NATIONAL POLICY FOR INTEGRATED EARLY CHILDHOOD DEVELOPMENT IN NIGERIA

FOREWORD

For the Early Childhood Care and Development in Nigeria, an integrated approach has been adopted for the care and support given to children aged 0-5 years. This is a holistic approach in which the Federal Ministry of Education collaborates with all line Ministries like Health, Environment and Housing, Women Affairs, Information and Communication, Finance, Agriculture and Water Resources, and National Planning Commission to provide interventions for the cognitive, physical, social, moral and emotional development of the child.

This Policy, therefore, has been inter-sectorally developed to enable the Nigerian child appropriate all its rights as stipulated in the Convention on the Rights of the Child to which Nigeria subscribes.

The ultimate aim in the provision of Early Childhood care and Development is to provide care for the child while the parents are at work and to prepare the child for further education. This integrated approach will definitely ensure improved care and support for the growing child thereby giving it a good head start in life.

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1.0 INTRODUCTION

1.1 Research evidence abound from many fields of study that the care and support received by a child in terms of good health, nutrition and psycho-social care and protection are crucial in the formation and development of intelligence, personality and social behavior. Over the years, Early Child Care in Nigeria has metamorphosed from a single sectoral approach to a multi-sectoral pursuit, converging interventions in health, nutrition, care, stimulation, protection and participation of the child. Although ECC has been in operation for many years, integrated approach to Early Childhood Development is a novel idea in Nigeria.

In pursuit of good care for young children, Nigeria has developed a number of policies – education, health, food and nutrition; all of which are aimed at improving the status of young children. Though some of these policies have been in existence, there was no forum for convergence of interventions until two years ago when the Early Years Development Consultative Committee (EYDCC) was inaugurated.

To address these gaps, there is a need to converge the existing policies into a coherent policy which will emphasize integration of interventions for the whole child. There is also the need to move the country forward in the practice of Early Childhood Development (ECD) from that of pure practice to one that will be properly guided by a policy.

The Integrated approach to Early Childhood Care and Development is expected to improve the care and support given to young children at the community level and thereby give every Nigerian child a good head start to life.

1.2 Situation Analysis

The average Nigerian Child is highly deprived in terms of good health, proper care, education and rights to basic requirements of life. As one of the poorest nations of the world, high level of mismanagement, unemployment, and poor basic social services limit the access of Nigerians in general and the child in particular to a quality life.
This is quite revealing from the following statistics:

Infant Mortality Rate (IMR) and under five Mortality Rate (U5MR) from 90 and 168/1000 live birth in 1999(MICS) worsened to 109 and 217/1,000 live births, respectively in 2003. The weakened Primary Healthcare (PHC) System has resulted in a persistent high disease burden affecting mostly very young children. Malaria, ARI, diarrhea, measles, prenatal problems and HIV/AIDS continue to ravage young children and cause high childhood morbidity and mortality. These problems are further compounded by prevalence of malnutrition, including micronutrient deficiencies, which contribute to about 54% of U5 mortality. Immunization coverage continued to be low, and has been on the decline, 13% (NDHS 2003). Nigeria for instance reported 518 cases of paralytic polio in mid 2004, representing about 80% of the global case load.

Furthermore, there has been a marked deterioration in access to safe water, in urban areas dropping from 89% in 1999 to 65% in 2003, and in rural areas decreasing from 58% in 1999 to 40% in 2003 (NDHS 2003).

The situation of children in the education sector is not cheering in that 30% of 6-11 year old children are not in school while less than 20% of children age 0-5 years are attending any form of organized child care programme or pre schools (NDHS 2003). According to United Nations Agency for International Development (UNAID) 1.8m children are

orphaned by AIDS in Nigeria and majority of whom lack education. The importance of this, necessitate the promotion of children and AIDS Campaign by UNICEF in 2005.

Access to safe water is still a mirage in most parts of the northern states while access and use of sanitary means of excreta disposal, has shown only marginal improvement over time in all of Nigeria.

Birth registration coverage is still very low, only 28% of births being registered.

This bleak situation exacerbates the rights of young children to survive, develop to their full potentials. The fact that about 70% of the Nigerian populace still live below the $1 a day, poverty data specified by the United Nations, further limit the opportunity of children to thrive and develop as their counterparts in the developed countries.

Furthermore, the high illiteracy level among women has limited and inhibited the access of young children to health care and development. Many of the women therefore lack not only literacy skills, but also the basic knowledge needed to make them developmental actors to take full charge of their family and social living conditions.

2.0 JUSTIFICATION

2.1 In the light of the situation analysis above, the need exists for quality integrated approach to Early Child Care. To a large extent, the Nigerian child suffers deprivation from lack of good social services in terms of poor nutrition, health care, and access to safe water and sanitation, general protection from environmental hazards and insecurity. This situation is a result of varied factors e.g.:

i. Class struggle (high crave for wealth leading to corruption and decadent moral values).
ii. Increased participation of women in paid employment outside the home.
iii. Reduced community participation in child rearing and support.
iv. Breakdown of the extended family system due to increased urbanization and the quest for individual survival in the light of increasing economic pressure.
v. Low participation of males in child rearing.

3.0 POLICY GOAL

3.1 Expand, universalize and integrate interventions from various sectors in early childhood development for effective implementation and coordination of programmes that will, optimize development for children age 0-5 years in Nigeria.

4.0 POLICY OBJECTIVES

4.1 Since IECD aims to integrate interventions from the various sectors, the objectives of the policy derive from the National Policies on Education, Food and Nutrition, Health and the Child Rights Act, as follows:

a. Provide care and support that will ensure the rights of the child to:
   i. Good nutrition and health
   ii. Healthy and safe environment
   iii. Psycho-social stimulation
   iv. Protection and participation.
b. Inculcate in the child the spirit of enquiry and creativity through the exploration of nature, the environment, art, music and playing with toys etc.

c. Provide adequate care and supervision for the children while parents/guardians are at work (on the farms, in the markets, offices, industry, etc.)
d. Effect a smooth transition from the home to the school
e. Prepare the child to adapt successfully when his or her current context changes
f. Develop a healthy, well nourished adequately stimulated child able to achieve its fullest potentials.
g. Contribute to reduction of high Infant and U-5 mortality rate.
h. Raise awareness of HIV / AIDS and promote protective behaviour among children including OVCs.
i. Inculcate acceptable social and culturally appropriate norms, value and beliefs
j. Raise awareness on IECD Policy in all communities by 2015
k. Build capacity of all stakeholders for IECD policy implementation
l. Support existing legislations to reduce all forms of abuse and denial of children's rights.
m. Establish and expand mechanisms for collaboration and coordination of IECD programmes
n. Provide guidelines and standards to ensure quality service delivery
o. Establish reliable Management Information System on IECD to facilitate research
p. Establish a valid and reliable monitoring and evaluation system for all aspect of the IECD policy
q. Build strategic partnerships with government at all levels, the private sectors, Civil Society Organization/NGOs, Development Partners and Communities to mobilize resources for IECD implementation and
r. Promote community participation, ownership and sustainability.
s. Integration of Quranic system into IECCD.

5.0 POLICY TARGET AND OUTCOMES

The IECD policy and its effective implementation are targeted at children from birth – 5 years.

5.1 General Target

- to coordinate and facilitate effective programme and service delivery on IECD policy by all stakeholders
- encourage parents and caregivers to let children enjoy the rights due to them under the Child Rights Act 2003 (by
- to collaborate with partners and contribute to the achievement of MDG 4: "Reduce Child Mortality" by promotion of key household practices for child survival growth and development.
- Ensure all communities adopt, participate and mobilize resources for implementation of the IECD programmes.
- Ensure that all Religious groups and leaders and other Opinion leaders adopt, participate and mobilize resources for implementation of the IECD programmes.
- Organize private sectors, civil society organizations and development partners to collaborate with implementing agencies to provide IECD services towards achievement of EFA by 2015.
- To encourage relevant tertiary institutions to teach and do research in pre-primary education.
- To ensure that Mass Media and other Communication agencies assist in the implementation of IECD programmes.
- To collaborate with the partners and contribute to the achievement of MDG6: "Combat HIV/AIDS, malaria and other diseases" by limiting the impact of HIV/AIDS on OVCs.

5.2 **Outcomes**

After 5years of policy implementation, the following outcomes should have become manifest among the following groups:

- Full immunization for all children 0-5 years achieved
- Reduction in infant and maternal mortality rates
- Adequate ante-natal care for all pregnant women
- Smooth transition from the home to school.
- Increase in primary school enrolment, retention and attainment
- Adequate preparation of the child for compliance with NEEDS programme.
- Adequate provision for children with special needs. This will include:
  - children with physical, language, emotional and learning disabilities
  - gifted children
  - children in extreme poverty situations
  - children of migrant mothers' e. g. Nomads, fishermen etc.
  - children in different circumstances (HIV/AIDS and OVC)
  - displaced children (refuges)
  - children in situation of emergency

6.0 PLANNING AND DEVELOPMENT OF INTERVENTIONS

6.1 Integrated Early Childhood Care and Development interventions are broadly prescribed in the following areas:

a. Establishment of IECD facilities and centres in relevant public, neighborhood and work places.
b. Provision of accommodation for at risk children.
c. Enhancement of administration and management of Centres,

d. Provision of Seed money and partnership funding of programmes and interventions.
e. Adequate preparation of the child for compliance with NEEDS programmes.
f. Policies, legislations and legal interventions for regulation of IECD practice.
g. Facilitating access for all children
h. Curriculum innovations
i. Facilitating innovations in Curriculum, teaching and learning activities and hobbies.
j. Facilitating improvement in physical, learning and community social environment.
k. Assisting Centre to access age specific recreational facilities
l. Facilitating appropriate capacity building for IECD improvement
m. Health and nutrition programmes focusing on IECD needs
n. Water and sanitation programme, focusing on IECD needs
o. Enhancement of community participation
p. Facilitating research, monitoring and evaluation.
q. Creation of more birth Registration Centres and establishing linkage between traditional birth offices and Registration centres.

Planning and developing these kinds of interventions in IECD requires effective consultations, participation and coordination by all Stakeholders at all levels. To ensure these, it is prescribed that coordinating committees and participatory fora are initiated and formed at all levels of IECD implementation. The planning and development of IECD interventions will be as follows:

7.0 NATIONAL AND STATE IECD COORDINATING COMMITTEES

There shall be committees at both national and state levels.

7.1 The National and States IECD Consultative Committees shall include representatives of Sectoral Ministries (Women Affairs, Education, Health, Agriculture, Water Resources, Justice, Social Welfare, Labour, National Planning Commission, Information and National Orientation Agency, and National Planning Commission.

It shall also include representatives of Civil Society Organizations, Professional groups, Private sector organizations, donor agencies, development partners, and IECD Coordinators at all levels (Federal States and local governments.)

The responsibilities of the national coordinating committee shall include:

- Sensitization and mobilization of Stakeholders to ensure collective participation in the IECD process
- Making recommendations to all Stakeholders sectors to guarantee appropriate budgetary provisions.

Mobilizing identified agencies for collective review and effective implementation of policies, legislations and laws concerning IECD implementation as they affect families and young children.

- Monitoring and ensuring participatory and community based implementation of IECD policy.
- Facilitate the institutionalization of research for continuous and participatory baseline data generation by all stakeholders in the IECD implementation process.

7.2 **States IECD Coordinating Committees**

The States Committees shall assist and facilitate the Coordinating responsibilities of the National IECD Committee as it affects their respective states.

7.3 **Local Government IECD Committee**

The Local Governments IECD committee shall comprise the following: Stakeholder representatives:

i. The chairperson
ii. Heads of relevant unit/departments in the local government responsible for IECD Sectoral intervention (such as health, education, agriculture, social welfare, water and sanitation etc).
iii. The most prominent traditional ruler in the area
iv. The representatives of the major religious group in the local government area
v. Civil Societies – Women leaders in the local government
vi. The Civil Society Youth Organization
vii. The representatives of P.T.A. in the local government area council
viii. The representatives of NUT in the local government
ix. Representatives of health workers
x. Representatives of social welfare, and sanitary inspectors/Environmental Health Workers.
xi. Representatives of market women/men in the local government area
xii. All district wards/ heads in the local government.
xiii. Education Secretary to Head the committee.

The major responsibilities of the committee shall include:

- Sensitization and mobilization for collective and community based participation in IECD planning and implementation of intervention programmes
- Identifying IECD needs in communities and initiate appropriate self-help interventions

- Advice the local authority on issues regarding IECD planning and implementation
- Ensuring regular feedback of IECD planning and implementation to and from the communities.

7.4 **Community IECD Steering Committee**

This forum shall comprise the following Stakeholders:

- Representatives of the Village heads
- Heads of schools
- Sanitary inspector
- Community resource person
- Community opinion leaders.
- Youth leaders
- Representatives of market women
- Representatives of traditional, birth attendant (TBA's)
- Head of community health centre
- Religious leaders.

The Community IECD committee shall:

- Mobilize for community based participation in IECD programmes planning and implementation.
- Ensure effective planning for community Ownership, families and sustenance of IECD centres.
- Monitor the status of children in their own community.

8.0 STAKEHOLDERS' ROLES AND RESPONSIBILITIES

In order to facilitate the roles of stakeholders, each stakeholder shall provide an annual plan of implementation.

8.1 **Parents and Caregivers**

- Fulfillment of the basic rights of the child to good health, nutrition, environment, psycho-social stimulation, protection and participation.

- Ensuring understanding and practice of the Key household practices

8.2 **Community Members and Leaders**

- Providing conducive environment for families, caregivers to facilitate IECD practices.
- Monitoring IECD practices in the community
- Monitoring for effective participation and sustenance of IECD programmes through the Community Forum.

8.3 **Religious Groups and Leaders**

- Ensuring peaceful co-existence and tolerance of the different religious groups in the community while inculcating sound religious values that promote IECD.

8.4 **Relevant Government Ministries and Agencies**:

All relevant government ministries and agencies at the Federal and State levels have the following in IECD. These are:

- Ensuring policy sensitization and advocacy for IECD involvement
- Making provisions especially for IECD activities and programmes in the ministries' line budget.
- Active participation in the National/State IECD Coordinating Committee
- Monitoring and evaluating IECD implementation involvement for effective baseline data inputs and feedback for the National Coordinating Committee
- Facilitating IECD-related research.

However, for the purpose of ensuring impact creation, specific ministries and their agencies at Federal and State levels shall ensure the following specific roles and functions in IECD implementation.

8.5 **Education**

- regulate the establishment and registration of pre-school facilities (4-5 year old)
- ensure the implementation of UBE Act provisions for the establishment of IECD centres in public primary and junior secondary schools.
- ensure compliance and innovations in minimum standards, prescription especially as they relate to IECD Curriculum development programmes and activities
- developing and implementing IECD capacity building programmes for parents, caregivers and teachers.
- Developing and implementation of educational support services to OVC children.

8.6 **Women Affairs**

- Develop and initiate IECD programmes and activities as they relate to the establishment and operation of Daycare centres/Crèches.
- ensure the provision of facilities and materials for recreation in Day Care Centres and Crèches
- offer qualitative training and continuous capacity building for caregivers
- Ensure the observance of the relevant Child's Rights Act provisions in the implementation of IECD.
- Ensure care and support to orphans and vulnerable children due to HIV/AIDS at households and community levels.

8.7 **Health**

- providing for full immunization and micro nutrient supplementations
- integrated management of childhood illnesses
- development of health and nutrition components of IECD curriculum and standards
- promotion of save motherhood and care of the new born

- prevention of mother-to-child transmition of HIV/AIDS and care of HIV Orphans
- make provision for early detection and management of children with disabilities.

8.8 **Information and National Orientation Agency**

- source for and widely dissemination in a coordinated manner IECD related information
- lead sensitization and advocacy on Child Rights issues in IECD.
- Incorporates Child Rights Information Bureau (CRIB)

8.9 **Agriculture**

- Contribute to the development of community farm holdings for the production nationally adequate foods from local sources.

8.10 **Labour**

- contribute to the establishment of Day care Centres and Crèches
- Liaise with appropriate agencies to ensure the rights of children to protection from exploitative situations and trafficking.

8.11 **Internal Affairs**

- make provisions for protecting the rights of children, and of parents under legal custody

8.12 **Environment and Sanitation**

- promote safe and conducive environment for IECD
- Ensure good hygiene practices for IECD.

8.13 **Water Resources and Affiliated Agencies**

- ensure provision of potable water to all communities.

Justice

- facilitate interpretation of Child's Rights Act as it affects the IECD

Local Governments

- Promote implementation of IECD activities in every community within the local government through:
- operationalization of IECD centres
- adequate budgetary allocation for IECD implementation, monitoring and evaluation
- Ensuring regular fora for community/LGA dialogue for adequate community sensitization and mobilization.

Social Organizations

- sensitization, advocacy, linkages and partnership building for sustainable IECD implementation

Private Sector Organizations

- contribute to and actively support IECD implementation at all levels

International Development Partners

- enhancing partnerships for IECD implementation
- providing technical support
- facilitating networking Leveraging Resources

The Media

- Ensuring media agenda setting and sustenance of IECD related information through various channels.

Tertiary Institutions

Tertiary institutions that have an important role and responsibility in IECD implementation include the Universities, Colleges of Education, Polytechnics, Research Institutes, Colleges/Schools of Nursing and Schools of Health

Technology, etc. Their major role and functions are as follows:

- Organizing training and retraining programmes for operators and practitioners of IECD.
- Development and implementation of academic and professional courses in IECD.
- Initiating and undertaking research and project activities on IECD.

8.21 **Policy Maker and Legislators**

- appreciate the value of IECD for national development
- legislate and ensure policy implementation for IECD

8.22 **National Population Commission**

- Providing adequate data on number of children that fall within IECD range.

9.0 DESIRABLE PRACTICES

9.1 The following culturally appropriate and legally acceptable practices are expected to be performed by the Family, Neighbourhood and Media to support IECD programmes.

9.2 **The Family**

- Culturally appropriate and scientifically sound antenatal, delivery and postnatal care and practices e.g. on nutrition, household activities.
- Work, supportive family context.
- Culturally appropriate, and scientifically sound practices in infancy (birth – 12 months)
    - good hygiene and sanitation (give warm baths, keep baby warm and dry)
    - Adequate nutrition through breastfeeding and of the appropriate time indigenous cereals foods.

- provide physical, social and psychological warmth and comfort (cuddle, hold, sing for, pace and rock, clad on backs, etc)
- Ensure birth registration.

- Culturally appropriate and desirable practices for babies between birth and 3years.

  - introduce indigenous "baby" games, rhymes,
  - praise songs or 'oriki' delineating family, clan and ancestral linkages, achievement etc
  - Introduce child into the social world using your mother tongue with pride
  - Engage child in dynamic interaction through plays and games using indigenous props, toys
  - Encourage grand mothers to live in and share indigenous knowledge with child
  - Ensuring that the home is safe and secure and conforms with key household practices – e.g. keeping medicine out of reach of children, breastfeeding
  - Encourage intimate physical and emotional relationship between mother and child to foster bonding.
  - 3 – 5 years.
  - Promote indigenous sense of responsibility of through non-slavish acceptance of "birth order" authority of parents and significant – others.
  - Responsible administration of discipline to shape child's behaviour to be responsible to his community.
  - Inculcate sense of obedience, respect and sensitivity to child's primary group.

9.3 **The Neighbourhood**

- Provision of recreational facilities and crèches for day care centre children to explore, play games.
- Provision of a secure and safe environment e.g. speed brakes, traffic control
- Acts as counseling groups for positive change e.g. conflict resolutions, child abuse, good family life and fighting common threat
- Solidarity group for maintaining of common areas, provide support for child up bringing.

9.4 **The Media**

- Promote culturally appropriate communication – support materials in support of IECD policy implementation.
  - design and broadcast indigenous theatre for 5 years old (e.g. tales by moon light)
  - actively promote "nollywood" that supports "Nigerian" morality e.g. "work and eat"
  - design, publish and display posters and murals which promote and support morals of handwork, consideration for others, honesty, uprightness etc.
  - propagate indigenous knowledge through indigenous cartons
  - Indigenous cartoons.

10.0 IMPLEMENTATION STRATEGIES

10.1 Advocacy and Awareness Creation programmes at the Local Government Area/Community to project current good practices as follows:

i) Theatre for development
ii) Town Criers / Town Announcers
iii) Meetings
iv) Radio Jingles
v) Social groups.

- Advocacy and awareness at the state and national levels:

(i) Good database for IECD especially expenditure on IECD enrolment figures.

- Sensitize policy makers and key implementers of IECD.

10.2 **Capacity Building**

Parental Awareness

i. To assist parents, caregivers and community to learn basic skills of good child rearing and to strengthen good behaviour.

ii. To inculcate good norms, habits and attitudes as foundation for good character building.

10.3 **Service Delivery**

Promotion and available good materials, ideas and thoughts in child care. Good examples are;

i) use of local songs, stories, folklores, games, dances, riddles and jokes, tongue twisters,

ii) use of locally made materials and play equipment

iii) indigenous ideas and thoughts e.g. proverbs

iv) local furniture e.g. mats, stools, chairs (of cane, raffia and palm fronds).

v) use of locally developed and available indigenous materials, ideas

Every community will be mandated to establish a community-based IECD facility to take care of very young children whose mothers have to seek employment outside the home. "Model" facilities to demonstrate best practices will be established in each local government area for replication.

10.4 **Empowerment**

Government should build and strengthen local and institutional capacity for IECD service delivery specifically:

i) Create a national resource centre for planning and coordination of IECD activities across the nation. Such a resource centre will have the responsibility for gathering, dissemination of policy especially on good practices.

The centre will also coordinate local monitoring of IECD facilities for quality assurance. It will be a resource centre of excellence for IECD managements.

ii) Governments at national and state levels should empower IECD practitioners and managers by providing tools and training to build their skills.

iii) Parents and caregivers will be economically empowered to provide good care of their children through micro-credit and cooperative arrangements.

10.5 **Research**

1. Enabling environment shall be provided by government at National and State levels for continuous research on IECD
2. Research findings to be widely publicized and disseminated for use/view of all stakeholders
3. Database on Key indicators to be up-dated through research.
4. Baseline needs assessment.

10.6 **Monitoring and Evaluation**

1. Monitoring is an essential requirement for quality control and is to be undertaken at various levels as deemed necessary.
2. Monitoring of IECD facilities by communities should be encouraged for sustainability.
3. Reporting of monitoring visits shall be disseminated to all stakeholders.

10.7 **Emerging Issues**

Certain Categories of children of between birth and six years plus sometimes suffer from conditions which limit the

attainment of their potentials even in IECD. Such children require recognition, special attention, specialized services and facilities in IECD interventions. These categories of children include:

- the children with HIV/AIDS those born by parents with HIV/AIDS and Orphans and Vulnerable Children (OVC)
- Children with Special Needs (i.e. those with learning disabilities, physical disabilities, emotional liability, visual handicaps, hearing handicaps and language limitations)
- Gifted and talented children
- Children in situation of emergencies such as victims of communal clashes, and natural disasters, refugee and displaced persons.
- Children living in conditions of abject poverty.

10.8 Resource Mobilizaton

The IECD programme is community based, owned and driven therefore, all stakeholders are responsible for resource mobilization in their areas of comparative advantage. For effective and sustainable resource mobilization for IECD the use of local resources, indigenous knowledge, skills and experiences are critical for maximization of service delivery and results. Financial planning for ECD is therefore linked to the responsibilities earmarked for the different stakeholders:

Financial Responsibilities

National Government:

- Provide adequate funding for basic infrastructures like water, electricity, good roads, and hospitals necessary to support ECD activities nationwide.
- Meet all costs relating to standard maintenance and supervision of ECD facilities and Pre Schools to ensure quality service delivery.

- Establish and adequately fund a national specialized resource centre for ECD to serve as a research and information base for ECD.
- Provide fund to support organization/participation of local ECD professionals in national and international conferences.

State Government:

- Ensure child friendly schooling for pre-school children through provision and funding of infrastructures, play equipment, and other essential learning packages necessary to keep young children happy and stimulate their interest in learning.
- Provide baby/child friendly hospitals/clinics environment and services for children 0-5 years by equipping hospitals/clinics with up-to-date medical facilities including personnel.
- Provide fund for all recurrent expenditures relating to operation and maintenance of publicly owned pre-school/Day Care facilities (e.g. teachers/caregivers' salaries, salaries of health workers, electricity and water provision)
- Provide one school meal to children enrolled in public Pre-school facilities

Local Government:

- Fund training requirements of Caregivers and teachers
- Fund and manage the Health Centres, Clinics and Pre-School/Day Care facilities
- Provide fund for establishment of crèches, Day Care Centres as required in the local communities

Others

Funds locally pooled from the following sources to support Crèches, Day Care Centres, and Nursery Schools established to complement government effort

- Donations in cash and kind by the Civil Society (NGOs, CBOs, Religious Organizations)
- Donations by Philanthropists
- Contributions in cash and kind by local Communities
- Donations/Grants from Private Companies
- Grants and Loans from International Development Partners

Financial Projection

Projections of what will be required at each level of government to support ECD activities would be based on the needs i.e. personnel salaries and allowances, infrastructural facilities including play equipment and materials, training, inspection and supervision. A financial plan specifying the details of the requirements and the sources of funds vis-à-vis the integrated strategic approach will be drawn up.