools, kindergartens and primary schools make it more possible for children with developmental delays an disabilities to develop and learn effectively in inclusive educational settings. Early childhood intervention is most effective when families gain relevant information about their children's status, make decisions regarding goals for their children's and family's development, and learn how to optimise their child's learning potential during daily childrearing routines. They also benefit from becoming part of a "community" of parents and caregivers facing similar challenges.

V.   Trends, achievements, and challenges concerning inclusive education

A number of trends concerning inclusive ECCE since Salamanca – in terms of both its achievements and challenges – can be noted as follows:

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[13] Vargas-Barón, E., Small, J., Wertlieb, D., Hix-Small, H. et al. (2019) *Global Survey of Inclusive Early Childhood Development and Early Childhood Intervention Programs*. Washington, DC : RISE Institute, UNICEF, ECD Task Force for Children with Disabilities

A. Moving towards a holistic, comprehensive, multisectoral approach to ECCE

A major trend since in the last decade or more has been the conceptualization of the period of early childhood as beginning with preparation for conception and continuing through a successful transition into the early grades of primary school. This broader definition of the age range has been accompanied by the realization of the importance of comprehensive, multi-sectoral collaboration (sometimes leading to the establishment of integrated services) that promote a more holistic development of young children and a greater involvement of caregivers and their families in this development.

In addition, in regard to children with diverse learning needs, there has been an important shift from a narrow "medical" understanding of disability, as represented by the fields of "defectology" and rehabilitation that labelled and isolated children with delays and disabilities, to a broader social understanding of disability that supports more comprehensive policies, programmes and services for children and their families.

B. Developing and implementing legislation and policy frameworks

In 1995, only two countries had multisectoral ECCE policy instruments: Colombia and Namibia. As of this writing, 76 countries have one or more multisectoral ECCE policy instruments, which have formally adopted 125 policy instruments.[14] These instruments range from national ECCE policies or policy frameworks, strategic plans, strategies, or action plans; to multisectoral ECCE laws; and to regulations, standards, protocols, or guidelines concerning ECCE implementation. Such instruments may be declared by legislatures (as in the Philippines), by the executive (e.g., issued by the Head of State as in Indonesia), or as inter-ministerial decrees (developed by a coordinating body as in Cambodia).

The fact that such a large number of countries have multisectoral ECCE policy instruments has resulted from many factors: advocacy within governments around the multisectoral nature of ECCE, research evidence supporting this advocacy, the enshrinement of the multisectoral nature of ECCE in international instruments such as the Dakar Declaration of Education for All (2000) and the Sustainable Development Goal 4.2, and the substantial support of many bilateral and multilateral organisations.

Although many countries with multisectoral policies have also achieved multisectoral policy implementation[15], some countries have continued to implement ECCE mainly from a sectoral framework. For example, although Indonesia has a Presidential Regulation on Holistic and

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[14] For further information, see Vargas-Barón, E., Diehl, K. & Small, J. (For publication in 2019). Global Status of National Policies for Early Childhood Development.

[15] Vargas-Barón, E. (June 2016). Policy planning for early childhood care and education: 2000-2014 in *Prospects Quarterly Review of Comparative Education*. DOI 10.1007/s11125-016-9377-2. (Springer).

Integrated Early Childhood Development, its Ministry of Education and Culture also has a policy on Early Childhood Education. Beyond this, community health centers (the Ministry of Health), daycare centers (the Ministry of Social Welfare), and play groups and kindergartens (Ministry of Education and Culture) do not always work well together – in fact, even the kindergartens, under one Directorate General of Ministry of Education and Culture, have very little contact with the primary schools which fall under another.

C. Increased and more innovative financing for ECCE

Given the intersectoral nature of ECCE and the lack of governmental identification of ECCE budgets within and among ministries, it is difficult to calculate the amount of public financing devoted to ECCE. In general, the sector remains seriously underfunded.   A recent UNESCO report on Asia and the Pacific states that, "the current levels of funding towards ECCE are relatively insufficient to adequately meet growing financial needs in the sub-sector given the current and projected enrolment figures".[16] In addition, data indicates that in many countries of the region, expenditure on ECCE as a percentage of GDP is generally far below the OECD average of 0.8 percent (OECD 2017).[17] In addition, with the exception of Mongolia, spending on ECCE as a percentage of GDP in all participating countries was below the 1.0 percent rate recommended by UNICEF[18]. It is likely that these percentages are even lower across a broader range of lower income countries.

The financing ECCE is complicated due to many reasons:
- As mentioned above, ECCE services are funded by and embedded in multiple sectors making difficult the calculation of funding provided to the ECCE sub-sector as a whole. Private funding from non-governmental, faith-based and community-based organisations as well as international bilateral, multilateral and foundation funds are rarely gathered at the national level. Locally generated funding from parents, community funds, fundraising events and benefactors are not gathered, and yet many ECCE programmes locally depend upon them.
- More frequently than basic education or primary health care services, ECCE is usually funded through a combination of public and (and more often) private resources, particularly from families and communities; in many cases, dependence on families

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[16] UNESCO, and UNICEF. "Asia-Pacific Regional Report: Financing for Early Childhood Care and Education (ECCE), Working Paper." *UNESCO Digital Library*, 2016, 1-54. https://unesdoc.unesco.org/ark:/48223/pf0000245777.

[17] OECD (2017), *Starting Strong 2017: Key OECD Indicators on Early Childhood Education and Care*, Starting Strong, OECD Publishing, Paris, https://doi.org/10.1787/9789264276116-en. This figure includes 0.2% for early childhood education development programmes and 0.6% for pre-primary education.

[18] International benchmark 1.0% was proposed by UNICEF (2008) "The Child Care Transition", p.14, Retrieved from https://www.unicef-irc.org/publications/pdf/rc8_eng.pdf and reconfirmed in Results for Development. (2016). "Financing Early Childhood Development: An Analysis of International and Domestic Sources in Low- and Middle-Income Countries." Retrieved from https://report.educationcommission.org/wp-content/uploads/2016/11/Financing-ECD-Volume-I.pdf

and communities increases disparities between those which can afford better quality ECCE (facilities, facilitators, materials) and those which cannot.

In order to increase the total amount of funding available to ECCE, a number of innovative funding mechanisms have been developed since the beginning of the century on the part of the government (family subsidies and conditional cash transfers rewarding enrolment in ECCE), of communities and NGOs (income generation schemes for ECCE services), of the private sector (corporate social responsibility programmes), and of public-private partnerships (social impact bonds).[19]

There continue to be tensions in some countries in regard to ECCE funding among relevant sectors (education vs. health), between age groups (0-3 vs. 3-6), and among the various levels of education (e.g., is expanding pre-school more important than expanding secondary education?).

Whatever the trend is in terms of increased funding for ECCE, in comparison to the needs and the benefits of the sub-sector, donors and government are massively failing young children, especially those who are the most excluded, with only small amounts of sectoral budgets and the total national budget being devoted to ECCE. The point is that although the provision of high quality ECCE services, especially those focusing on the inclusion of the most hard-to-reach children is not cost-neutral, the cost of inaction in this regard – e.g., in terms of current health and educational outcomes for young children now and as adults in the future -- is even greater.

D. Increasing access to and participation in early childhood development services

Though data on enrolment in pre-primary education from the year of the Salamanca Declaration are likely inaccurate given the measurement tools available at the time (even more so for enrolment in more broadly defined early childhood development services), the Gross Enrolment Ratio shown for that year was calculated as 29.2%. This has increased over the years; the GER for pre-primary programmes, in more recent years, increased from 2013 (43.4%) to 2018 (50.4%). All regions of the world have shown approximately a similar increase with South East and Eastern Asia showing the biggest increases of 12-15%. Middle income countries, however, have shown twice as large an increase (over 8%) than lower income countries (4%). This means, however, that since Salamanca the average increase in the GER has been less than 1% per year.[20]

The issue, of course, is not only the absolute increase in enrolment, but also the disparities in enrolment both among regions but, more importantly, at the national and community level.[21]

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[19] SEAMEO Center for Early Childhood Care, Education and Parenting (Indonesia) and UNESCO Asia and Pacific Regional Bureau for Education (Thailand). In press. Regional Guidelines on Innovative Financing Mechanisms and Partnerships for Early Childhood Care and Education (ECCE)

[20] UNESCO Institute of Statistics. UIS.stat. http://data.uis.unesco.org/#

[21] There is generally little difference in enrolment rates in ECCE programmes between boys and girls. This varies, however, by country and community, and ECCE stakeholders should assess carefully where sex difference might exist and the possible reasons for them.

The recent UNICEF publication, for example, *Every Learner Matters (2019)*[22] records disparities based on the following factors:

- **Poverty**: Richest children are seven times more likely to attend ECE programmes than the poorest.
- **Mother's' education**: Children of mothers with a secondary education and above are five times more likely to attend ECE programmes than those of mothers with a primary education and below.
- **Residence**: Children living in urban areas are 2.5 times more likely to attend ECE programmes than those living in rural areas.
- **Disability**: Although global data on the enrollment of children with disabilities is seriously lacking, one study showed that across 15 countries with available data, children with disabilities have 30 per cent less access to primary schooling compared to their peers without disabilities. The enrolment rate at the pre-primary education level may be even lower.
- **Ethnicity/language**: Although global data are lacking, in Thailand, where there is little enrolment difference among wealth quintiles, there is a15.3 percentage point difference in pre-primary enrolment between ethnic Thai and non-ethnic Thai children. In Serbia, although the national enrolment rate in kindergarten in 2014 was almost 100%, that for Roma children was only 64%. These low rates also reflect compounding exclusionary factors such as living in poverty and in remote locations.

E. Fostering cooperation and engaging multisectoral partnerships to help fulfill the government's responsibility for ECCE provision

As indicated above, governments are generally taking more responsibility for the provision of ECCE, but in most countries there is still not enough political and financial support to the sub-sector. Fostering cooperation and partnerships in support of the government is therefore essential at both the macro-level (e.g., ECCE coordinating committees including a full range of stakeholders) and the micro-level (e.g., horizontal and vertical coordination and something as simple as joint interdisciplinary training that promotes working together across the sectors of health, nutrition, education and protection).

In this regard, one of the major threads of progress in terms of ECCE implementation has been increasing cooperation and partnerships among various ECCE stakeholders, as demonstrated in the number of multisectoral policy instruments discussed above. In contrast, it was common practice 25 years ago for individual ministries, if interested at all in ECCE, to plan and implement their own policies (e.g., nutrition and immunization for Health, kindergartens for Education, daycare centers for Social Welfare) with little reference to others. In a sense, Health took on children 0-3; Education, children 3-6; and Social Welfare, perhaps across both age groups and for particularly disadvantaged populations. This is still the case in some

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[22] https://www.unicef.org/media/51746/file/A-world-ready-to-learn-2019-eng%20.pdf

countries, as in the above example from Indonesia. But the growing number of multisectoral frameworks and legislation that are being implemented well demonstrates some success in fostering cooperation and engaging partnerships.

In addition, increasingly, ECCE policies extend from preconception to age 8. For the period of birth to 36 months, previously surrendered to the Ministry of Health, many countries now encourage the full participation of all sectors, not just health and nutrition. Thus, education ministries in many countries now routinely include investments in initial education, child care and development, nurseries, and pre-primary education as well as caregiver education and support. ECI, of course, with its focus on intervening with children and families from birth, is an essential component of this effort.

Such involvement with and support and education for parents and other caregivers is especially important for children from their birth to 36 months of age. This support is usually provided through face-to-face interaction (e.g., by midwives and nutrition extension agents) and in home- and community-based ECCE programs and can provide information to caregivers across all of the domains of their child's development not easily available from other, more remote sources.

Collaboration with international multilateral and bilateral organisations and the donor community has increased as many of these entities became more and more interested -- convinced by more and more evidence – that investment in ECCE is important not only for the wellbeing of the children themselves but also for the larger society as a whole. The private sector, often beginning with the provision of ECCE services for the children of their own employees (e.g., factory-based daycare centers), has sometimes, through corporate social responsibility services, expanded its efforts in ECCE beyond its own immediate needs to those of the larger (and often more disadvantaged) communities where they work – and even beyond in terms of piloting models for wider replication. Organisations such as the Tanoto Foundation, working in Indonesia, China, and Singapore, and the Prudence Foundation (supported by the Prudential Insurance Company) have supported ECCE projects of Save the Children in Cambodia and the Philippines.

Perhaps even more important in terms of fostering cooperation and partnerships toward more accessible and better quality ECCE has been the increasing interest in, and the promotion of, ECCE services by caregivers, families, and communities; this is at least partly derived from their greater awareness of the importance of ECCE and its role in preparing promoting better health and education outcomes. However, this role leaves many of these actors bearing the burden of managing and even financing these services in the absence of public financing. Without technical and financial support, attention to equity, quality assurance and accountability, the effectiveness of local services tends to be quite low.

F. **Providing high quality interaction and institutional supports for the early learning of young children**

Unfortunately, the provision of high quality interactions and institutional support for young children in ECCE services has not always kept up with increasing access to these services. Given that ECCE services should be child-centered, play-based, and interactive, it is still common to see that in terms of supporting early learning, the curriculum, pedagogy, and teacher education designed to support them (even in informal play groups and daycare centers) are often modeled on those of the early grades of primary school – rigid, teacher-centered, and based on rote learning. Such a model is even less relevant and appropriate for children requiring the personalized attention provided by inclusive ECCE.

There is a greater realization now that this needs not to be the case. Appropriate ECCE curricula, materials, and pedagogy are more evident now as Ministries create units or departments specifically for ECCE rather than placing it as a stepchild in a much larger basic (read "primary")[23] education department. In addition, pre-service and in-service teacher education programmes designed for ECCE teachers and facilitators are leading to the provision of teachers with higher qualifications, certification, status, and remuneration.

Greater institutional support for inclusive ECCE is also reflected, as mentioned above, in the evolving and incremental linkages between ECCE and the "special education sector" where the therapists and other specialists of separate schools are seen in some countries as resources for teachers working with children with disabilities in their classrooms. It is also reflected in the enhanced role that parents, caregivers, and families are assuming in achieving more inclusive ECCE.

G. Cultivating approaches for friendly, nurturing, and welcoming ECCE and primary education environments

The trend discussed above – toward more child-centered curricula and pedagogy – has led many countries to increasingly adopt safer, friendlier, more nurturing, and more welcoming ECCE services with more accessible facilities, and more informal classroom arrangements (small groups rather than rows). In some countries, inclusive ECCE services have secured greater support through collaboration, among others, with the Ministry of Health (in regard to health care, school feeding and sanitation/hygiene), and with the Ministry of Social Affairs in the areas of child protection and welfare. However, countries still have a long way to go to ensure full inclusion.

This trend toward child-centered services is less evident in primary education. This is partly because in many countries of the world, early childhood is still considered to cover only children aged 0-6 (or before entry into formal education) after which they are taken over by

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[23] In Indonesia, for example, over several years of effort, early childhood education became an official "level" of the education system, with its own Directorate General, encompassing not only daycare services previously run by the Ministry of Social Affairs and formal kindergartens previously managed by the Directorate General of Basic Education.

("surrendered to") [24] the primary school. This has led to the difficult problem of managing a smooth transition from ECCE services (with its own curriculum, pedagogy, and teacher training system) to primary school, the curriculum and teaching training of which are often managed by entities separate from those for ECCE. This presents challenges for children - including refugee and migrant children and those of ethnic minority background - whose home language is different from the language of school instruction. Entrance tests to primary school, which are often linked to early mastery of literacy, tend to exclude such children from mainstream primary education.

At present, 98 countries have ECI systems or programmes catering to children ages 0-3 that help them transition successfully from ECI programmes to inclusive preschool, kindergarten/reception year programmes and primary school.[25] Basically, ECI personnel accompany children and their parents to schools, and work with teachers and other school personnel to help them understand the children's strengths and emerging developmental abilities. They also demonstrate appropriate ways to support and guide their learning at school.

There is an increasing effort toward promoting curricular and pedagogical alignment in favour of smooth transition from ECCE to primary school through, for example, establishing K-3 ministry units and reforming ECCE and primary curricula and teacher training;[26] however, many ministries still keep them quite separate. Pre-primary and primary curricula and pedagogy are not seamlessly linked; and pre-primary and primary teachers do not know each other's curriculum and do not share information about the children they are charged with (even when the two levels may share the same buildings). This is most marked in the disjunction between the supposed role of the ECCE programme to promote "emergent" or "pre"-literacy activities and the literacy requirement that many primary schools impose on new applicants.

H. Promoting the emergence and development of global/regional/national networks that broadly address early childhood

The final trend is the emergence of networks – global, regional, and national -- that broadly address early childhood. Established in 1948, the World Organization for Early Childhood Education (OMEP) is an international network with presence in 70 countries around the world. The Consultative Group for Early Childhood Care and Development was the major global network for over 25 years. Among other functions, the Consultative Group served as a global umbrella for various stakeholders working in the field of ECCE, including the regional

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[24] As a young Indonesian mother told me years ago – surrendered at the age of 6 and given back at the age of 12.

[25] Vargas-Barón, E., Small, J., Wertlieb, D., Hix-Small, H. et al. (2019) *Global Survey of Inclusive Early Childhood Development and Early Childhood Intervention Programs*. Washington, DC : RISE Institute, UNICEF, ECD Task Force for Children with Disabilities.

[26] See e.g. OECD (2017). Transitions from Early Childhood Education and Care to Primary Education. https://www.oecd.org/publications/starting-strong-v-9789264276253-en.htm

networks. With the strong support of organisations such as the Open Society Foundations, it helped to initiate and/or support regional networks. Currently, there are the Arab Network for ECD (ANECD), the decade-old Asia-Pacific Regional Network on Early Childhood (ARNEC), the International Step by Step Association (ISSA), and the more recent African Early Childhood Network (AfECN). These networks have been both instrumental in bringing the concerns from the field to the global ECCE stakeholders and funders and helping to shape the international discourse around ECCE, such as SDG target 4.2. An equally important purpose of these networks is to find local solutions and ensure a bottom-up dynamic in ECCE policy development and the dissemination of good practice. Another function is to develop national networks on ECCE such as the Tanzania ECD Network[27].

A new global network – the Early Childhood Development Action Network (ECDAN) – supported by a wide range of stakeholders from development agencies and international NGOs has now emerged. Linking the regional networks, ECDAN promotes comprehensive early childhood development with the aim to achieving all SDGs linked to the development and wellbeing of young children and their families. Moving Minds Alliance[28] is a funders network that works to scale up quality and financing of support for young children and families affected by crisis and displacement.

VI. Summary

Experiences around the world show that it is necessary to respond to the specific needs of each category of exclusion (sex, poverty, remoteness, ethnicity, language, legal status, and developmental delay and disability) and to each excluded child – without further marginalizing or labelling them. The overall focus should be on inclusive ECCE policies, strategies, and practices to remove all barriers, and promote optimal development and learning for all children, build ramps for participation and inclusion, and thereby help all relevant ministries to become fully inclusive, both in vision and in practices. Only then can we really achieve the goal of good quality education for all.

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[27] http://www.tecden.or.tz/about_us.html
[28] http://movingmindsalliance.org/

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