Early childhood development (ECD) refers to physical and psychosocial development during the first several years of life. Evidence is growing that ECD has long-lasting effects and is critical to human development. Children who are healthy, stimulated, and well-nurtured during this period tend to do better in school and have a better chance of developing the skills required to contribute to social and economic development. Targeted interventions that integrate health, nutrition, education, and care for young children not only offset the effects of poverty but also reduce future public expenditures on health, education, and social welfare. Evidence suggests that investing in ECD has a significant impact on children’s health and readiness to learn, and can bring important economic returns, often greater than investments in formal education and training.

The ultimate goal of ECD programs is to improve young children’s capacity to develop and learn. A child who is ready for school has a combination of positive characteristics: he or she is socially and emotionally healthy, confident, and friendly; has good peer relationships; tackles challenging tasks and persists with them; has good language skills and communicates well; and listens to instructions and is attentive.

Strengthening Child Health, Nutrition, and Early Education Programs
In 1995, the Asian Development Bank (ADB) and the World Bank prepared and published a sector report on the status of ECD in the Philippines, which proposed for increased government investment in child health, nutrition, and early education programs. At that time, given its per capita income, the Philippines was behind its neighbors in improving infant mortality (57 deaths per 1,000), malnutrition, and Vitamin A deficiency.

Children from poor Filipino families were three times more likely to die before the age of 5 than children from well-off families. Chronic malnutrition has always been the result of mothers’ poor nutrition. Grade 1 students tend to drop out because their families were unable to pay for daily transport, food, uniforms, or supplies.

The relatively poor progress in child development in the country was due largely to the economic stagnation and underinvestment in social welfare programs in the past. Not enough was done to establish adequate national child health services, or to implement intensive community-based nutrition programs that could compensate for limited incomes through nutrition monitoring, education and well-designed and targeted supplementation.

National Early Childhood Development Program. Its aim was to help reduce child mortality, malnutrition, and primary school drop-out rates. The project was also designed to provide the needed technical and financial support to enable local government units (LGUs) to deliver more and better services for children under the age of 6. It was implemented in 132 LGUs in 10 provinces in regions VI, VII, and XII. The ECD project had three main components: Program Support for Provinces, Support to Service Delivery, and Research and Development.7

ECD Project Gains
A comprehensive and integrated package of cost-effective ECD interventions and services was implemented addressing the needs of poor children from prenatal care to birth to enrollment in the first grade. The service packages included integrated management of childhood illnesses (IMCI), an expanded immunization program, supplemental feeding, micronutrient supplementation, and deworming. These are known to be effective measures in ensuring child survival.

Nine IMCI training centers were established under the project and IMCI was integrated into the curriculum of 45 midwifery schools, 60 nursing schools, and 7 medical schools. The project also promoted an enriched, 8-week early childhood education (ECE) curriculum to ensure school readiness for entrants to the first grade.

A significant gain in the implementation of the ECD project in the Philippines is the advocacy for the fortification of staple foods and the use of iodized salt. The project spearheaded the drafting of the 2000 Food Fortification Law (Republic Act 8976) and its implementing rules and regulations and also promoted the Act for Salt Iodization Nationwide, or ASIN, Republic Act 81729. More importantly, the project amply supported the passage and implementation of the 2000 Early Childhood Care and Development Act. It also introduced the Child 21 Plan and the Bright Child brand nationwide as the Government’s overarching ECD framework.

In 2005, the Food and Nutrition Research Institute survey found that 95% of salt on the market tested positive for iodine and 75% of households used iodized salt. This shows positive impact of the ECD project.

When the Philippines became one of the 189 signatories to the Millennium Declaration in 1999, the significance of the ECD project became all the more pronounced as it directly supported achieving five of the 10 Millennium Development Goals.8

The ECD project was adapted to the devolved health and social service delivery, thus ensuring the participation and involvement of the LGUs now mandated to deliver the services. It supported 132 LGUs in formulating a 3-year investment plan addressing local ECD needs. It included capacity building for ECD program policymakers, managers, and service providers at the national, regional, and local levels. It also incorporated establishing ECD coordination mechanisms and management support systems to address early childhood needs in a harmonized and integrated manner.9

The project’s research and development component yielded 15 studies and assured evidence-based policy and guidelines formulation, and focused ECD actions on actual needs.10

Investing in ECD
The ECD project supported incremental reforms and strengthened capacity at the national, regional, and local levels to manage and deliver ECD services. It was instrumental in formulating and operationalizing a number of laws, policies, and guidelines aimed at addressing gaps in child survival and development. It expanded access for poor children in poor LGUs to better quality ECD services and institutionalized systems for integrated delivery of services at the local level.

The project provided both direct benefits to children (i.e., immunization, supplemental feeding, etc.) and indirect benefits (i.e., greater community participation, increased level of health awareness, lower fertility rates, etc.) to the covered communities.

The project laid the foundation for strengthened and integrated ECD service delivery and expanded access for poor children in poor LGUs to better quality ECD services and institutionalized systems for integrated delivery of services at the local level. The investments made in ECD will hopefully result in better health and school performance toward having more socially adapted and productive children and adults, eventually promoting greater social equity in the country.
About the Asian Development Bank

ADB’s vision is an Asia and Pacific region free of poverty. Its mission is to help its developing member countries substantially reduce poverty and improve the quality of life of their people. Despite the region’s many successes, it remains home to two-thirds of the world’s poor: 1.8 billion people who live on less than $2 a day, with 903 million struggling on less than $1.25 a day. ADB is committed to reducing poverty through inclusive economic growth, environmentally sustainable growth, and regional integration.

Based in Manila, ADB is owned by 67 members, including 48 from the region. Its main instruments for helping its developing member countries are policy dialogue, loans, equity investments, guarantees, grants, and technical assistance.

Contact Information
Asian Development Bank
6 ADB Avenue, Mandaluyong City
1550 Metro Manila, Philippines
Tel +63 2 632 4444
Fax +63 2 636 2444
www.adb.org

Endnotes
7 The 10 project provinces were Antique, Capiz, Guimaras, Iloilo, and Negros Occidental in Region VI; Bohol, Cebu, and Negros Oriental in Region VII; and Lanao del Norte and North Cotabato in Region XII (although Lanao del Norte later became part of Region X). The provinces were selected based on a national ranking of all regions, cities, and municipalities with high need for ECD services. That need was defined by high infant and child mortality rates, high prevalence of protein-energy malnutrition and micronutrient malnutrition, and high dropout rates in primary schools. Also considered was expressed local support and willingness to strengthen ECD service delivery.
8 The five goals supported by ECD project: eradicate extreme poverty and hunger, halve the proportion of the population below the minimum level of dietary energy consumption and halve the proportion of overweight children below 5 years old, achieve universal primary education, reduce child mortality, and improve maternal health.

Disclaimer
The views and assessments contained herein do not necessarily reflect the views of ADB or its Board of Directors or the governments they represent. ADB does not guarantee the accuracy of the data and accepts no responsibility for any consequence of their use.