94322

Republic of Guinea

EARLY CHILDHOOD DEVELOPMENT

SABER Country Report
2013

Policy Goals	Status
1. Establishing an Enabling Environment Policies and regulations promote some level of access to ECD services in all sectors in Guinea. The National Policy for Preprimary Education and Child Protection supports access to education and social protection services, but does not mandate compulsory preprimary enrollment. Budget allocations for ECD are insufficient, and there is a lack of synergy between sectors in the implementation of interventions.	Emerging
2. Implementing Widely Although the scope of ECD programs targets all beneficiaries, inequalities exist in the level of coverage between regions and socioeconomic groups. Children and families in marginalized communities generally have less access to ECD services. Specialized interventions are required to ensure equal access for all beneficiaries.	Latent
3. Monitoring and Assuring Quality Guinea collects administrative data on some important ECD indicators, but lacks a comprehensive system to monitor children's development across sectors. Standards for ECD service delivery exist but are not always mandatory or adequately enforced.	Emerging

Systems Approach for Better Education Results

THE WORLD BANK

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

Guinea and Early Childhood Development

The Republic of Guinea is a low-income country situated on the West coast of Africa. Despite its considerable mineral wealth, the country has a GDP per capita of US$498, and 47% of the population lives below the poverty line. It is ranked 178 out of 182 countries in the UNDP Human Development Index. The country is currently in a period of political transition following the takeover by a military junta in 2008 and the return to civilian rule in 2010.

Guinea is home to 10.2 million people, including approximately 1.7 million children below the age of 5. Table 1 displays a snapshot of ECD indicators in Guinea and other countries in West Africa. An estimated 40% of these children are stunted, while 21% are underweight. Malaria, malnutrition, and low levels of birth registration are significant problems, especially for children in rural areas and young refugees from Sierra Leone and Liberia. Currently, only 9% of all children aged 3-6 attend preprimary school. In recent years, the Government of Guinea (GoG) has implemented policies and programs to increase access to ECD services, and improve intersectoral coordination amongst key ministries. A national Directorate for Preprimary Education and Child Protection (DNEPPE) has been established, as well a Child Code and preschool education policy. ECD-related policies have also been developed in the health and nutrition sectors. Despite this commitment, the Government faces the challenge of developing funding mechanisms to support the expansion of ECD coverage while ensuring the quality of service delivery.

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

Snapshot of ECD Indicators in Guinea with Regional Comparison	Guinea	Liberia	Mali	Nigeria	Sierra Leone
Infant Mortality (deaths per 1,000 live births)	81	74	99	88	114
Under-5 Mortality (deaths per 1,000 live births)	130	103	178	143	174
Maternal Mortality Ratio (deaths per 100,000 births)	980	990	460	550	860
Gross Preprimary Enrollment Rate (36-59 months, 2010)	9%	47%	5%	9%	14%
Birth registration 2000-2010	43%	4%	81%	30%	51%

Source: UNICEF Country Statistics, 2010

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

Systems Approach for Better Education Results – Early Childhood Development (SABER-ECD)

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

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

Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: *Establishing an Enabling Environment*, *Implementing Widely,* and *Monitoring and Assuring Quality*. Improving ECD requires an integrated approach to address all three goals. As described in Figure 1, for each policy goal, a series of policy levers are identified, through which decision-makers can strengthen ECD. Strengthening ECD policies can be viewed as a continuum; as described in Table 2 on the following page, countries can range from a latent to advanced level of development within the different policy levers and goals.

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

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

Figure 1: Three core ECD policy goals

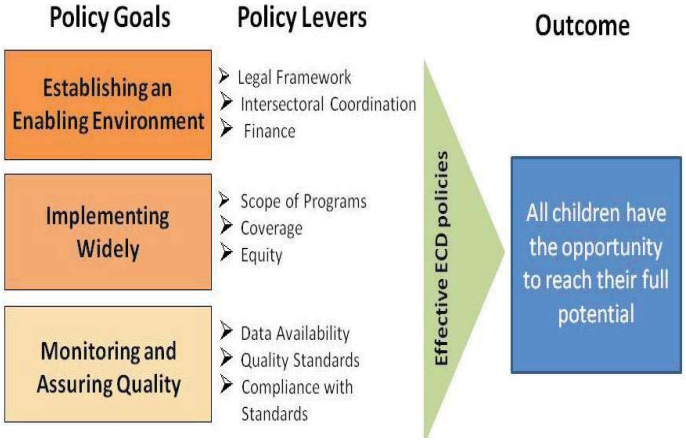


Table 2: ECD policy goals and levels of development

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

Policy Goal 1: Establishing an Enabling Environment

➢ Policy Levers: Legal Framework • Intersectoral Coordination • Finance

An Enabling Environment is the foundation for the design and implementation of effective ECD policies[2]*. An enabling environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD; coordination within sectors and across institutions to deliver services effectively; and, sufficient fiscal resources with transparent and efficient allocation mechanisms.*

Policy Lever 1.1: Legal Framework

Emerging ●●○○

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

National laws and regulations could be improved to comprehensively promote appropriate dietary consumption for women and young children. The 2001 National Health Policy (NHP) and the 2005 National Food and Nutrition Policy (NFNP) both seek to promote the widespread consumption of iodized salt, and the continued distribution of iron and Vitamin A to pregnant women and young children. The Government of Guinea (GoG) has enacted legislation requiring the fortification of wheat flour with iron, folic acid, zinc, and Vitamin B, and has initiated a policy to fortify refined vegetable oil with Vitamin A.[3] Currently, approximately 97% of young children in Guinea receive Vitamin A supplements. The iodization of salt is voluntary in Guinea, and only 41% of the population consumes iodized salt. In 1997, Guinea developed a draft policy in line with *The International Code of Marketing of Breast Milk Substitutes,* an international directive that promotes the appropriate nursing of infants and young children. The policy is still awaiting Government approval, and the GoG currently implements a few provisions of the Code. The Public Health Code (1997) and the Policy for the Promotion of Breastfeeding (2009) mandate the exclusive breastfeeding

[2] Brinkerhoff, 2009; Britto, Yoshikawa & Boller, 2011; Vargas-Baron, 2005

[3] Ordinance no. A/2006/4600/MSP/MCIRME/MEF/SGG of September 6, 2006

of infants from birth to six months of age. Currently, only 48% of infants in Guinea are exclusively breastfeed until 6 months of age.

Policies and regulations promote some provision of healthcare for young children and women. The Public Health Code and the Expanded Program on Immunization (EPI) require all children to receive a complete course of childhood immunizations. Though policies do not require children to attend well-child visits, the Public Health Code mandates child monitoring for malnourished children and children with certain diseases, including HIV/AIDS and sickle cell anemia. In 2003, the Ministry of Public Health (MoPH) developed a National Health Development Plan (NHDP), which includes maternal and child health as a major component. The NHDP commits to promote access to prenatal and obstetric care and ensure the provision of quality care for young children. Pregnant women with HIV/AIDS are required by law to receive standard health screenings and appropriate medication to prevent mother-to-child transmission prior to, during, and post birth. According to the Labor Code (1988), new mothers are entitled to free medical care to be provided by their employers.

National laws and regulations do not adequately promote early learning. The National Education Sector Policy (2005) and the Policy Statement on the Preprimary Education Sub-Sector (PSPES) register preprimary education as the first level of education. The PSPES' goal is to increase preschool coverage from 9% to 30% by 2020 for children aged 3-5 years old. The policy supports the expansion of Early Childhood Care and Education (ECCE) through the development of 303 Community Education Centers (CECs) and the training of ECCE educators and supervisors. The Ministry of Social Affairs and the Advancement of Women and Children (MASPFE) has developed guidelines for establishing CECs and a learning framework for public and private ECCE providers. Government policies do not mandate compulsory preprimary or parenting education.

National policies guarantee job protection for pregnant women, and opportunities for new parents to care for their infants during the first year of life. Article 59 of the Labor Code (1988) mandates the provision of 98 days of maternity leave to working women, paid at 100% salary. Maternity leave is partially financed by the GoG and partially paid for by the employer. The parental leave policy applies to both private and public sector employees. Women are permitted to take unpaid leave not to exceed nine months at the end of their maternity leave (Article 62). In reality, given the high levels of employment within the informal sector, the vast majority of Guinean women do not benefit from paid maternity leave. There is no policy mandating paternity leave for new fathers.

Table 3: Regional comparison of parental leave policies

Guinea	Liberia	Mali	Nigeria	Sierra Leone
98 days paid maternity leave at 100% salary for women; no leave for fathers.	90 days paid maternity leave at 100% salary for women; no leave for fathers.	98 days paid maternity leave at 100% salary for women; 3 days at 100% salary for fathers.	84 days paid maternity leave at 50% salary for women; no leave for fathers.	84 days paid maternity leave at 100% salary for women; no leave for fathers.

Source: World Bank's Women, Business and the Law database

The Labor Code also provides pregnant women and new mothers with protection, including requiring employers to provide an hour break for nursing mothers for a total of 15 months, and prohibiting the dismissal of pregnant women (Articles 62 & 63). Table 3 compares parental leave policies in Guinea with neighboring West African countries.

National laws and regulations promote child protection and care for disadvantaged children. The Guinean Civil Code (Article 192) mandates the registration of children at birth, and the government has established a National Committee to support Birth registration. The birth of a child must be registered within 15 days of the date of birth, and failure to do so is considered an offense. Exceptions are made contingent upon certain circumstances.

The Guinean Constitution, the Penal Code, and the Code of Criminal Procedure contain measures that afford protection to children. In 2009, Guinea adopted a comprehensive Child Code that includes several enhanced protection measures, especially for victims of domestic violence, trafficking, and child labor. In 1999,

Guinea ratified the UN Convention on the Rights of the Child (CRC), making it the 14th country to sign the international child protection treaty. Guinea has also ratified the African Charter on the Rights and Welfare of the Child. The GoG has set up a national commission to monitor the implementation of the CRC, and in 2001, established a Children's Parliament to advocate for the rights of all children.

In 1996, the government established the Ministry of Social Affairs and the Advancement of Women and Children (MASFE) to promote and implement policies for all children, including orphans and children with special needs. MASFE developed the National Policy on Preprimary Education and Child Protection, which offers access to ECD services for OVCs and children with special needs. The GoG has also established a Steering Committee to support the protection of orphans and vulnerable children (OVCs). Policies to support the rehabilitation and reintegration of children affected by conflict have been introduced.

The Ministry of Security has created a special police unit to investigate child abuse and child trafficking. Training programs have been developed and implemented for judges and lawyers to familiarize them with the CRC and matters related to ECD aged children.

Key Laws, Regulations, and Plans Governing ECD in Guinea

- The Public Health Code (1997)
- The United Nations (UN) Convention on the Rights of the Child (Ratified, 1999)
- The African Charter on the Rights and Welfare of the African Child (Ratified, 1999)
- National Health Policy (2001)
- National Health Development Plan (2003)
- National Food and Nutrition Policy (2005)
- National Policy on Preprimary Education and Child Protection (2007)
- Child Code (2009)
- Integrated Early Childhood Program Standard (2009)
- Policy Statement on the Preprimary Education Sub-Sector (2012)
- National Education Sector Policy (2012)

Policy Lever 1.2: Intersectoral Coordination

Established

Development in early childhood is a multi-dimensional process.[4] *In order to meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential.*

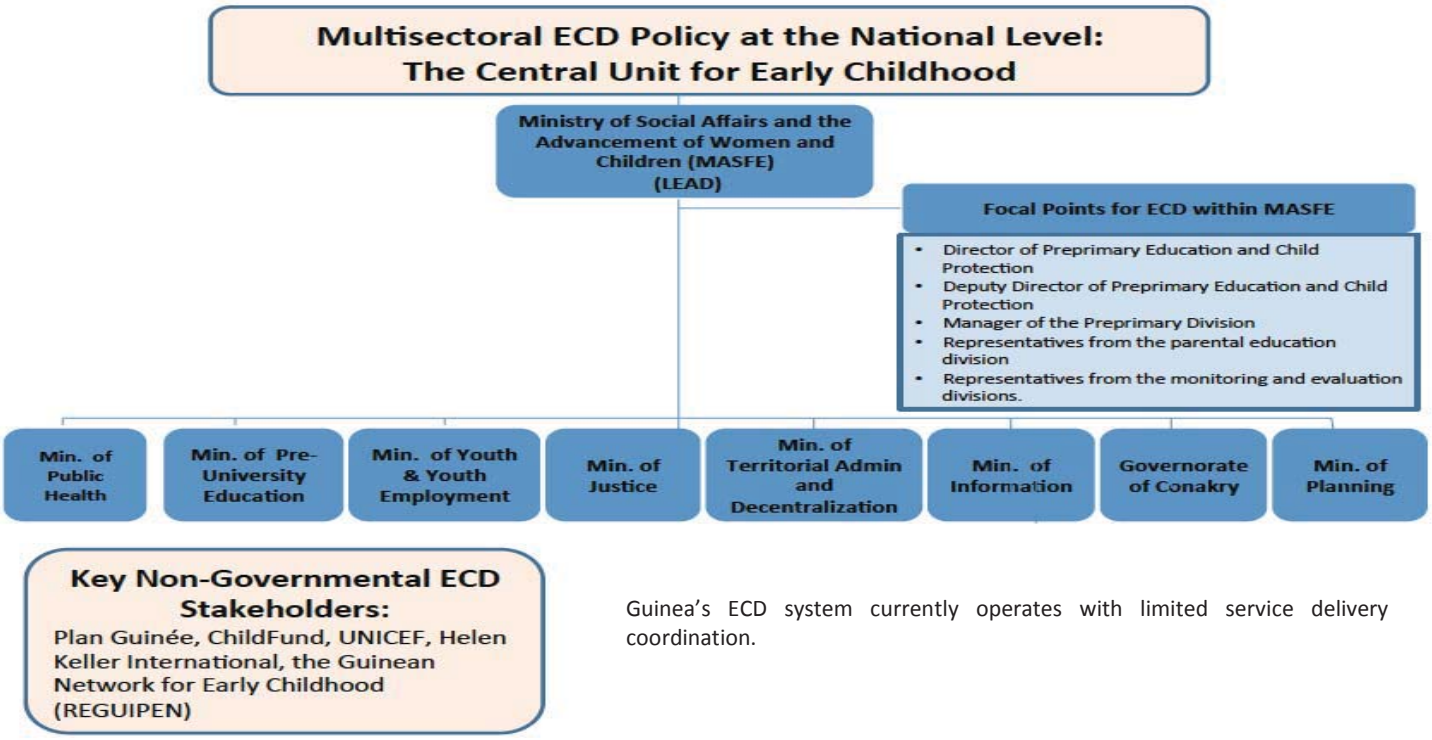
Guinea has an explicitly stated intersectoral ECD policy and strategic plan. The National Policy on Preprimary Education and Child Protection (PPECP) details a multisectoral strategy for the management of ECD that includes education and child protection, and elements of health and nutrition. The policy provides guidelines for ECD activities at the national and subnational levels, and the Government has established an integrated list of ECD services. Although the central Government is responsible for the design of ECD policy in Guinea, national and sub-national government bodies are responsible for the provision of ECD services under the supervision of MASFE.

Guinea has established an institutional anchor to lead ECD policy but coordination amongst ministries is limited. The Ministry of Social Affairs and the Advancement of Women and Children is the coordinating ministry for ECD. Within MASFE there is the National Directorate for Preprimary Education and Child Protection (DNPEPE), which is tasked with developing and implementing ECD policies and programs. Focal points for ECD include the Director and Deputy Director of DNPEPE, the Manager of the Preprimary Division, and representatives from the parental education and monitoring and evaluation teams.

In 2002, the GoG established a steering committee to coordinate childhood development policies, which includes a unit on ECD. As displayed in Figure 2, the Central Unit for Early Childhood (CUEC) comprises representatives from relevant ministries, including:

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

Figure 2: Structure of the National ECD Taskforce



Guinea's ECD system currently operates with limited service delivery coordination.

MASFE, the Ministry of Pre-University Education (MEPUEC), the Ministry of Public Health, the Ministry of Justice, the Ministry of Youth and Youth Employment, the Ministry of Planning and International Cooperation, the Ministry of Information, the Ministry of Territorial Administration and Decentralization, the Ministry of Culture, the Ministry of Sports, and the Governorate of Conakry. The ECD group is tasked with setting policies and standards for ECD services, and monitoring the quality of service provision. [5]

A letter of cooperation exists between the relevant ministries for the implementation of the PPECP. CUEC is set to meet once a month to coordinate activities.[6] Despite these formal mechanisms for collaboration, there is a lack of coordination between ministries in the actual provision of ECD services. This is in part due to budget constraints. There is no ECD-specific budget allocation dedicated to the Ministries in charge of health, nutrition, or education.

Mechanisms exist to promote coordination between state and non-state stakeholders. The Guinean Network for Early Childhood (REGUIPEN) facilitates knowledge exchange between organizations working on ECD. Local NGOs, development partners, and government agencies meet occasionally to develop ECD strategies and coordinate program implementation.

Policy Lever 1.3: Finance

Latent

While legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns, but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits[7]*. Not*

[5] Ordinance no.6233/PASE/CAB/90

[6] Ordinance no.6233/PASE/CAB/90.; Ordinance no.2002/MASPFE/CAB March 7, 2002.

[7] Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003

only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

The Government makes some budgetary allocation for preprimary education and child protection. ECD budget planning for education and child protection is coordinated between MASFE, the Ministry of Finance, and the Ministry of Pre-University Education. Following the annual adoption of the Budget Act, the three ministries meet for a joint planning session to determine the childhood development budget for MASFE, which includes ECD. For FY2012, MASPFE budgeted GNF 500 million Guinean Francs (US$68,331) each for ECCE and child protection.

The Ministry of Pre-University Education's (MEPUEC) budget for FY2012 included GNF 13 trillion Guinean Francs (US$1.77 billion) for education. Though the MEPUEC has the expansion of preprimary education as one if its priorities, the specific allocation for ECD is not available.

The Policy Statement on the Preprimary Education Sub-Sector (2012) seeks to significantly increase public funding for ECCE as part of its goal to expand preprimary enrollment to 30% by 2020. The National Policy on Preprimary Education and Child Protection also has increased funding for ECCE and child protection as one of its priorities. MASFE plans to organize advocacy and lobbying sessions to increase the funding allocation for preprimary education from 8% to 30% in the National Development Budget. In 2010, the GoG commissioned a study to develop strategies for financing ECD in Guinea. It is unclear whether the findings and recommendations from this study have been implemented.

There are no criteria or method for determining ECD financial allocations or spending for health and nutrition. There is no national law or policy establishing the minimum level of public funding for ECD. Each of the relevant ministries is responsible for financing ECD interventions and there is limited coordination in the management of ECD investments across sectors. Information on budgeting and spending for young children and pregnant women for health and nutrition programs does not exist. As part of the World Health Organization's Global Strategy for Women and Children's Health, the GoG expressed its commitment to establishing a budget line for reproductive health commodities and ensuring access to free prenatal and obstetric care as well as care for newborns.

The level of public ECD expenditure is inadequate and high private costs are a barrier to access, especially for low-income families. There is only one publically funded preprimary school in Guinea, located in the capital, Conakry. The private sector, NGOs, and community groups provide the majority of ECCE services in the country. Families have to pay a number of fees to access these services, including tuition, matriculation, the costs of uniforms, and other school fees. International development partners provide a lot of the funding for ECCE and social services, especially to young children living outside of Conakry.

By law, families are entitled to a number of complimentary health services, including: labor and delivery, child growth monitoring, prenatal checkups, antiviral treatment for pregnant women, malaria treatment, and Insecticide-treated bed nets (ITNs) for pregnant woman and young children. In practice, however, the level of out-of-pocket health expenditures is considerably high. As presented in Table 4, data from the World Health Organization Global Health Expenditure Database shows that out-of-pocket expenditure accounts for 88% of the total expenditure on health in Guinea. When compared to neighboring West African countries, Guinea has one of the highest levels of out-of-pocket health expenditure.

Table 4: Regional comparison of select health expenditure indicators[8]

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

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

The adequacy of official levels of remuneration for ECD service providers is difficult to assess. The Government has no standard salary for ECCE professionals. The compensation for preprimary teachers and caregivers varies by communities, and in some cases, remuneration takes the form of in-kind payment. According to policy, the Government compensates extension health service professionals in line with public service regulations; however, no data exist on the exact level of compensation.

Policy Options to Strengthen the Enabling Environment for ECD in Guinea

Legal framework:

- The GoG has developed policies and regulations in all relevant sectors to support ECD. The Child Code and the National Policy on Preprimary Education and Child Protection ensure the protection of young children and support the provision of ECCE services. The Government could focus on expanding policies that promote access to healthcare and appropriate dietary consumption for all ECD beneficiaries, including officially passing a policy addressing the marketing of breast milk substitutes and mandating salt iodization.

Intersectoral Coordination:

- Although Guinea has established a multisectoral strategy and an institutional anchor, financial constraints may affect its ability to successfully play its coordinating role. Developing effective coordination mechanisms and synergies amongst relevant government entities could help improve Guinea's multisectoral strategy. The Government could consider improving information sharing on ECD-related budget allocations and spending, and effectively leveraging ongoing projects in one sector to support policies and strategies in other sectors.

Finance:

- The Government provides limited ECD financing, and in order to access key services, families must bear a large share of the costs. This severely limits access to essential health, education, nutrition, and social protection services for many poor families, and in particular, families living outside of Conakry. Currently, many key ministries do not have ECD specific line items. These Ministries could consider inserting specific line items within their budgets for pregnant women and young children, and coordinating their spending information and program implementation with other ministries. To support MASFE's goal of increasing preprimary education to 30% by 2010, the Government could consider the following options, independently or jointly:

  - Provide grants to rural development communities (RDCs) to further the expansion of ECCE Community Education Centers (CECs);
  - Provide cash transfers or vouchers to families contingent upon enrolling a child in preprimary school or accessing other ECD services. Box 2 describes a successful example of a cash transfer program in Mauritius;
  - Develop a public-private cost sharing arrangement to build more CECs and expand the development of public preprimary schools; and
  - Create an ECCE start-up credit loan in order to expand service delivery for underserved communities.

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

Box 2: Relevant lessons from Mauritius on financing ECD: conditional cash transfers (CCTs) to promote ECCE enrollment

Summary: The Government of Mauritius has focused policy efforts on increasing preprimary school enrollment in the last decade. In order to encourage parents to enroll their children, the Government provides all families with financial support contingent upon the child attending the final year of preprimary school (age 4 in Mauritius). The transfer amounts to USD 6 per month and has helped achieve an 85% enrollment rate in preprimary school for children aged 3 to 5 in Mauritius. Provision is largely through non-State centers (17% of all preschools are State-managed), but the design and enforcement of quality control mechanisms has remained central to Government policy efforts.

Key considerations for Guinea:

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

✓ CCTs could be combined with grant programs to Community Education Centers (CECs) to increase student enrollment and improve integrated ECD services at the community level

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

Policy Goal 2: Implementing Widely

➢ Policy Levers: Scope of Programs • Coverage • Equity

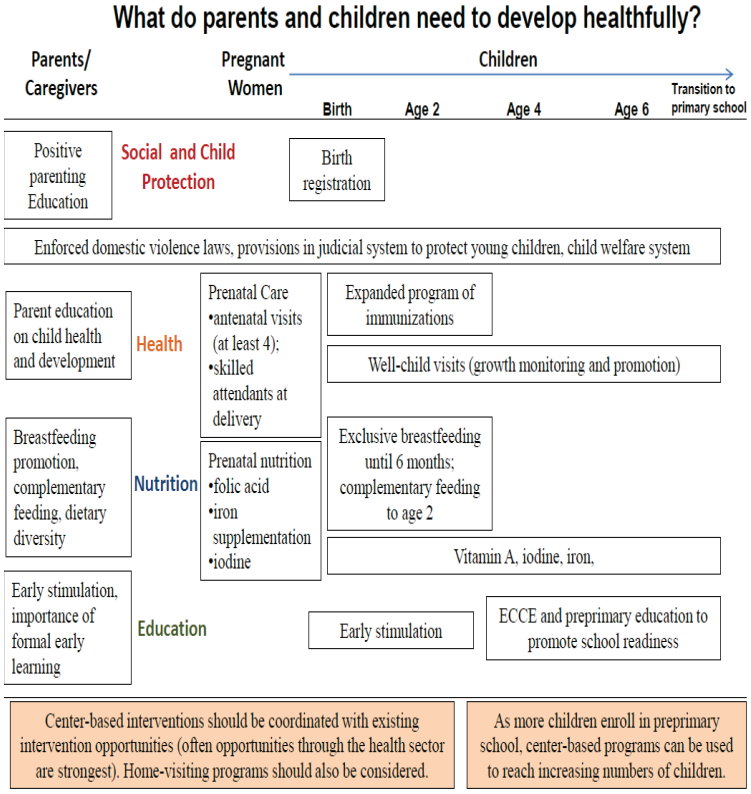
Implementing Widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and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

Policy Lever 2.1: Scope of Programs

Emerging

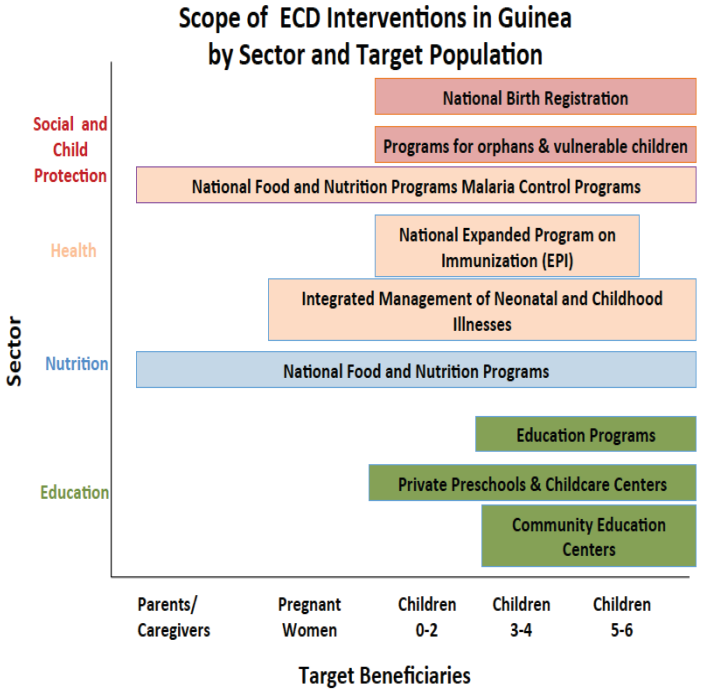
Effective ECD systems have programs established in all essential sectors and ensure that every child and expecting mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors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

Figure 3: Essential interventions during different periods of



ECD programs are established across all relevant sectors and target a wide range of beneficiary groups. Guinea has a range of ECD interventions in the education, health, nutrition, and child protection sectors. Interventions exist that target children aged 0 to 83 months old, pregnant women, and caregivers. As presented in Figure 4, programs targeting parents, caregivers and preprimary aged children are limited.

Figure 4: Scope of ECD interventions in Guinea by target population and sector



A range of health interventions exists that target all beneficiary groups. Since 1979, the Ministry of Public Health (MoPH) has implemented EPI to provide the full course of childhood immunizations for children aged 0 to 83 months. The Government also implements an Integrated Management of Childhood Illnesses programs that targets all children. Child monitoring programs are provided at local health centers and CECs in accordance with national health policy. A host of international development partners, often in coordination with MoPH, implement a range of health programs, including: prenatal and post-natal care, parental education on child health, immunization support, child growth monitoring, and malaria treatment and prevention. In 1997, the Government piloted a community health insurance scheme for safe motherhood (MURIGA) to support access to pre-natal and neonatal care. The Government has since adopted MURIGA as a national maternal health strategy; it is currently implemented in 17 of Guinea's 33 prefectures. The community health insurance scheme helps cover the costs of child vaccinations, drug prescriptions, and referrals for women and children.

Essential nutrition programs in Guinea are provided with the assistance of international development partners. The Department of Food and Nutrition of the MoPH works with a number of development partners to provide food fortification and nutrition surveillance programs for the full range of ECD beneficiaries. Each year, MoPH organizes a breastfeeding campaign that targets nursing and pregnant women.

Education programs are provided for children aged 3 to 6 by Community Education Centers, private institutions, and public institutions. Non-state actors provide the majority of ECCE services in Guinea, with coverage in a limited number of regions. International development partners support a variety of ECCE programs, including teacher training, parental education, and curriculum development. There is limited information on the provision of the ECCE services to children with special needs.

In order to expand coverage and provide integrated ECCE services for children living in rural and marginalized communities, the Directorate for Preprimary Education and Child Protection has introduced a program to establish Community Education Centers (CECs). According to the 2012 Policy on the Preprimary Education Sub-Sector, the Government plans to build 303 CECs. Each CEC serves between 30 to 40 children aged 3 to 6 years old, and provides preprimary education as well as nutrition and health interventions, including child growth monitoring, school feedings, and nutritional surveillance. Each community selects one or two early childhood educators who are trained and tasked with managing the CECs. Once a year, community health workers are tasked with providing vaccines, and nutritional and health monitoring for children attending CECs. CEC's also provide parental education, including courses on childhood health, child rights, and literacy programs for women.

Local women's associations, community groups, parents, and CRDs supervise and support CECs in each community. Families contribute to the monthly salary of CEC educators and caregivers. MASFE and the Ministry of Pre-University Education provide CECs with technical

and financial assistance as well guidelines for the implementation of preprimary programs. In 2008, 293 CECs had already been established with support from UNICEF, ActionAid, GiZ, KfW Banking Group, Agence Française de Développement, and the World Bank.

There are some child protection initiatives provided by the Government and NGOs. In 2005, the GoG introduced a new drive to increase the level of birth registration, which was, at the time, 28% of Civil service officials, community health workers and midwives have participated in training programs to help encourage families to obtain birth registration for their children and as of 2010, the rate of birth registration had increased to 43%.

Special programs exist for the housing and care of orphaned and vulnerable children. The Government has established a family tracing and reunification program for children separated as a result of the wars in neighboring Sierra Leone and Liberia, and health and social protection programs exist for refugee children.

Table 5 shows that in Guinea a range of ECD programs are established in education, health, nutrition, and child and social protection. Many programs, especially in the education sector, are provided with limited coverage in a number of regions in the country. Guinea does not have a comprehensive system in place to track individual children's needs and, where necessary, intervene. Development partners such as UNICEF, Plan Guinea, Helen Keller International, SOS Children's Village International, and ChildFund provide many of the ECD services outside of Conakry.

Table 5: ECD programs and coverage in Guinea

ECD Intervention	Scale	
	Number of Regions Covered (out of 8)	Level of Coverage
Education (stimulation at early learning)		
Government-provided early childhood care and education	1	Low
Privately-provided for profit early childhood care and education	8	Low
Privately-provided not-for-profit early childhood care and education	8	Low
Community-based early childhood care and education	8	Low
Health		
Prenatal healthcare	No data	
Labor and delivery	8	Low
Comprehensive immunizations for infants	8	Low
Childhood wellness and growth monitoring	No data	
Nutrition		
Micronutrient support for pregnant women	8	Universal
Food supplements for pregnant women	No data	
Micronutrient support for young children	8	Universal
Food supplements for young children	No data	
Food fortification	8	Universal
Breastfeeding promotion programs	8	Low
Anti-obesity programs encouraging healthy eating/exercise	No intervention	
Feeding programs in preprimary schools	No data	
Parenting		
Parenting integrated into health/community programs	8	Low
Home visiting programs to provide parenting messages	No intervention	
Social and Child Protection		
Programs for OVCs	3	Low
Interventions for children with special (*emotional and physical*) needs	No data	
Cash transfers conditional on ECD services or enrollment	No intervention	
Comprehensive		
A comprehensive system that tracks individual children's needs	No intervention	

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

*Note: Nearly universal coverage signifies coverage rates above95%

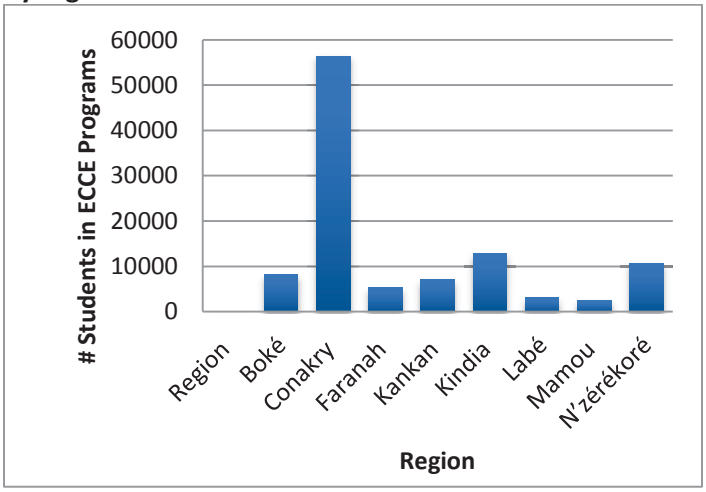
Policy Lever 2.2: Coverage

Latent

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

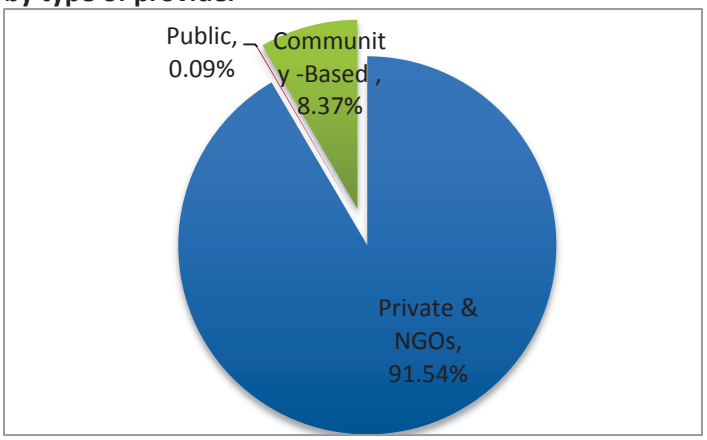
Access to Early Childhood Care and Education (ECCE) in Guinea is limited. The Guinean Government does not mandate compulsory preprimary education for children aged 3 to 6 years old. Currently, only 9% of preschool aged children attend preprimary programs in Guinea, and access is disproportionate, with most schools located in the capital of Conakry. Figure 5 displays the number of students enrolled in preprimary programs by region. As displayed in Figure 6, roughly 92% of students attend ECCE programs provided by the private sector and non-governmental organizations. Community-based preschools account for close to 8% of preprimary enrollment, while public ECCE institutions are nearly non-existent, with only one public pre-primary school operating in the whole country.

Figure 5: Student enrollment in preprimary programs by region



Source: MASPFE, Statistics on Preprimary Education, 2010-2011

Figure 6: Student enrollment in preprimary programs by type of provider



Source: MASPFE, Statistics on Preprimary Education, 2010-2011

The Education Sector Strategy and Policy Statement on the Preprimary Education Sub-Sector seek to increase preprimary enrollment to 30% by 2020 and expand coverage in rural areas. By 2020, the Government plans to:

- Develop 38 public preprimary centers in urban areas and 303 Community Education Centers;
- Provide pre-service training for 796 preprimary teachers and continuous in-service training for 2,023;
- Introduce a parental education program that targets 5,000 parents in 303 communities;
- Develop and distribute 341 pedagogical, information, and games kits to preprimary centers; and
- Organize advocacy and lobbying sessions to increase the funding allocation for preprimary education from 8% to 30% in the National Development Budget.

As presented in Table 6, nursery schools constitute the majority of ECCE centers in Guinea with a percentage share of 74.6% (929), followed by community-based centers with a share of 10.4% (129). There exist fewer childcare centers (0.7%, 52 centers). The majority of ECCE facilities are located in urban and peri-urban areas putting children in rural areas at a disadvantage.

Table 6: Number of ECCE centers by type

Region	Crèche	Childcare Centers	Nursery School	Kinder-garten	CEC
Boké			4	46	6
Conakry	24	6	1	569	0
Faranah				24	28
Kankan			5	46	20
Kindia	1	1	2	133	24
Labé		1	4	35	6
Mamou	1		2	19	11
N'zérékoré	3	1	33	57	34
Total	*29*	*9*	*51*	*929*	*129*
% Share	**2.3%**	**0.7%**	**4.10%**	**74.6%**	**10.4%**

Source: MASPFE, Statistics on Preprimary Education, 2010-2011

Young children have low access to essential health interventions in Guinea. Table 7 displays a regional comparison of coverage of health interventions. Guinea has a low rate of DPT immunization for 1-year old children (57%) compared to neighboring countries. Although 74% of children receive anti-malarial medication, only 5% of Guinean children sleep under insecticide-treated bed nets (ITNs). This rate is alarmingly low considering the high prevalence of malaria in the country. Currently, 38% of young children suspected to have pneumonia receive antibiotics and 39% of young children suffering from diarrhea receive oral rehydration and continued feeding.

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

	Guinea	Liberia	Mali	Nigeria	Sierra Leone
1-year-old children immunized against DPT (corresponding vaccines: DPT3ß)	57%	64%	76%	69%	90%
Children below 5 with diarrhea receive oral rehydration/ continued feeding	38%	47%	38%	25%	57%
Children below 5 with suspected pneumonia receive antibiotics	No data	62%	38%	23%	27%
Children below 5 sleep under ITN	5%	26%	70%	29%	26%
Children below 5 with fever receive anti-malarial	74%	67%	No data	49%	30%

Source: UNICEF Country Statistics, 2010

Access to essential maternal health interventions is low. By international standards, the level of antenatal care and health services during childbirth is relatively low in Guinea. Currently, 46% of women have access to skilled attendants at birth and only 50% of pregnant women receive antenatal care at least four times. Twenty-two percent of HIV+ pregnant women receive antiretroviral drugs to prevent mother-to-child transmission. Compared to other countries in the region, this rate is relatively low. The cost and physical accessibility of maternal health interventions is often prohibitive, especially for poor families. Table 8 compares a number of essential maternal health interventions in Guinea and neighboring West African countries.

Table 8: Maternal health services in West Africa

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

Source: UNICEF Country Statistics, 2010

The level of access to essential nutrition interventions in Guinea is inadequate. The period between conception and the age of two is a window of opportunity to address and prevent the damage caused by malnutrition. Malnutrition prevents the full physical development of children, which hinders linguistic, cognitive, and socio-emotional development. The level of moderate and severe stunting amongst children 5 years old and younger is high in Guinea (40%), much like other countries in West Africa. The rate of exclusive breastfeeding for infants below 6 months old is 48%, which suggest the need to bolster the Government's annual breastfeeding campaign. Like other countries in the region, Guinea has a high prevalence of anemia in pregnant women. Notably, Guinea has achieved 97% coverage in the Vitamin A supplementation for young children. Table 9 summarizes the nutritional status of young children and pregnant women in Guinea and other West African countries.

Table 9: Level of access to essential nutrition interventions for young children and pregnant women in West Africa

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

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

The level of coverage of child protection interventions in Guinea is improving. In 2005, the GoG launched a campaign to increase the rate of birth registration. Between 2005 and 2010, the rate of birth registration increased from 28% to 43%. This achievement and the low rate of birth registration in Guinea, suggest the need to scale up the Government's efforts to promote birth registration. The legacy of war in the neighboring countries of Liberia and Sierra Leone brought in child refugees to Guinea, many of whom remain unregistered and therefore, unable to access education and other social services. Table 10 displays birth registration coverage in the region. Improved attention to the registration of child victims of conflict is important.

Table 10: Level of access to birth registration in West Africa

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

Source: UNICEF Country Statistics, 2010

Policy Lever 2.3: Equity

Latent

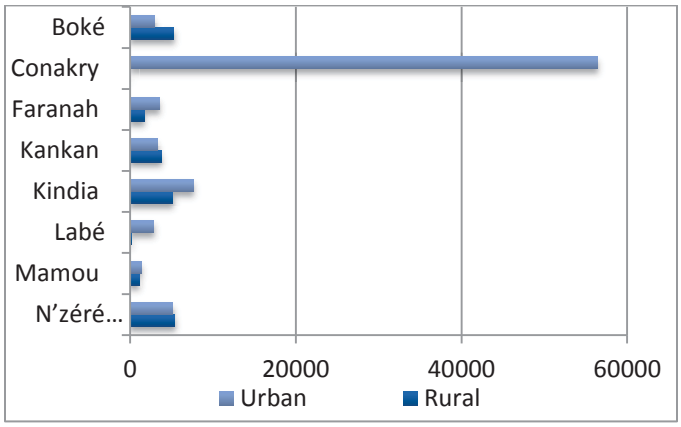
Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services[9]. One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

Large disparities exist in access to preprimary education between young children in urban and rural locations. The level of access to preprimary education for girls and boys in Guinea is nearly even, however, as Figure 7 illustrates, the rate of preprimary enrollment varies significantly by region. Conakry has the highest number of students enrolled in preprimary programs (43%) while Mamou (2%) has the lowest. Data on preprimary enrollment by socioeconomic status are not available.

Wealthier families have better access to health, nutrition, and social protection services than poorer families. An analysis of data from the UNICEF Multiple Cluster Survey (MICS) reveals significant disparities in access to ECD services by wealth and urban-rural location. Figure 8 illustrates the level of access to a number of ECD services by socioeconomic status. While 83% of children from the richest quintile are registered at birth, only 20% of children from poorer families are registered. Pregnant women from the wealthiest families are twice as likely to have skilled attendants at birth as women from the poorest families. Approximately 1% of wealthy children are underweight compared to 19% of the poorest children.

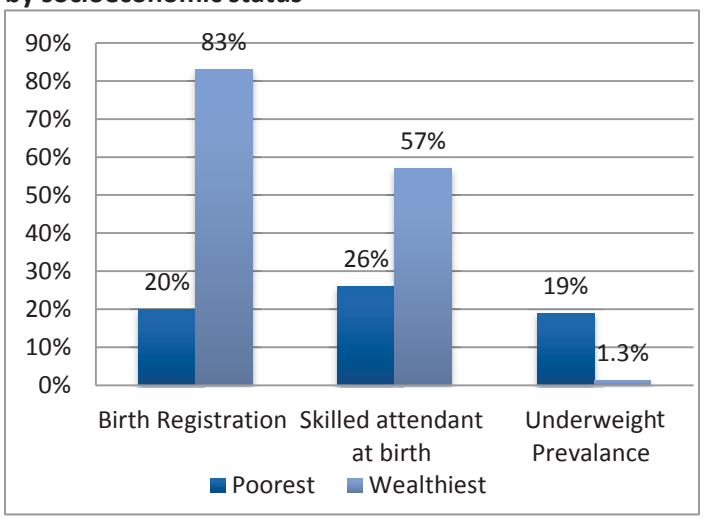
Figure 7: Number of children enrolled in preprimary programs by region (ages 3 to 6)

[9] Engle et al, 2011; Naudeau et al., 2011



Source: MASPFE, Statistics on Preprimary Education, 2010-2011

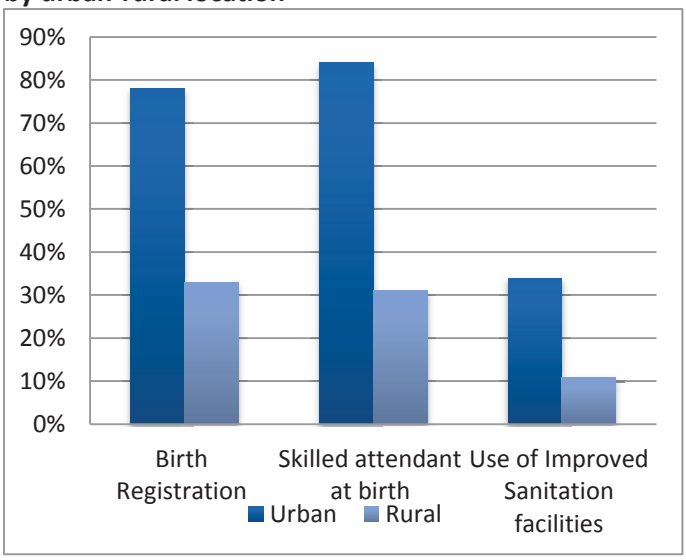
Figure 8: Level of access to essential ECD interventions by socioeconomic status



Source: UNICEF Country Statistics, 2010 and UNAIDS Database

Access to ECD services is highly uneven by urban-rural location. Figure 9 presents access to a selection of ECD services by urban-rural location. Young children and families from urban areas have better access to sanitation facilities than those in rural areas. While 84% of women in urban areas have the assistance of skilled attendants at birth, only 33% of women in rural areas do. Furthermore, 78% of children in urban areas are registered at birth, compared to 33% of rural children. The data suggest the need for more interventions targeted at young women and pregnant women in rural areas and locations outside of Conakry.

Figure 9: Level of access to essential ECD interventions by urban-rural location



Source: UNICEF Country Statistics, 2010 and UNAIDS Database

Policy Options to Implement ECD Widely in Guinea

Scope of Programs

- In Guinea, ECD services are provided largely by development partners and NGOs who often work with government entities. Currently, the level of Government provision of ECD services is low. This contributes to low access to essential ECD services in some areas and low provision of key services in some sectors. The Government could consider introducing more programs for children with special needs, OVCs, and child refugees. For health and nutrition programs, the Government could involve the agriculture and transportation sectors to ensure the provision of accessible nutrition and health commodities to rural families. Box 3 describes an example from Senegal, where the Government has expanded nutrition programs in the country.

Coverage

- ECD coverage remains a major issue in Guinea, particularly for rural communities. The GoG should target programs at pregnant women and young children in hard-to-reach areas. Shortages in essential health commodities remain a barrier to access and consumers have to pay large sums of money health services. Increasing the level of

Box 3: Relevant lessons Senegal: Improving access to nutrition interventions in hard-to-reach populations

Summary: In 2002, the Nutrition Enhancement Program (NEP) was launched by the Government of Senegal to provide multisectoral support for nutrition and enhance nutritional conditions for children below age 5 and pregnant and lactating women. It includes a community-based growth monitoring and promotion and community IMCI (Integrated Management of Childhood Illness) with maternal counseling, home visits, and cooking demonstrations. The project integrated nutrition interventions (i.e. growth monitoring and promotion) with existing health sector interventions (i.e. IMCI). The Ministry of Health and local development agencies already provided a relatively good scope of coverage of health interventions in local communities. Thus, the nutrition sector leveraged existing resources for delivering the NEP interventions. Due to the synergistic effect of bringing together the nutrition and health sectors, the NEP became a mechanism for delivering other essential health and nutrition services provided by existing programs (including insecticide-treated bed nets and vitamin A supplements). As of 2012, the Government of Senegal has expanded the community nutrition program to reach more than 60% of the target population.

Key considerations for Guinea:

- ✓ Given Guinea's focus on integrated ECD services through Community Education Centers, these nutritional components could be included in the parental education programs provided by CECs.
- ✓ Promoting feeding practices combined with the delivery of essential health services can be an effective strategy to promote the holistic development of children.

essential health commodities and bolstering the community health insurance system could be effective. Also, improving the referral system for community health workers and training local midwives and healers could be useful for providing health and nutrition services to beneficiaries in marginalized communities. The GoG could consider working with communities to set an appropriate pay scale for ECCE professionals. MASFE could scale its efforts to increase public provision of preprimary education by further expanding the creation of Community Education Centers and possibly attaching preprimary programs to primary schools.

Equity

- There are wide disparities in access for young children and pregnant women based on socioeconomic status and urban-rural location. The poorest and most marginalized communities have considerably less access to essential ECD services. School grants to CECs and Conditional Cash Transfer (CCT) programs could potentially be used to increase preprimary enrollment and support the provision of health and nutrition services to these communities.

Policy Goal 3: Monitoring and Assuring Quality

➢ Policy Levers: Data Availability • Quality Standards • Compliance with Standards

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

Policy Lever 3.1: Data Availability

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

The Directorate for Preprimary Education and Child Protection and other ministries collect administrative data on young children's access to education and social protection services. The GoG has established a Research and Statistics Unit within the National Directorate for Preprimary Education and Child Protection (DNEPPE). With the support of UNICEF and UNESCO, data are collected on child protection and education access for young children. DNEPPE tracks and disaggregates data by urban-rural location and gender but not by socioeconomic characteristics. According to MASFE, indicators have been developed in nine areas to monitor child protection, including the protective environment, child sexual abuse and violence, economic exploitation, children in institutions, children affected by conflict, children in conflict with the law, orphans and vulnerable children, child development, and youth participation.

In 2008, political turmoil disrupted the work of the national birth registry service, and data on birth registration is not up to date at the national level. The Ministry of Territorial Administration and Decentralization is working with development partners to build the capacity of the national birth registry service to improve and expand data collection on birth registration. The Government does not currently collect data on access to ECD services for children with special needs.

Within the Ministry of Pre-University Education there is a statistics and planning department that collects data on education, including longitudinal data on a number of variables and data on academic performance. It is unclear whether the MEPUEC collects data on preprimary education. At the community level, data are collected on child learning outcomes and growth monitoring through Community Education Centers (CEC).

Some administrative and survey data are collected on health and nutrition in Guinea. The Ministry of Public Health, as part of its larger monitoring and evaluation work, collects some administrative data on progress in child nutrition monitoring, immunization, and child and maternal health indicators. As in the education and social protection sectors, administrative data collection agencies for health and nutrition are limited by a lack of technical and financial support.

Guinea participated in the 1996 and 2003 UNICEF Multiple Indicator Cluster Surveys (MICS). MICS collects and provides a range of household data on access and outcomes related to interventions in health, nutrition, education, child protection, and water and sanitation. Table 11 presents a series of key indicators that a country can collect to track the provision of services to promote young children's development. These data include both administrative and survey data.

Table 11: Availability of data to monitor ECD in Guinea

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

Source: UNICEF Country Statistics 2010, MASPFE, and MoPH.
Note: X refers to indicators that are not tracked and √ refers to indicators that are tracked.

Policy Lever 3.2: Quality Standards

Ensuring quality ECD service provision is essential. A focus on access – without a commensurate focus on ensuring quality – jeopardizes the very benefits that policymakers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children[10].

The DNEPPE has developed early learning standards for preprimary education. In 2009, the DNEPPE introduced the Integrated Early Childhood Program Standard, which includes pedagogical tools and guidance for the education of children ages 3-6. The integrated standard outlines development areas, including cognitive development, language, numeracy and literacy, hygiene, health, and nutrition, physical development, art, and science. The Standard recommends one educator and one assistant per 40 children, and provides suggestions on how to organize the school day. Although French is the official language of instruction, the Standard includes guidance on instructing young children in their mother tongue. The Standard also contains specific child assessment tools based on preprimary class level. The Education Sector Policy seeks to harmonize preprimary and primary education programs to facilitate the transition from preschool to primary school. Limited information is available on the implementation of the integrated standard and the Education Sector Policy.

There are established infrastructure and service delivery standards in Guinea for ECCE. The National Directorate for Training and Advanced Vocational Training of Staff (DNFPPP) and the Directorate for Preprimary Education and Child Protection have developed training standards for preprimary educators and caregivers. According to the standards, preprimary educators for children aged 2 to 6 are required to have a secondary school diploma and vocational training, an ECD certificate or specialized course, participation in specialized ECD training, and a supervised practicum. ECD educators are also required biennially to take 480 hours of in-service training on child protection, health, nutrition, sanitation, and cognitive and social development. For health service providers, the Government has expressed its interests in introducing a curriculum on integrated prevention and care for newborns and childhood illness in health training institutes.

The DNEPPE has also established infrastructure standards for preprimary schools. Standards require ECCE providers to have functional hygiene facilities, potable water, play areas for children, and sound building structures. The Information Guide on the Creation and Management of Community Education Centers includes a number of infrastructure standards for CECs.

Registration and accreditation procedures are difficult to assess. There is limited information on the registration and accreditation procedures for preprimary schools and CECs in Guinea.

Policy Lever 3.3: Compliance with Standards

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

Some preprimary teachers meet established pre-service training standards. Guinea has a total of 3,018 teachers working in private, community, and public preprimary schools. The Government requires ECCE teachers to have a high school diploma and vocational training in ECD. The majority of ECD teachers do not have the required training and education. Currently, there are only 800 ECD teachers with high school diplomas, 94 with 2-year undergraduate degrees, 134 with Bachelor's degrees, and 200 with Master's degrees.

Preprimary schools do not adequately comply with established infrastructure standards. Despite established standards, many preprimary schools do not meet basic sanitation and infrastructure standards. As Table 12 illustrates, only 63% percent of schools have an enclosed space, 32% of schools have no access to a water source, and 19% have no latrines. Only 72% of schools provide children with an area to play.

[10] Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011; Victoria et al, 2003

Table 12: Compliance with infrastructure standards in Guinea

Region	Number of Schools	Water Point	Functioning Canteen	Enclosure	Play Area	Latrine
Boké	85	56	17	43	53	63
Conakry	647	562	181	505	514	628
Faranah	55	26	2	18	37	44
Kankan	78	10	55	56	78	75
Kindia	170	111	22	98	105	159
Labé	46	34	5	31	27	36
Mamou	33	22	1	14	20	26
N'zérékoré	150	51	10	33	76	60
Total Number	**1264**	**872**	730	**798**	**910**	**1018**
Total %		**69%**	**58%**	**63%**	**72%**	**81%**

Source: MASFE, Statistics on Preprimary Education, 2010-2011

Although there is no mandatory student-teacher ratio in Guinea, the actual ratio of students to teachers does not meet international standards. The Integrated Standard suggests a student-teacher ratio of 40:1, which is more than twice the recommended international standard of 15:1. In practice, student-teacher ratios range from 46:1 to 58:1. Table 13 presents information on the number of teachers and students in preprimary programs.

Table 13: Number of students and teachers in preprimary schools in Guinea

Region	Students	Teacher	Ratio of Student to Teachers
Boké	10,082	215	47:1
Conakry	89,155	1,831	49:1
Faranah	7,742	116	67:1
Kankan	8,497	149	57:1
Kindia	15,528	329	47:1
Labé	3,692	76	49:1
Mamou	2,908	64	45:1
N'zérékoré	13,908	238	58:1
Total	151,512	3,018	50:1

Source: MASFE, Statistics on Preprimary Education, 2010-2011

Policy Options to Monitor and Assure ECD Quality in Guinea

Data Availability:

- Guinea has put in place a number of relatively reliable systems to monitor the provision of education, health, nutrition, and social protection services to young children. Systems also exist at the community level to monitor child learning outcomes and growth monitoring. Although, MASFE, MEPUEC, and the MoPH collect data on young children, there are no mechanisms for joint monitoring of child outcomes in interconnected domains. Local monitoring systems are not connected with central data collection structures. The GoG could consider leveraging the assistance of development partners to conduct periodic surveys of child development outcomes across the country, with special attention to marginalized communities. Data collection systems can be improved by ensuring appropriate financial and technical support.

Quality Standards

- MASFE has developed standards for the provision of ECCE services but these are not always mandatory. It is highly recommended that the Government mandate essential quality standards for ECCE service delivery, especially in terms of the ratio of students to teachers. MASFE and the Ministry of Pre-University Education could develop a professional career ladder for ECCE teachers with standardized remuneration and incentives for obtaining higher and specialized degrees.

Compliance with Standards

- Although standards exist for quality assurance in ECD provision, these are not always adequately enforced. The GoG should closely monitor programs and set review standards for community and private ECCE service providers. Attention to compliance with infrastructure standards is also important. The GoG could consider taking a phased approach to compliance and enforcement, preparing a series of minimum standards that all centers must meet and then additional standards that could be met in a

phased approach, with support from the Government. It is important that whatever approach is adopted, promotes the inclusion and participation of community and private service providers, rather than taking a punitive approach that discourages registration and participation in the formal system.

Comparing Official Policies with Outcomes

The existence of laws and policies alone does not always guarantee a correlation with desired ECD outcomes. In many countries, the implementation of policies does not ensure service delivery and access. This is the case in Guinea, where for example, the law mandates that all children receive a complete course of immunization but only 57% of 1-year old children are immunized against DPT. Despite policies mandating birth registration and support programs, only 47% of children are registered, suggesting that most children have no legal identity and limited access to social services. By contrast, policies on food fortification with Vitamin A have yielded a 97% coverage rate. Box 4 compares selected ECD policies in Guinea with ECD outcomes.

Box 4: Comparing ECD policies with outcomes in Guinea

ECD Policies	Outcomes
Some policies comply with the International Code of Marketing of Breast milk Substitutes →	Exclusive breastfeeding rate (> 6 mo): **48%**
Expanded Immunization Program mandates a complete course of childhood immunizations →	Children with DPT (1 year old): **57%**
Birth Registration of children is mandatory →	Birth registration rate: **43%**
Preprimary education is encouraged but not compulsory for 3-5 year olds →	Net preprimary school enrollment (3-5 years): **9%**
Policy encourages consumption of iodized salt but it is not mandatory →	Household consumption of iodized salt: **41%**

Table 14 compares key policy provisions and associated outcomes in Guinea with countries in West Africa. Mali is the only country on the list that has a policy that mandates salt iodization and the rate of coverage is relatively higher, (76%), than countries like Guinea (41%) where salt iodization is voluntary or Liberia (20%) where no policy exists. Although Guinea has adopted only some provisions of the International Code of Marketing of Breast Milk Substitutes, it has a relatively higher rate of exclusive breastfeeding (48%) than Liberia (34%), Sierra Leone (11%), and Mali (38%) where the Code has been adopted. This seems to highlight the moderate effectiveness of Guinea's annual breastfeeding promotion campaigns.

None of the countries below mandate compulsory preprimary education, and coverage varies from as low as 5% in Mali to approximately 47% in Liberia.[11] Conversely, all countries mandate Birth registration, and rates vary from country to country. Mali has achieved the highest rate of birth registration (81%), while Liberia has the lowest (5%). The mixed policy outcomes presented here underscore the importance of addressing critical policy omissions and the importance of implementation and policy enforcement mechanisms.

[11] There is some concern over the validity of this statistic in Liberia.

Table 14: Comparing policy intent with ECD outcomes in Guinea and comparison countries

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

Preliminary Benchmarking and International Comparison of ECD in Guinea

Table 15 presents the classification of ECD policy in Guinea within each of the nine policy levers and three policy goals. For the *Enabling Environment* policy goal Guinea's level of development is classified as emerging. Guinea's Child Code, National Policy on Preprimary Education and Child Protection, and its health, nutrition, and education sector policies guarantee the provision of many essential ECD services. *Implementing Widely* is deemed latent in Guinea. Although programs are established in all essential sectors, coverage levels remains low and universal coverage for the eligible beneficiary population in all essential sectors is yet to be achieved. Finally, *Monitoring and Assuring Quality* is classified as emerging, with key quality standards being developed, but requiring further regulation and compliance reinforcement mechanisms. Guinea's challenge is to improve intersectoral program implementation, develop mechanisms to expand ECD coverage and ensure quality, and find options to adequately finance ECD interventions.

Table 16 presents the status of ECD policy development in Guinea alongside a selection of countries in East and West Africa. In terms of legal framework, the level of development for Guinea is on par with Sierra Leone, Uganda, and Tanzania. Guinea has made more progress in intersectoral coordination than other countries in West Africa.

Finance for ECD is a particular challenge for many countries in Africa. The level of coverage and equity of ECD service provision in Guinea is relatively low compared to Liberia, Uganda, and Tanzania. While Guinea has relatively developed program standards, the level of compliance with standards remains low and on par with other countries in West Africa.

Table 15: Benchmarking Early Childhood Development Policy in Guinea

ECD Policy Goal	Level of Development	Policy Lever	Level of Development
Establishing an Enabling Environment	●●○○	Legal Framework	●●○○
		Intersectoral Coordination	●●●○
		Finance	●○○○
Implementing Widely	●○○○	Scope of Programs	●●○○
		Coverage	●○○○
		Equity	●○○○
Monitoring and Assuring Quality	●●○○	Data Availability	●●○○
		Quality Standards	●●○○
		Compliance with Standards	●○○○
Legend:	Latent ●○○○	Emerging ●●○○	Established ●●●○ Advanced ●●●●

Table 16: Classification and Comparison of ECD Systems in East and West Africa

ECD Policy Goal	Policy Lever	Level of Development					
		Guinea	Sierra Leone	Liberia	Mali	Uganda	Tanzania
Establishing an Enabling Environment	Legal Framework	●●○○	●●○○	●○○○	●○○○	●●○○	●●○○
	Coordination	●●●○	●○○○	●●○○	●○○○	●●○○	●●○○
	Finance	●○○○	●○○○	●○○○	●○○○	●○○○	●○○○
Implementing Widely	Scope of Programs	●●○○	●●●○	●●○○	●○○○	●●○○	●●○○
	Coverage	●○○○	●○○○	●●○○	●○○○	●●○○	●○○○
	Equity	●○○○	●○○○	●○○○	●○○○	●○○○	●●●○
Monitoring and Assuring Quality	Data Availability	●●○○	●○○○	●○○○	●○○○	●●○○	●●○○
	Quality Standards	●●○○	●○○○	●○○○	●○○○	●●○○	●●●○
	Compliance with Standards	●○○○	●○○○	●○○○	●○○○	●○○○	●●○○
Legend:	Latent ●○○○	Emerging ●●○○		Established ●●●○		Advanced ●●●●	

Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners to identify opportunities for further development of effective ECD systems. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges. This Country Report presents a framework to compare Guinea's ECD system with other countries in the region and internationally. Each of the nine policy levers are examined in detail and some policy options are identified to strengthen ECD are offered.

The establishment of a National Directorate for Preprimary Education and Child Protection, and the implementation of a multisectoral ECD policy have been instrumental in the development of ECD in Guinea. Each of the relevant sectors has demonstrated commitment to early childhood development but now need effective mechanisms for coordinating their interventions. Guinea's challenge is to expand ECD coverage, especially for beneficiaries outside of Conakry, while ensuring quality service provision. High quality standards and compliance must accompany expansion for service delivery to be successful.

Currently, the Guinean system suffers from limited technical and financial capacity. Exploring and implementing innovative and workable financing arrangements will be necessary to ensure the execution of ECD policies. Development partners currently working in the country could provide valuable technical assistance as well as support for the development and implementation of costed implementation plans and ECD-specific budget line items. Table 17 summarizes possible policy options presented in this Country Report to improve ECD in Guinea.

Acknowledgements

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Table 17: Summary of policy options to improve ECD in Guinea

Policy Dimension	Policy Options and Recommendations
Establishing an Enabling Environment	• Make mandatory the iodization of salt and approve the draft policy on The International Code of Marketing of Breast Milk Substitutes • Increase MASFE's financial allocation for preprimary education and child protection • Build the capacity of the Central Unit for the Management of ECD • Improve information sharing on ECD program implementation as well as budget allocations and spending amongst the key ministries • Consider School Grants and Conditional Cash Transfers for increasing preprimary enrollment and access to essential health and nutrition services, including through CECs
Implementing Widely	• Increase access to essential ECD services for children with special needs and OVCs • Consider alternative means for expanding coverage of ECD services for young children and pregnant women in marginalized communities
Monitoring and Assuring Quality	• Strengthen quality assurance standards and promote compliance • Provide technical and financial support for improving data collection systems, including the collection of child development outcome indicators • Standardize preschool educators' remuneration system and introduce a professional career ladder

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

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

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