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Kyrgyz Republic

EARLY CHILDHOOD DEVELOPMENT

SABER Country Report
2013

Policy Goals	Status
1. Establishing an Enabling Environment The Government of the Kyrgyz Republic (GoK) has approved national laws and regulations to provide services and protect the well-being of young children. Mechanisms to improve coordination across Ministries and with non-government stakeholders are needed. The availability of financial data and level of investment in ECD are inadequate to meet children's needs.	Emerging
2. Implementing Widely Early childhood programs in the Kyrgyz Republic target all groups of stakeholders; coverage, however, is low. Children from lower socioeconomic backgrounds and those living in rural locations are less likely to have access to essential services, especially education interventions. Efforts are required to scale up interventions in all sectors, including those targeting children age 0 to 3 and in preschool education.	Emerging
3. Monitoring and Assuring Quality There are sufficient data available on service delivery, but there is no system to monitor the development of individual children. Infrastructure and service delivery standards are established; compliance is not 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 which affect young children in the Kyrgyz Republic. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework and[1] with financial and technical support from UNICEF. The Country Report includes analysis of early learning, health, nutrition, social and child protection policies and interventions in the Kyrgyz Republic, along with regional and international comparisons.

Kyrgyz Republic and Early Childhood Development

The **Kyrgyz Republic** has a population of 5.5 million inhabitants, of which 65 percent reside in rural locations. The population below the age of 15 is 1.6 million (or 29 percent). The Kyrgyz Republic is ranked 126th in the UNDP Human Development Index Table and has a gross national income of US$2,036 per person.

Nearly 36.8 percent of the population lives below the poverty line, and 8.6 percent of the eligible workforce is unemployed.[2] In recent years, ECD has gained prominence in public discourse. The Law on Preschool Education of Kyrgyz Republic was approved in 2009, and investment in early childhood education has increased from 2007 to 2010. Despite these advancements, only 17 percent of children ages 3 to 6 years are attending preschool and there is inequity in access to all interventions by socioeconomic status and geographical region.

Snapshot of ECD Indicators	Kyrgyz Republic	Armenia	Russia Federation	Tajikistan	Uzbekistan
Infant Mortality (deaths per 1,000 live births, 2010)	33	18	9	52	44
Below 5 Mortality (deaths per 1,000 live births, 2010)	38	20	12	63	52
Moderate & Severe Stunting (Below 5, 2006-2010)	18%	19%	No data	39%	19%
Net Preprimary Enrollment Rate (3-6 years, 2010)	17%	34%	73%	7%	21%

Source: UNICEF Kyrgyzstan Country Statistics, 2010[3]; *Uzbekistan preprimary enrollment rate as of 2006/07.

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

[2] Source: CIA World Fact book, Kyrgyzstan country page, 2011.

SABER – Early Childhood Development

SABER – ECD collects, analyzes and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multi-sectoral 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 1, 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) • Childcare for working parents (of high quality) • 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 and 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

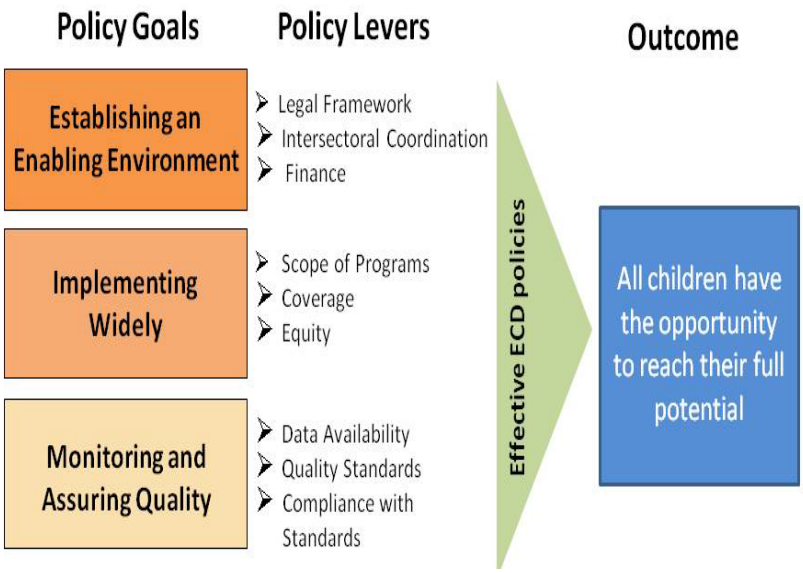


Table 1: ECD policy goals and levels of development

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 • Inter-sectoral Coordination • Finance**

An Enabling Environment is the foundation for the design and implementation of effective ECD policies[4]. 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

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.

In recent years, the Kyrgyz Republic has taken steps to develop and adopt national laws and regulations that promote appropriate dietary consumption by pregnant women and young children. Deficiency of iron and folic acid in children's diets is a problem in the region, affecting the Kyrgyz Republic as well as neighboring countries such as Mongolia, Tajikistan, and Uzbekistan. Over the past decade the GoK has taken two concrete steps to address this issue. First, on February 18, 2000, the Parliament adopted the Law on Prevention of Iodine Deficit Illnesses of Kyrgyz Republic (Law No 40), which was later amended and supplemented on July 25, 2005. The Law mandates salt iodization and aims to reduce the prevalence of iodine deficiency amongst all citizens, with an emphasis on young children. Second, on March 11, 2009, the Parliament of the Kyrgyz Republic passed the Law on the Enrichment of Bread Flour (wheat) of Kyrgyz Republic (Law No 78). The law envisages a phased transition of all mills to mandatory production of enriched flour. The rationale for a phased transition is that approximately 50 percent of wheat is milled at low-capacity facilities, often in rural communities, which lack the technologies and resources to enrich the wheat found in more industrial-type mills.

The Parliament passed the Law on Breastfeeding and Marketing Substitutes of Kyrgyz Republic in December 2008, which is based on the International Code of Breast Milk Substitutes – an international health policy framework for breastfeeding promotion adopted by the WHO. The Law formally recognizes breastfeeding as the best nutrition for infants up to 6 months of age and aims to increase the rate of exclusive breastfeeding during a child's first 6 months. The law was spearheaded by the Ministry of Health (MoH) in conjunction with national and international experts. According to UNICEF, the Law does not require significant financial resources to implement, but rather is expected to reduce Government spending on health care as a result of children having fewer infections due to the protective qualities of breast milk.

In addition to these achievements, the MoH is currently developing a Nutrition Strategy for the Kyrgyz Republic that will emphasize young children and pregnant women. Table 14 in Section 2.3 of this country report looks at the efficacy of these actions to improve exclusive breastfeeding up to 6 months of age.

The Law on Preschool Education of Kyrgyz Republic encompasses early childhood education and care for children from 6 months to 7 years of age and aims to achieve universal coverage in school preparedness program for children prior to formal admission to school at age seven. Legislation on preschool education is built upon a number of normative and legal acts of the Kyrgyz Republic and international agreements and treaties, including the Constitution of the Kyrgyz Republic, Law on Education, State Standard of Preschool Education and Care of the Kyrgyz Republic and most recently, the Law on Preschool Education of the Kyrgyz Republic (Law No 198), approved on June 29, 2009. The Law on Preschool Education of the Kyrgyz Republic legitimizes new emerging forms of early learning and preschool education (i.e. community-based kindergartens, school preparedness programs, etc.). However, as is discussed in Section 2.2 of this Country Report, capacity is limited (physical and personnel) to provide preschool education to all children. For this reason, the GoK designed innovative 100-hour and 240-hour school preparedness programs offered at the premises of primary schools for children who do not attend formal early learning and preschool education programs. The 100-hour program takes place

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

during the summer period and the extended 240-hours program runs for four months in spring time and enrols children who are to enter primary school in the fall. Although these are creative interventions, duration is limited. A new 480-hour (full academic year) preparation program is being designed to replace the 100-hour and 240-hour programs.

National laws mandate the provision of health care for pregnant women and young children. The GoK has taken measures to build on existing legislation and improve the availability of health services for pregnant women and young children. In 2005, the Law on Health Care of the Kyrgyz Republic was enshrined and stipulates that children are required to receive a complete course of childhood immunizations. Following, in 2007, the State Inter-sectoral Coordination Committee on Socially Significant and Dangerous Infections mandated standard health screening for HIV and STDs for pregnant women. More recently, in 2010, The Observation of Healthy Children in Primary Health Care (Regulation 589) provides clear guidance on well-child visits, which include nutrition, physical and psychological development, as well as care for the development of children aged 0 to 7 years. At present most monitoring of child development is conducted by health providers at primary care facilities.

Policies offer suitable opportunities for parents and caregivers to provide care to newborns and infants in their early years. Chapter 24, article 307 of the Code of Labor of Kyrgyz Republic from August 4, 2003 states that women are entitled to maternity leave for a duration of 126 calendar days (70 days prior to giving birth and 56 days after birth) and article 133 entitles fathers to five calendar days of unpaid leave. Articles 44 and 94 of the Resolution on Regulation of Temporary Disability Allowance and Maternity Allowance state that maternity leave benefits are paid by a combination of Government and employer contributions and should amount to 46 percent of wages. There is also provision for mothers to take up to 3 years unpaid leave. Overall, the level of financial support is significantly lower in the Kyrgyz Republic compared with other countries in the region, as shown in Table 2. Article 308 of the Code of Labor stipulates the same benefits apply to adopted children up to 3 months of age, and that if a mother is unable to use maternity leave the father may be eligible.

Employers are required to provide the employee with the same job when she returns from maternity leave and, in accordance with the Law on Breastfeeding and Marketing Substitutes of the Kyrgyz Republic, provide break time for nursing mothers. According to the World Bank's Women, Business and the Law database, the regulatory framework includes provisions to prevent and penalize the dismissal of pregnant women.

Child protection policies and services are in the process of being established in the Kyrgyz Republic. Issues of child and social protection are engrained in the Strategy on Social Protection Development of the Kyrgyz Republic 2012-2014. In addition, the primary legal documents that enshrine child and social protection in law are the Constitution of the Kyrgyz Republic, Law of State Social Contracting (2008), Law of State Benefits (2009), Code of Children (2012), and the Family Code (2003). At the national level, the Ministry of Social Development (MoSD) is tasked with many of the responsibilities that pertain to child and social protection including development of national policy, legislation, and programs. Territorial Departments of Social Development implement national policy in social and child protection at the district level. Furthermore, each local authority has a Commission on Social Affairs that identify and support low-income families with children and facilitate their enrolment in cash transfer programs.

Other important aspects of the child protection regulatory framework include: the *Law of the Kyrgyz Republic on Citizenship*, which was modified March 27, 2007 and requires all children to be registered at birth;

Table 2: Regional comparison of maternity and paternity leave policies

Kyrgyz Republic	Armenia	Russian Federation	Tajikistan
126 days at 46% of wage; 5 days unpaid parental leave for fathers, up to 3 years unpaid leave for mothers	140 days at 100% of wage (more days for complicated births), unpaid parental leave up to 3 years; no parental leave for fathers	140 days at 100% of wage; child rearing allowance available to either parent or extended family member for up to three years, first 18 months at 40% of wage and remainder at fixed payment	140 days at 100% of wage, 547 days unpaid; no parental leave for fathers

Source: ILO, 2012.

and the *Law on Rights of People with Disabilities of the Kyrgyz Republic* from April 3, 2008 which aims to ensure cross-sectoral services and support for children with special needs. This includes the right to inclusive education, which is discussed in more detail under Section 2.2 of this Country Report.

The *Child Code* (2012) states that each court must have specialized juvenile judges and that law enforcement officers require specific training to protect and ensure the welfare of young children. The Government is currently deliberating on how best to implement these requirements.

Policy Lever 1.2: Inter-sectoral Coordination

Development in early childhood is a multi-dimensional process[5]. 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.

Coordination is not effective across ECD sectors. Historically, each of the three primary ministries working with ECD aged children – Department of School, Preschool and Extracurricular Education, within the Ministry of Education and Science (MoES); Department of Maternity and Childhood within MoH; and Department of Child Protection, within MoSD – have operated independently to develop and implement services for ECD aged children within their respective domains. A multi-sectoral working group was created to better align efforts and ensure that children are receiving holistic ECD services. However, the agenda has been predominantly focused on education in light of recent policy discourse prioritizing preschool education expansion, rather than a coordination and comprehensive approach to ECD.

The President's Office initiated the process of designing a multi-sectoral ECD strategy. A child's development does not occur in a vacuum. It requires a safe, stimulating environment, with access to a multitude of interventions in education, health, nutrition, and social and child protection that are delivered at different stages of a child's development. In 2007, the President's Office started the process of designing the National Strategy for ECD. The strategy had four main components: i) maternal and child health (MCH); ii) preventing mother-to-child transmission (PMTCT); iii) early childhood education; and iv) capacity building and provision of social support for children and their families. Due to the political change and lack of support from line Ministries, the initiative was abandoned. ECD is included in the master policy documents for each sector (i.e. education, health and nutrition, social and child protection). These include: the Education Development Strategy of the Kyrgyz Republic (2007-2010), Education Development Strategy of the Kyrgyz Republic for 2012-2020, Mid-term Education Development Plan of the Kyrgyz Republic for 2012-2014, National Strategy on Reproductive Health (2006-2015), the Code of Children (2012), and Strategy of Development of Social Protection of the Population in Kyrgyz Republic in 2012-2014.

Mechanisms to support collaboration between State and non-state stakeholders are limited. In the education sector, collaboration between State and non-state stakeholders is achieved through the Development Partner Cooperation Council Education Group, which serves as a platform for all stakeholders to share important information and coordinate international aid. A separate subgroup on preschool education to bring together Government and partners is being constructed.

Starting in 2008, the health sector became the first sector in the Kyrgyz Republic to adopt a Sector-Wide Approach (SWAp). Among the benefits have been increased coordination between Government, donors, and stakeholders, improved budget processes, and greater reliance on country systems and processes. The Sector-Wide Approach project – supported through a syndicate of partners – is monitored through a Joint Annual Review and bi-annual Health Summit. Improved coordination in health and nutrition has also been improved through the Integrated Management of Childhood Illnesses (IMCI), which is a systematic approach to children's health that focuses on the whole child. Through this model health workers at the local level work directly with parents and stakeholders.

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

Policy Lever 1.3: Finance

While legal frameworks and inter-sectoral 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[6]. Not 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.

Expenditure for preschool education is calculated using a formula; however there is no clear method or criteria for determining and forecasting ECD expenditures in health, nutrition, or child protection. The GoK's Basic Principles of Budget Law of the Kyrgyz Republic document provides general guidance for each ministry to determine expenditures. According to the MoES, expenditures on preschool education use four criteria: number of children, number of teaching positions, specific child characteristics, and geographic location. No formula or further breakdown was provided for this country report. There is no documentation to evaluate the criteria for determining ECD expenditures in other sectors, nor is there coordination across sectors in determining expenditures for young children.

Public sector financial policies are designed to promote free access to early childhood health and education services. In practice, large out of pocket payments are made for health services. According to policy, health services related to pregnancy and young children are officially free. These services include: labor and delivery; immunizations; well-child visit; growth monitoring and promotion; antenatal check-ups for pregnant women; and treatment for various illnesses, including diarrhea, upper respiratory tract infection, pneumonia, and tuberculosis.

Despite well-established policy, individuals bear significant costs to receive health services. Table 3 shows that out-of-pocket expenditures[7] account for 86 percent of all private health expenditures. Although the data are not specific to ECD aged children or pregnant women, the high rate of out-of-pocket expenditure indicates that, despite policy suggesting otherwise, there are private costs associated with health services. At the regional level, only Armenia (93 percent) and Tajikistan (91 percent) have a higher level of out-of-pocket expenditure. As a percentage of the total health expenditures, out-of-pocket expenditures are 38 percent in the Kyrgyz Republic. Aside from the Russia Federation, this is significantly better than the regional comparators. Government expenditure on health as a percentage of GDP is 3.5 percent, which below the Russia Federation, and nearly twice the expenditures of Armenia and Uzbekistan. Approximately 85 percent of routine EPI vaccines are financed by the GoK.

Table 3: Select health expenditure indicators, compared with region

	Kyrgyz Republic	Armenia	Russia Federation	Tajikistan	Uzbekistan
Out-of-pocket expenditure as a percentage of all private health expenditure	86%	93%	83%	91%	81%
Out-of-pocket expenditure as a percentage of total health expenditures	38%	55%	31%	67%	43%
Government expenditure on health as a percentage of GDP	3.5%	2.0%	5.0%	1.8%	2.5%
Routine EPI vaccines financed by government, 2010	85%	66%	No data	No data	No data

Source: WHO Global Health Expenditure Database, 2011; TransMonEE Database, 2010; Source: UNICEF Kyrgyzstan Country Statistics, 2010.

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

[7] 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.

The level of public sector financial commitment to ECD is low in education and difficult to ascertain in other sectors. Table 4 presents the total public expenditure on preschool education by level of Government. State provided preprimary school is primarily financed through State expenditures and local Government, with a small contribution from the Republic budget. Government expenditures have increased by approximately 57 percent from the period 2007 to 2010. Total spending in 2010 was 1.4 billion som (approximately USD 29 million)[8] with both the State and local government providing 49 percent of financing requirements each. The remaining 2 percent was contributed from the Republic budget. According to the National Statistical Committee, 424.6 million som, or 31.4 percent, of the 2010 budget, was allocated towards staff salaries. Total government expenditure on preschool education accounts for 9.4 percent of government expenditure on education. This is a reasonable proportion of the budget to be allocated to preprimary schools and in many countries is sufficient to achieve high coverage levels. In the Kyrgyz Republic, however, despite this allocation, only 17 percent of children aged 3 to 6 attend preprimary school. This indicates that a reallocation of funds and more efficient investments should be considered to improve coverage levels and ensure quality service provision.

To put this level of spending into perspective, according to the 2008 Education Sector Fiduciary Capacity Assessment conducted by the World Bank, the average unit cost (cost per child per year) for preschool was about 6.010 som, which is almost three times as much as the unit costs for primary and secondary education (2.220 som).

In response to this high unit cost, there has been a push to create more State provided half-day kindergartens (compared with the current full-day, 8 hour approach). The non-financial merits for this approach are expounded upon in Section 2.2 and Section 3.2 of this Country Report. From a financial perspective, the full-day approach is expensive and currently achieves low coverage. The half-day approach could better utilize existing facilities and reduce the need for new facilities, and could support the reallocation of funding to service delivery from infrastructure costs.[9]

Table 5 presents total health spending in the Kyrgyz Republic. There is no specific budget allocated towards young children and pregnant women. As such, it is not possible to evaluate the breadth and effectiveness of the level of investment. Overall expenditures toward health care have increased by 66 percent between 2007 and 2010.

Table 4: Public expenditures on preschool education by level of Government (Million Som)

Level of Expenditure	2010	2009	2008	2007
Total State expenditures on preschool education	664	650	586	432
Local budget expenditures on preschool education	660	617	555	408
Republic budget expenditures on preschool education	30	33	32	24
Total Government Expenditure on preschool education	**1.354**	**1.300**	**1.173**	**864**
Government Expenditure on preschool education allocated to salaries	424.6			
Total Government Expenditure on preschool education as a share of total government expenditure on education	9.4%			

Source: UNICEF conducted Analysis of State Expenditures on Social Sector in Kyrgyz Republic, 2007-2010.

[8] Exchange rate USD 1:47.1, January 1, 2011.

[9] For full evaluation of the cost effectiveness of preprimary school in the Kyrgyz Republic, see: Van Ravens, J. 2010. "A Better Future for Every Child: Financially feasible scenarios for the equitable expansion of preschool education in Kyrgyzstan". Commissioned by World Bank, UNICEF, and Aga Khan Foundation.

Table 5: Expenditures on health care by source of funding (Million Som)

Source of Expenditure	2010	2009	2008	2007
Overall State expenditure on health care	**8.195**	**7.548**	**5.715**	**4.936**
Internal funds from the Government budget	5.464	5.172	3.928	3.286
Republican Budget	4.668	4.397	3.242	2.852
Local budgets	796	775	686	434
External financing (SWAP and SIP)	1.121	823	507	521
The mandatory Medical Insurance Fund's own funds	909	867	695	599
Special Funds and co-payment	702	686	585	530

Source: UNICEF conducted Analysis of State Expenditures on Social Sector in Kyrgyz Republic, 2007-2010.

In addition to the above noted direct financial expenditures in ECD, the GoK supports ECD through specific tax and social transfer provisions, such as paid parental leave and transfers to vulnerable families. Qualification criteria for the latter, which are enshrined in the Law on Social Benefits of the Kyrgyz Republic, categorize families earning less than 1700 som (USD 36.10) and 1050 som (USD 22.30) as vulnerable, and extremely vulnerable, respectively. Vulnerable and extremely vulnerable families receive at least 500 som (USD 10.62) in financial support per month, and potentially more depending on geographical location and number of children, amongst other factors.

Furthermore, according to the tax code, costs associated with preschool education (as well as basic, secondary, and tertiary education) are deducted from taxable income, and families with more than four children are eligible for further tax benefits. Full analysis of these policies is beyond the scope of this Country Report; however there are other specific actions the GoK could take to promote equitable child rearing and support parents. These are presented in the policy options for this Policy Goal.

Early childhood care and education teachers are compensated using established pay scales. Table 6 presents the level of remuneration for education professionals per month. Compensation ranges from 5.000 to 6.500 som (USD 106 to 138) per month for administration staff, and 3.991 to 7.021 (USD 85 to 149) per month for preschool workers. Salary of preschool teachers is determined according to the new instruction of payment of educational officers of the Kyrgyz Republic No. 270 (March 31, 2011) and includes level of education, calculation of pedagogical experience, and workload per month. For comparison, the general poverty line per month was 2.154 som (USD 46) in 2011. The Law on Status of Teacher of the Kyrgyz Republic (No. 9 dated January 14, 2001) states that teachers in preschool should be compensated equal to teachers in primary schools. In practice, the workloads vary and therefore compensation is not comparable.

Table 6: Level of remuneration for education professiona

Education Professional	Minimum	Maximum
Administration	5.000	6.500
Preschool teacher/worker	3.991	7.021

Source: Normative legislative regulations on salaries of works of educational organizations, MoES, 2011.

Policy Options to Strengthen the Enabling Environment for ECD in Kyrgyz Republic

- **Legal Framework –** One avenue to advance the regulatory framework is to build flexibility into the maternity leave policy. As it stands, 55 percent (or 70 days) is allocated prior to birth, which provides children with only three months of care post-birth. This is a formative period of a child's development, one in which adequate care is essential. Depending on the individual family circumstance, a policy that permits parents to shift days post-birth could provide children with enhanced attention and care without substantive implications to public policy. The GoK should also consider increasing the percentage of wages paid to mothers during the maternity leave period to ensure that families have the financial support for effective child rearing.

- **Inter-sectoral Coordination –** The GoK should revive the development of the National ECD Strategy to enhance the coordination and efficacy of the ECD system and articulate the services provided to children and key stakeholders involved, including each of their respective responsibilities. The policy should include a set of goals or objectives and an implementation plan to outline how the policy will be achieved, including creation of a lead agency to champion ECD and mechanisms to foster coordination.

- **Finance –** To fully evaluate the strengths and areas for improvement within an ECD system, it is necessary to have a comprehensive, systematic methodology for calculating investment in ECD. Currently, it is difficult to disaggregate spending in health, nutrition, and social and child protection by ECD age group. Within education, data are available only for select inputs of service delivery and by level of Government expenditure. There are no data that measure level of investment in rural and urban areas, or by Oblast division. In developing a comprehensive methodology it could also be useful to work closely with non-state ECD stakeholders to capture the full spectrum of ECD investment. This will provide policy makers with detailed information to evaluate and effectively cost ECD interventions, and shift financial allocation to the interventions with the greatest return on investment.

- **Finance –** Further data and analysis are required to determine the scope of investment to scale up interventions and develop a holistic ECD system that provides all children with the required services to reach their potential in life. Current coverage levels are low and quality needs to be enhanced, underscoring the necessity to allocate a greater portion of resources to young children and pregnant women.

- **Finance –** In addition to existing policies to support young children and promote effective child rearing (e.g. maternity leave, tax deductions, transfers), the GoK could consider targeted mechanisms to improve living conditions and quality of life for families with lower socioeconomic status. One social program to consider is a conditional cash transfer program, which provides supplemental income to families, contingent upon a set of conditions being met (such as the child attending preschool, receiving health and nutrition services, or completion of parental training programs). Such a program could complement or replace the existing social transfer program, which would enhance access to ECD interventions while still providing the necessary financial support to families.

Policy Goal 2: Implementing Widely

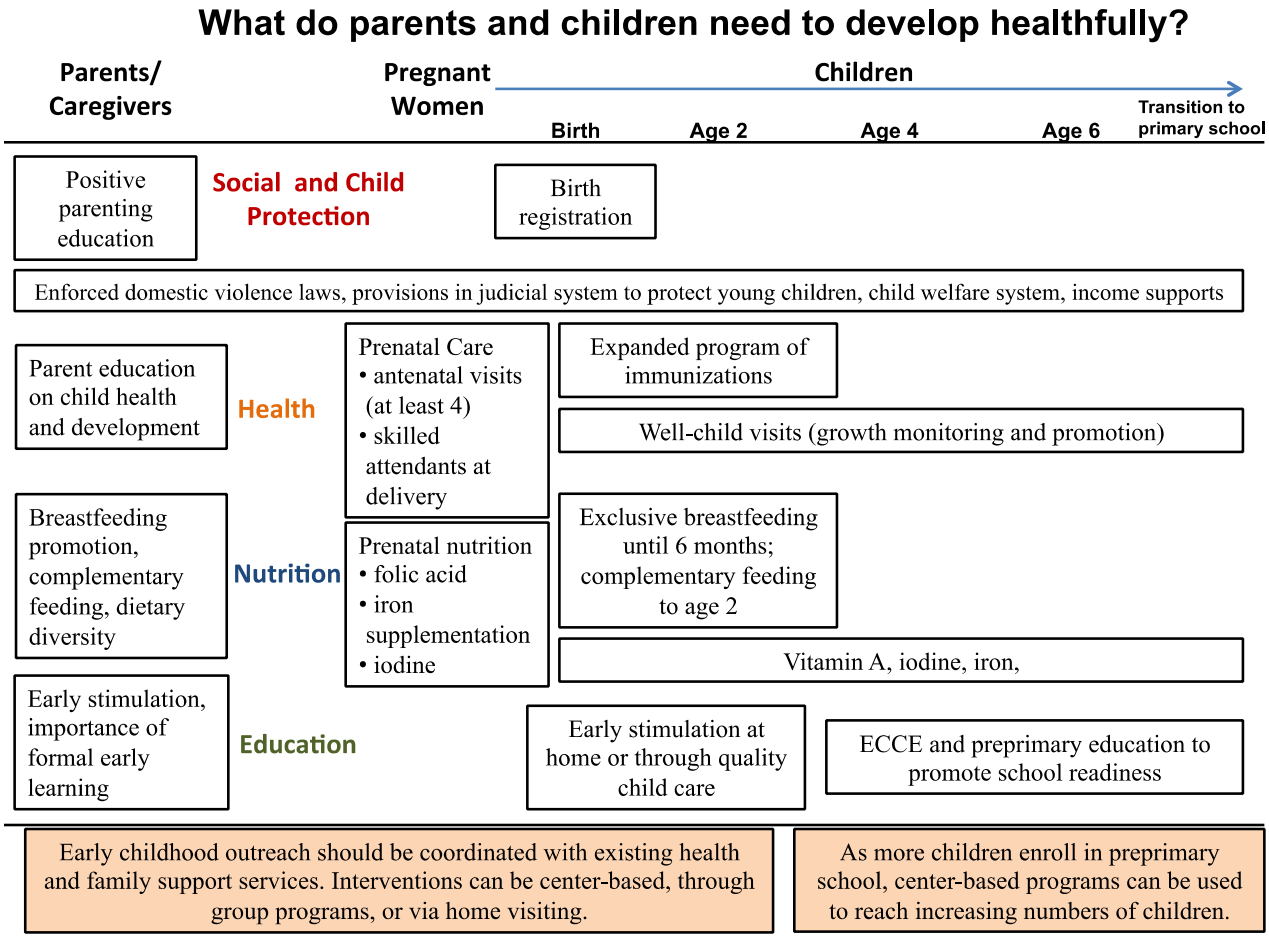
- **Policy Levers: Scope of Programs • Coverage • Equity**

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

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 2 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 2: Essential interventions during different periods of young children's development



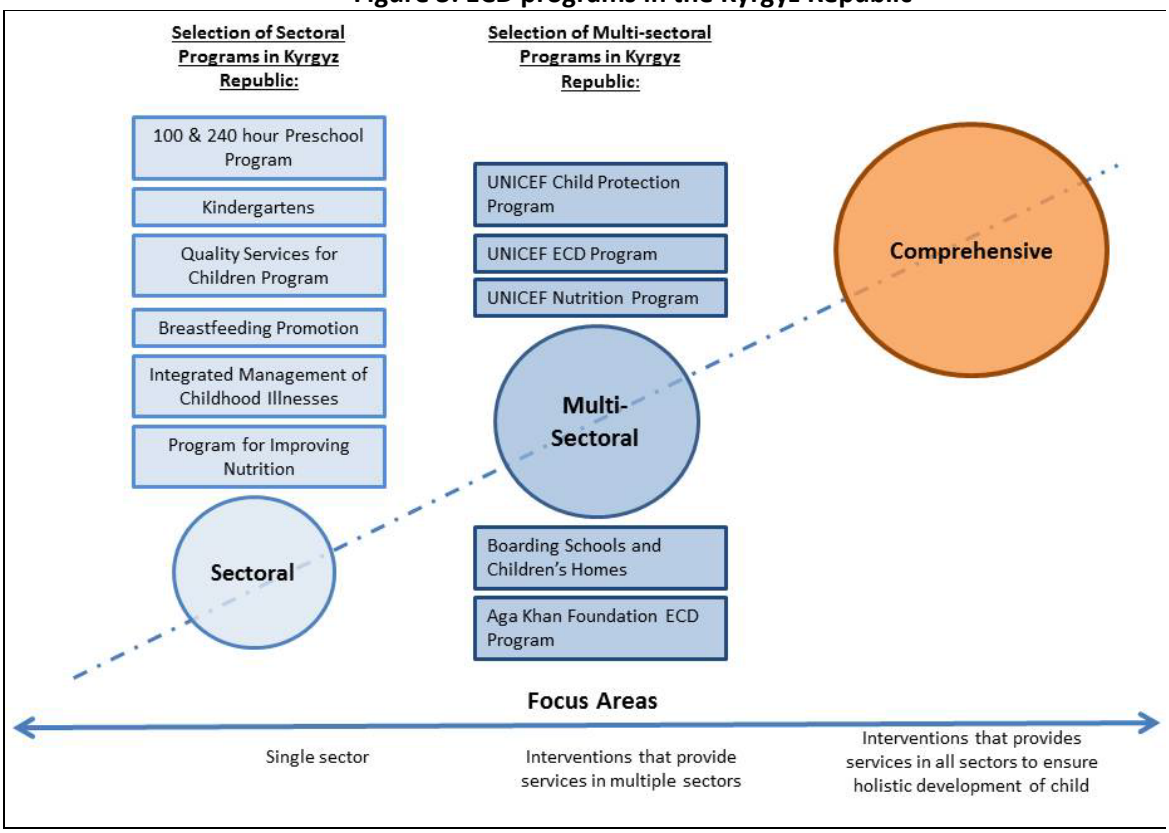
ECD programs are established in each of the core ECD areas of focus: education, health, nutrition, and social and child protection. Coverage varies by intervention. There are programs that target the three main ECD groups – children aged 0 to 83 months, pregnant women, and caregivers. Figure 3 presents a selection of ECD interventions in the Kyrgyz Republic. Many of the GoK provided programs are sector specific. Some NGO interventions have a multi-sectoral approach, which means that interventions cover more than two sectors and are integrated.

An effective example of a multi-sectoral intervention in the Kyrgyz Republic is the **Aga Khan Foundation ECD program.** Started in 2005, the program operates in remote communities of Osh and Naryn oblasts and spans both education and health and nutrition sectors to provide learning opportunities for young children as well as to improve the health of mothers and children. To date, the program has made possible the renovation and construction of 48 central and satellite kindergartens, which make education accessible to children living in remote areas. It has also provided ongoing training for more than 80 kindergarten staff, appropriate teaching-learning materials, and a learning environment that emphasizes parent and community involvement.

Another innovative program is the MoH "A comprehensive program to reduce micronutrient deficiency among children aged 6 to 24 months in the Kyrgyz Republic", which is supported by UNICEF. The program consists of several components. The first component is promoting nutrition of pregnant and nursing women, including exclusive breastfeeding and complementary feeding). The second component provides vitamin and mineral supplement "Gulazyk" in powder form for home food enrichment of children aged 6 to 24 months for the prevention of iron deficiency and anemia. The third component includes training of health workers and volunteers to provide mothers care for the development and dissemination of educational materials. The fourth component of the

program is the introduction of the new WHO standards (2006) to assess the physical development of children and the fifth component aims to enhance coordination across sectors. The pilot project was implemented in Talas. According to the results, nearly 90 percent of mothers reported that they would continue use of Gulazyk (after initial stock was used). Among all participating children the prevalence of iron deficiency anemia decreased from 45.5 percent to 33.4 percent. Until recently, the program covered about 250,000 children under 2 years of age, which is about 90 percent of the target group (except the central part of Bishkek). Despite the prospect for this intervention, political tension surrounds the use of Gulazyk.

Figure 3: ECD programs in the Kyrgyz Republic



In 2006, with the support of UNICEF, Open Society Foundation, Asian Development Bank and Aga Khan Foundation, the animated child's television program *Keremet Koch* ("Magic Journey") – a similar concept to Sesame Street – was created to great fanfare. Everyday children and their parents live out the adventures of the main characters and learn new skills such as preparing for school, coping with life's difficulties, and healthy hygiene. One of the best features is that the program is available and socially and culturally relevant to all children, including those in remote areas. According to the evaluation undertaken in 2011, 95 percent of researched 5-6 year olds watch the program.

Table 7 provides a list of essential interventions operating in the Kyrgyz Republic. Four categories are used to classify coverage: low, moderate, approaching universal, and universal.

Policy Lever 2.2: Coverage

Emerging

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.

Table 7: ECD programs and coverage in the Kyrgyz Republic

ECD Intervention	Scale		
	Pilot programs	Out of 9 provinces	Coverage
Education			
State-sponsored preprimary/kindergarten education,		9	Low
State-sponsored ECCE (100/240-hour preschool program)		9	Approaching
Community-based ECCE	X		Low
Health			
Antenatal and newborn care		9	Approaching
Integrated management of childhood illnesses and care for development		9	Approaching
Childhood wellness and growth monitoring		9	No data
National immunization program		9	Universal
Nutrition			
Micronutrient support for pregnant women	No data		
Food supplements for pregnant women	No data		
Micronutrient support for young children	No data		
Food supplements for young children *(Gulazyk)*	X	8	Universal
Food fortification		9	Moderate
Breastfeeding promotion programs (*breastfeeding promotion*)		9	Low
Anti-obesity programs encouraging healthy eating/exercise	No data		
Feeding programs in preprimary/kindergarten schools		9	Low
Parenting			
Parenting integrated into health/community programs	No data		
Home visiting programs to provide parenting messages	No data		
Special Needs			
Programs for OVCs (*Boarding schools & children's homes*)		9	Moderate
Interventions for children with special (*emotional and physical*) needs		9	Moderate
Anti-poverty			
Cash transfers conditional on ECD services or enrollment	No data		
Comprehensive			
A comprehensive system that tracks individual children's needs	No data		

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

The level of access to essential health interventions is low for young children. Table 8 presents the level of access to a selection of essential ECD interventions for young children in the Kyrgyz Republic and select countries in the region. Currently, only 22 percent of children below the age of 5 with diarrhea receive oral rehydration and continued feeding, which is comparable to results in Tajikistan and Turkey, and slightly below Uzbekistan. In addition, approximately 45 percent of children below 5 years of age with suspected pneumonia receive antibiotics in the Kyrgyz Republic; this level is slightly above of the level in Tajikistan, yet significantly below that of Uzbekistan.

Although these results are comparable to neighboring countries, it is important to emphasize that, by international standards, they are low and underscore the necessity of improved health services to ensure that children in need are receiving the requisite services to ensure safe and full development.

[10]Kyrgyz Republic Divisions includes 7 oblasts (Chui, Issyk-Kul, Talas, Naryn, Batken, Osh, Jala-Abad) and two big cities (Bishkek and Osh).

Table 8: Level of access to essential health interventions for young children

	Kyrgyz Republic	Russia Federation	Tajikistan	Turkey	Uzbekistan
Children below 5 years of age with diarrhea who receive oral rehydration and continued feeding, 2006-2010	22%	No data	22%	22%	28%
1 year olds immunized against DPT, 2010	96%	97%	93%	96%	99%
Children below 5 years of age suspected of pneumonia who receive antibiotics, 2006-2010	45%	No data	41%	No data	56%

Source: UNICEF Kyrgyzstan Country Statistics, 2010.

Table 9: Level of access to health interventions for pregnant women

	Kyrgyz Republic	Russia Federation	Tajikistan	Turkey	Uzbekistan
Births attended by skilled attendants, 2006-2010	99%	100%	83%	91%	100%
Pregnant women who benefit from at least four antenatal visits, 2006-2010	No data	No data	49%	74%	No data

Source: UNICEF Kyrgyzstan Country Statistics, 2010.

Table 10: Level of access to essential nutrition Interventions for young children and pregnant mothers

	Kyrgyz Republic	Russia Federation	Tajikistan	Turkey	Uzbekistan
Vitamin A supplementation coverage for children 6-59 months of age, 2010	97%	No data	95%	No data	94%
Children who are exclusively breastfed until 6 months of age, 2006-2010	32%	No data	25%	42%	26%
Population that consumes iodized salt, 2006-	76%	35%	63%	69%	53%
Children below 5 suffering from moderate and severe stunting, 2006-2010	18%	No data	39%	12%	19%

Source: UNICEF Kyrgyzstan Country Statistics, 2010; WHO World Wide Prevalence of Anemia 1993-2005.

In contrast, 96 percent of 1 year olds are immunized against DPT (diphtheria, pertussis, and tetanus vaccine), indicating that vaccine promotion programs and the *Law on Health Care of the Kyrgyz Republic* are effective in promoting high coverage.

The level of access to essential health interventions for pregnant women in the Kyrgyz Republic is difficult to calculate, as data are insufficient. Table 9 attempts to shed light on the level of access to a selection of essential health interventions for pregnant women. The only indicator for which data are available is the percentage of births attended by skilled attendants. At 99 percent, this represents a substantial achievement. More data are required to fully evaluate the level of coverage for services for pregnant women.

Young children and pregnant women have uneven access to essential nutrition interventions in Kyrgyz Republic. Table 10 presents the level of access to essential ECD nutrition interventions for young children and pregnant mothers. The results are varied, indicating that the Kyrgyz Republic successfully provides some essential services to young children, but others are missing. One example of a successful intervention is Vitamin A supplementation, which provides coverage to 97 percent of children aged 6 to 59 months. According to a national study (2009), the prevalence of vitamin A deficiency among children has decreased considerably.

An important intervention for a mountainous, landlocked country such as the Kyrgyz Republic is salt iodization. Iodine, which is a micronutrient and dietary mineral, is not prevalent in the country's soil and as such is not derived from the local food supply (generally natural iodine is more common near sea coasts). It is for this reason that the GoK created the *Law on Prevention of Iodine Deficit Illnesses of the Kyrgyz Republic.* According to UNICEF MICS[10] data, 76 percent of the population consumes iodized salt. Other studies suggest this rate may be much higher and underscore the importance of further research.

At 18 percent, the level of moderate and chronic undernutrition (stunting) is not considered "severe", yet it still represents an area for improvement. Nearly one in five children is not receiving a sufficient and balanced diet to maximize their physical development. As a result, there are serious implications for a child's holistic development. The period between conception and the age of 2 is a window of opportunity to address and prevent the damage caused by undernutrition. If not addressed, a child that suffers from undernutrition will not fully develop physically, which in turn hinders linguistic, cognitive, and socio-emotional development. The result is diminished human capital and lower lifetime earnings for the individual, which in turns limits a country's prospects for economic growth and development. In order to prevent undernutrition, children require proper nutrition from the prenatal period onwards (especially in the first 1,000 days of life). Breast milk is considered to be the best method to feed an infant during the first 6 months, giving the child all the nutrients and calories needed for proper growth and development. Only 32 percent of children are exclusively breastfed until the age of 6 months. Improving these rates represents a terrific opportunity to reduce the prevalence of stunting and improve child development indicators.

The level of access to early childhood education (preschool education) has increased since 2000, but remains very low. Further to the brief discussion in Section 1.1, this section provides a synopsis of early childhood education in the Kyrgyz Republic. The *Law on Preschool Education of the Kyrgyz Republic* outlines the objectives of preschool education as follows:

- Ensure the right to preschool education for each child, including maintaining and promoting physical, mental, and spiritual health of children;
- Shape civic consciousness, patriotism, respect for State symbols, the State and native language, and the environment in children;
- Foster creative skills of children according to age and intellectual and physical abilities;
- Provide effective, continuous learning from preschool to primary school; and,
- Provide parents (caregivers) with advice and information on early childhood education and care.

The term "preschool education institutions" is used to describe the collection of early childhood education service delivery models in the Kyrgyz Republic. Unless stated otherwise, all enrollment data presented in this report refers to State kindergartens. A brief description of the types of preschool education institutions is provided in Table 11. No enrollment data are provided for the numerous types of schools, and therefore it is not possible to evaluate the scope of coverage of each approach. An in-depth analysis of the impact and applicability of each model could be informative for policy makers and ECD stakeholders, and could highlight considerable overlap in terms of the organization and objectives of models.

State kindergartens, a legacy of the Soviet era, provide coverage to slightly over 17 percent of children aged 3 to 6 years, down from 34 percent in 1990. State kindergartens usually operate for 8 hours per day. Each kindergarten has sleeping and kitchen facilities, as well as ample support staff. In recent years community-based kindergartens (CbKs) have grown in number, with the support of international agencies. Between 2006 and 2010 attendance increased from 2,050 to more than 7,000 children aged 3 to 6 years (roughly 2-3 percent of the cohort). Many of CbKs provide half-day programs in order to extend the coverage of children.

Figure 4 presents the net enrollment rate for select neighboring countries. Although enrolment has increased from approximately 8 percent in 2000 to 17 percent in 2010/11, it is below the level of other countries in the region (such as Armenia, 34 percent coverage) and well below regional leaders, such as the Republic of Moldova (coverage 79 percent) and international exemplars such as Sweden (93 percent and 95 percent at age 5 and 6, respectively). It is important to note that CbKs have grown in prominence

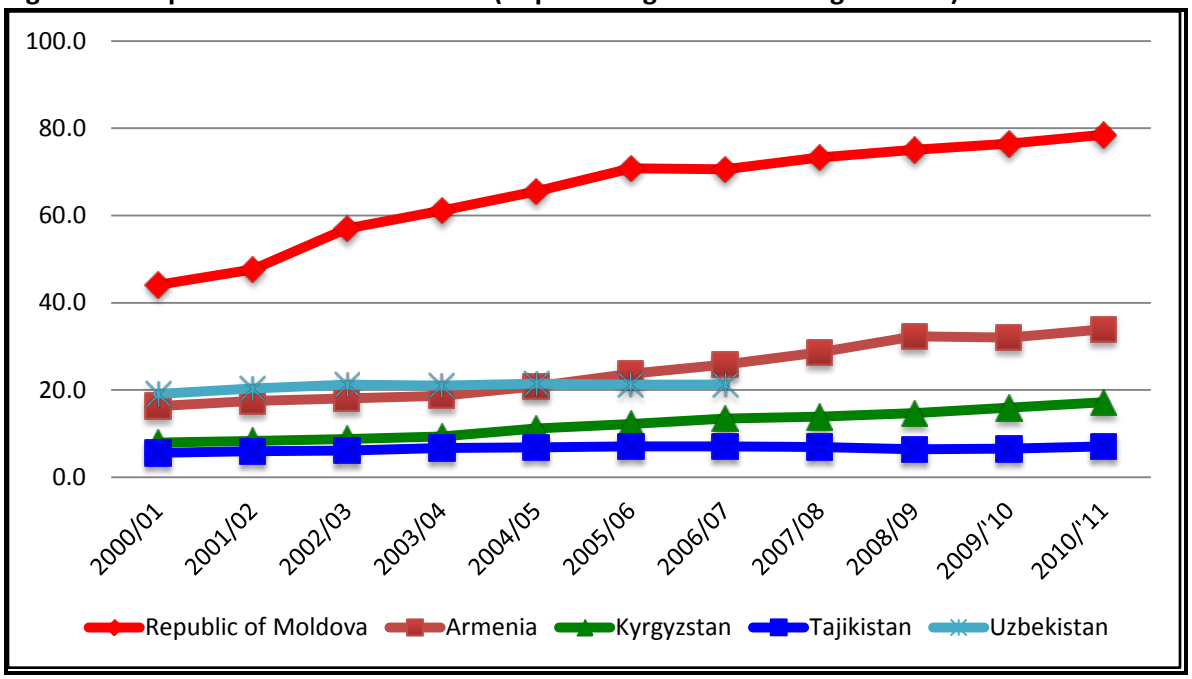
[11] See Policy Lever 3.1 for explanation.

in recent years. As noted in Section 2.1, they are innovative early learning programs that contribute to expanding access in remote areas of the Kyrgyz Republic. CBKs established, with the help of Asian Development Bank, Aga Khan Foundation, and UNICEF, target the most in need districts with high poverty rates and low preschool education enrollment.

Table 11: Types of preschool education institutions

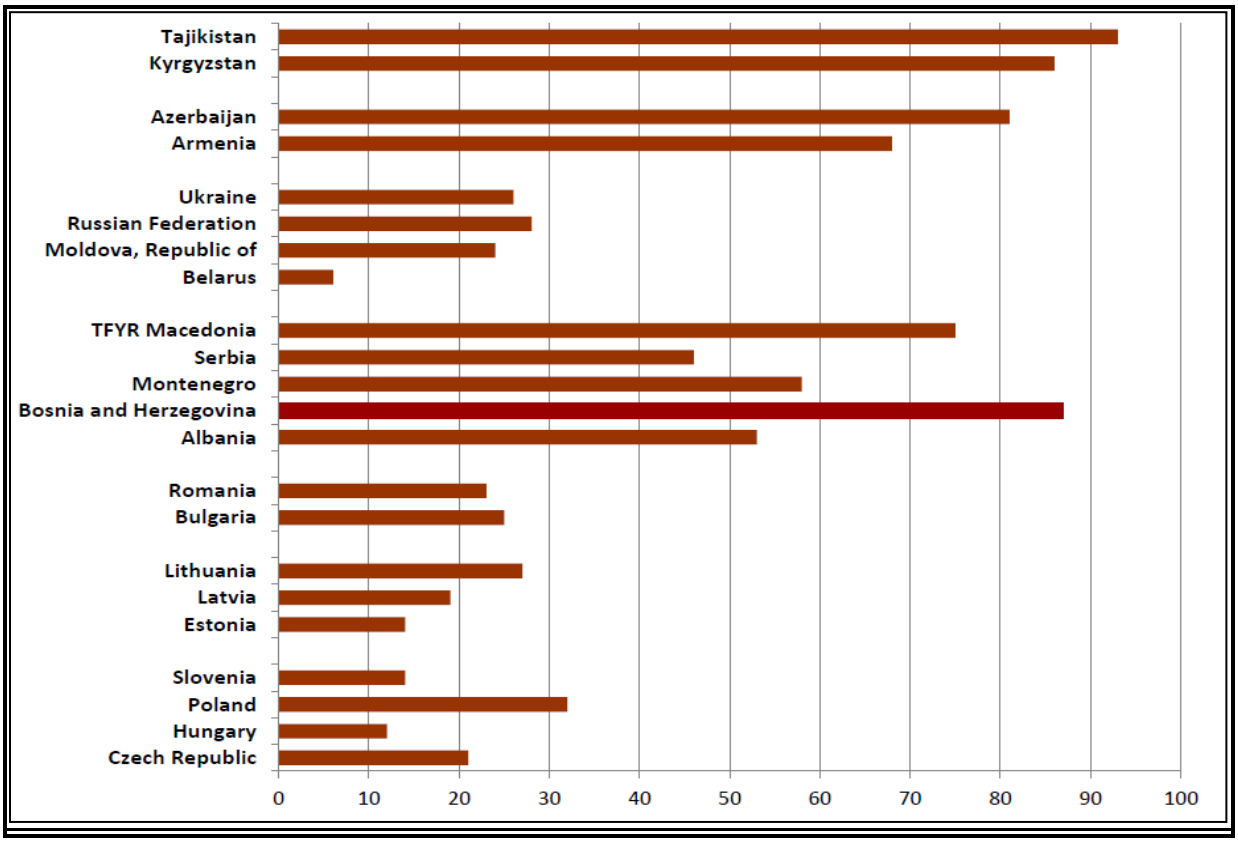
Preschool model	Brief description of preschool institution
Day Nurseries	Children aged 6 months to 3 years of age, provides care and development
Maternal Schools	Provides short-term and full day care for children who do not attend kindergartens, includes interactive education for children and adults
Kindergartens	Children aged 3 to 7 years of age, provides care and development, mostly operated by the State
Special Kindergartens	For children with special needs (speech disorders, intellectual development disorders, visual and hearing impairments, etc.)
Children's Homes	Part of the health care system, for orphans and children without parental care, as well as for children with special needs below 3 years of age, supported by the GoK
Child Development Centres	For the physical and mental development of children, early identification of individual needs for children, diagnostics and special education services, as well as medical care for children
Community Based Kindergartens including half day programmes	A structural unit of local government bodies usually intended for children aged 3 to 7 years old where children are taken care of, education, and developed (both full and half day sessions. The latter is intended to optimal use of resources and increase of children's coverage by child education program)
100- & 240-Hour Program	100 & 240-hours of preschool provided during the summer and spring term prior to primary school entry

Figure 4: Net preschool enrollment rate (as percentage of children aged 3 to 6)



Source: TransMONEE data set, 2011.

Figure 5: Regional comparison of 3 to 6 year olds not in preschool education (2009/10)



Source: TransMONEE data set, 2011.

Viewed from a different lens, Figure 5 presents the regional comparison of 3 to 6 year olds not attending preschool education in the year 2009/10. As can be seen, the Kyrgyz Republic is one of four countries where more than 80 percent of children do not attend preprimary education. Tajikistan, Azerbaijan, and Bosnia and Herzegovina are the three other countries.In 2006, the MoES introduced the 100-hour prior-to-school preparation program for children 6 years old who had no access to preprimary education. The program focuses on improving social awareness and operates in primary schools during the summer months. Approximately 40,000 children (nearly 40 percent of the eligible population) attended in the inaugural year, and by 2010 more than 70,400 children were covered. In 2011, the MoES introduced the 240-hour school preparation program within the frame of the FTI-II (Fast Track Initiative, Second Grant). Over 40,000 and 55,000 children attended the 240-hour program in 2011 and 2012, respectively. The upcoming Global Partnership for Education (formally FTI) project aims to create a 480-hour program that will be extended to all children during the year prior to entry into basic education.

Policy Lever 2.3: Equity

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[11]. One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

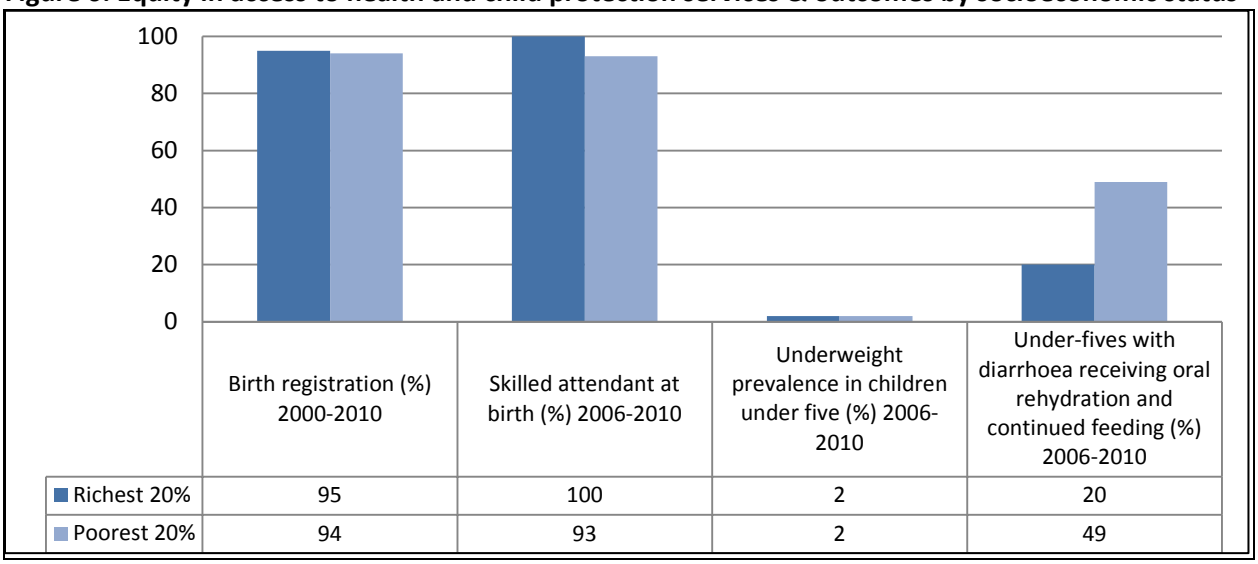
Young children and pregnant women have equitable access to health and nutrition services; however there is inequity in access to preschool in the Kyrgyz Republic. Using data from the UNICEF Multiple Indicator Cluster Survey (MICS, 2006), information on access to several interventions and ECD outcomes by socioeconomic status and rural/urban location is available in the Kyrgyz Republic. Figure 6 compares birth registration rates, skilled attendants at birth, underweight prevalence, and the number of children below 5 years of age with diarrhea who receive oral rehydration and continued feeding for the poorest 20 percent of the population with indicators for the wealthiest 20 percent of the population. The results demonstrate that access to birth registration is equitable and underweight prevalence in children below age 5 does not vary significantly by income level. There is minor inequity in the number of skilled attendants at birth. Surprisingly, the only indicator for which there is high inequity is the number of children below 5 with diarrhea receiving oral rehydration and continued feeding. In this instance, 49 percent of children within the poorest quintile receive oral hydration and continued feeding, compared with 20 percent of the richest quintile. This may be explained by use of other treatment mechanisms by wealthier families, or could reflect targeted interventions that reach the poorest children. Further analysis is required.

Figure 7 presents the four indicators used in Figure 6 plus an additional indicator (percentage of population using improved sanitation) to evaluate equity by rural and urban locations. The results indicate that there is no inequity by underweight prevalence, and although access is higher in urban locations, the inequity is not significant for birth registration, skilled attendants at birth, and access to improved sanitation faculties. Children below 5 years of age with diarrhea living in urban locations are more likely to receive oral rehydration and continued feeding than children living in rural locations.

Figures 6 and 7 show that, for the most part, there is no substantive inequality in access to health, nutrition, and social protection interventions in the Kyrgyz Republic. The findings differ for the education sector. Figure 8 presents wealth disparities in access to preschool for various countries in the region. Aside from Belarus, where coverage levels are high and there is almost no inequity, neighboring countries all have high (and very high) levels of inequity. This is particularly evident in the Kyrgyz Republic, where the enrollment level amongst the richest 20 percent is approximately 50 percent and less than 10 percent for the poorest 20 percent. This shows that State preschool services are not well targeted. Children from better off families attend State kindergartens, whereas children from poorer households who would benefit most are not enrolled because of lack of places in schools.

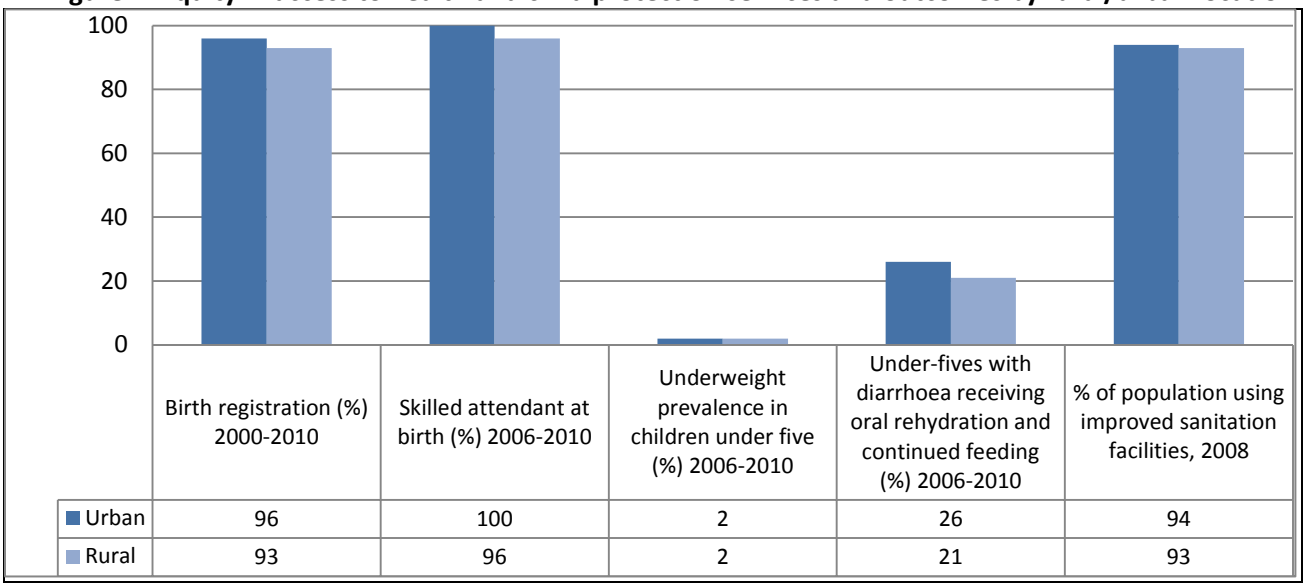
[12] Engle et al, 2011; Naudeau et al., 2011

Figure 6: Equity in access to health and child protection services & outcomes by socioeconomic status



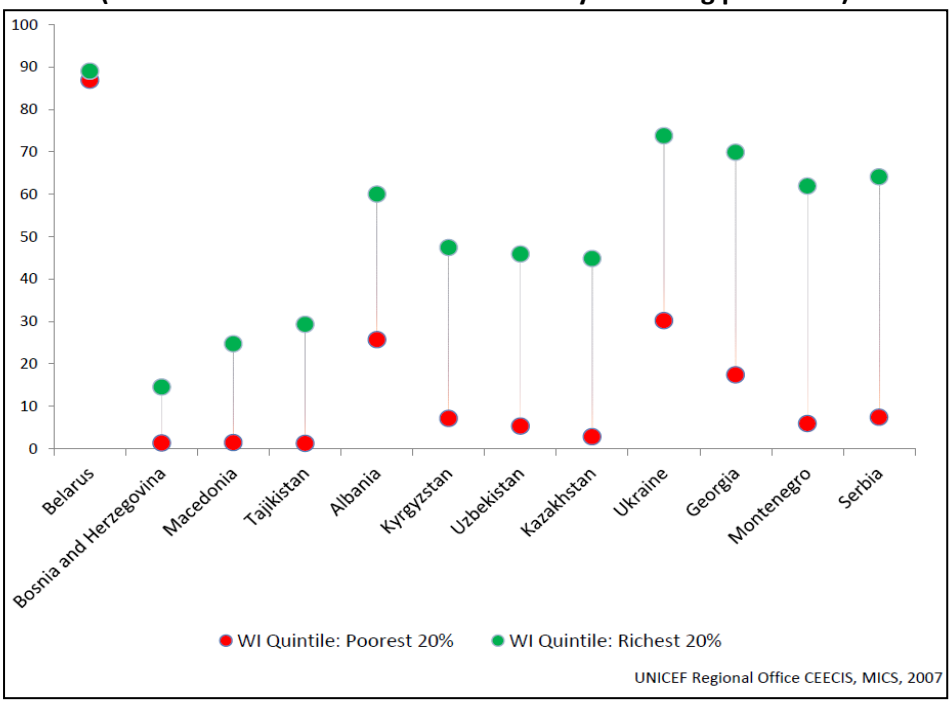
Source: UNICEF Kyrgyzstan Country Statistics, 2010.

Figure 7: Equity in access to health and child protection services and outcomes by rural/urban location



Source: UNICEF Kyrgyzstan Country Statistics, 2010.

Figure 8: Wealth disparities in access to preschool (% of children 36 to 59 months currently attending preschool)



There does not seem to be a gender gap in preschool enrollment in the Kyrgyz Republic; in the 2010/11 school year 49 percent of children enrolled were female.

There is a policy to promote equitable access to ECD services for children with special needs, but it has not been implemented. The *Law on the Rights of People with Disabilities in the Kyrgyz Republic* (No 38, April 3, 2008) states that every citizen has the right to education. According to the *Constitution of the Kyrgyz Republic*, the 2003 Education law, as well as the national education programs adopted by the Kyrgyz Republic, the education system should ensure equitable access to education, revise regularly the learning programs as well as adapt to new learning techniques, improve constantly the quality of education, and use the educational resources in a cost-effective way.

This includes inclusive education, but it has not yet been fully implemented. Informal observations suggest that many children with special needs (both ECD and older children) are home schooled and receive no formal education. In addition to a lack of services, negative or indifferent public perception, discrimination and inadequate infrastructure affect these children. A rigorous study could help inform this policy area and improve implementation.

According to data of the Association of Parents of Disabled Children there are 22,000 children with disabilities living in Kyrgyz Republic, although this number is likely understated. For many of these children, access to the country's system of specialized education facilities is very limited. According to the MoES, there are 14 special kindergartens (3-7 years) servicing 1,556 children. Ten of these special kindergartens are located in Bishkek City, two in Osh City, and one in both Chui oblast and Osh oblast.

Policy Options to Implement ECD Widely in Kyrgyz Republic

- **Scope of Programs –** The Kyrgyz Republic's ECD system includes a combination of interventions operated by State and non-profit organizations, with some provision by private entities, too. Due to the highly sectoral structure of service delivery and ineffective coordination across sectors, there is poor knowledge of what interventions currently operate. It would be useful to undertake a mapping exercise to develop a database of ECD interventions. Such an initiative could be facilitated as part of the National ECD Strategy and will enable policy makers and ECD stakeholders to both raise awareness and improve targeting mechanisms, especially for education

interventions during the expansion of the 480-hour program.

- **Scope of Programs –** There should be continued focus to address nutrition in the first 1,000 days of life. The MoH "A comprehensive program to reduce micronutrient deficiency among children aged 6 to 24 months in the Kyrgyz Republic" is a strong first effort to address undernutrition, however support from Parliament is essential. Improvements are required to scale-up and increase take up. In particular, the program should strive to better educate parents and caregivers about the benefits of the nutritional supplement and provide them with the skills and knowledge to effectively use the product.

- **Coverage –** Coverage levels of preschool are very low. The GoK 100-hour and 240-hour programs is innovative and provides children some exposure to early childhood education, however it does not effectively address the learning needs of young children to ensure they have the skills to transition and excel in basic education. For these reasons the 480-hour program has the potential to drastically enhance the effectiveness of preschool and improve school readiness for all children. In the design of the program, provisions should be made to conduct a robust impact evaluation. In parallel, in addition to the above noted mapping exercise, the MoES should undertake an in-depth analysis of the various modalities of preschool education to fully evaluate and identify the most effective approaches

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

Emerging

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.

Administrative and survey data are collected on access to education and child protection for young children, and survey data are collected on access to health and nutrition interventions. The availability of administrative data varies by sector in the Kyrgyz Republic. As illustrated in Sections 2.2 and 2.3 of this Country Report, administrative data effectively capture indicators pertaining to access to preschool education, including gender, age, urban and rural location, mother tongue, and enrollment by Oblast. Some financial data are available, but they do not fully capture the level of investment in ECD. Administrative data are also strong in child protection, especially in relation to child residential institutions. Administrative data are not differentiated by socio-economic status. Figure 8 depicts the large disparity in access to preprimary school by wealth quintile, and underscores the necessity to have a more robust data set. Most administrative data are collected on an annual basis.
The primary source of survey data is the UNICEF Multiple Indicator Cluster Survey. The Kyrgyz Republic participated in the third version (MICS-3) in 2006 and has agreed to partake in the upcoming fourth version (MICS-4). MICS-3 was conducted by the National Statistical Committee of the Kyrgyz Republic with financial and methodological support of UNICEF. Many of the health and nutrition indicators are presented in Sections 2.2 and 2.3. Table 12 presents availability of data to monitor ECD in Kyrgyz Republic.

Data are not collected to measure child development outcomes in the four interrelated domains of child development. The four interrelated domains of child development are:

- Physical development: defined as an individual's rate of growth, physical fitness, fine motor skills, gross motor skills, and self-care abilities.

- Cognitive development: encompasses progress in analytical skills, mental problem-solving, memory, and early mathematical abilities.
- Language development: demonstrated through both verbal and non-verbal communication, including babbling, pointing, and gesturing in infancy, followed by the expansion of vocabulary and speech construction.
- Social and emotional development: in early years this encompasses a child's relationships with caregivers and their immediate surroundings, in later years this expands to include social competence (getting along with others), behavior management (following directions and cooperating with requests), social perception, and self-regulatory abilities (having emotional and behavioral control).

Select data are collected by the MoH to monitor physical development. Box 2 presents the Chilean Biopsychosoical Development Support Program. By international standards, this is one of the most advanced approaches to child monitoring. Developing a comparable system can only be achieved as part of a larger, systemic approach to ECD, however study of this approach sheds light on the importance of child monitoring across all domains.

Table 12: Availability of data to monitor ECD in Kyrgyz Republic

Administrative Data:	
Indicator	**Tracked**
Special needs children enrolled in ECCE (number of)	✓
Children attending well-child visits (number of)	X
Children benefitting from public nutrition interventions (number of)	✓
Women receiving prenatal nutrition interventions (number of)	✓
Children enrolled in ECCE by sub-national region (number of)	✓
Is ECCE spending in education sector differentiated within education budget?	✓
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 (%)	✓

Box 2: Chile: The Biopsychosocial Development Support Program

Summary: *Chile Crece Contigo ("Chile Grows With You")* is an highly integrated approach towards ECD. One of the program's key accomplishments is the ability to provide timely, targeted service delivery. A core element that makes this possible is the Biopsychosocial Development Support Program, which tracks the individual development of children. The program commences during the mother's initial prenatal check-up, at which point an individual "score card" is created for the child. Each of the primary actors within the *Chile Crece Contigo* comprehensive service network – including family support unit, public health system, public education system, and other social services – have access to the child's file and are required to update it as the child progresses through the different ECD services. If there is any kind of vulnerability, such as inadequate nutrition, the system identifies the required service to address this issue. Through the integrated approach to service delivery and information system management, these services are delivered at the right time and in a relevant manner, according to each child's need.

Key considerations for the Kyrgyz Republic:

- ✓ Streamlined, holistic child monitoring achieved through highly synergetic partnership across sectors;
- ✓ Responsive system that tailors to the individual child's need, especially for children at risk; and,
- ✓ Child monitoring is an important consideration to ensure appropriateness and impact of revised learning standards.

Policy Lever 3.2: Quality Standards

Emerging

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.[12]

Clear learning standards have been established and are in the process of being revised. The *State Standards of Preschool Education and Child Care* (*2005*) sets clear child development indicators and learning standard for each stage of a child's development. Standards are disaggregated as follows: by month for each of the child's first 12 months; for the age of 2 years; for the age of 3 to 4 years; for the age of 5 years; and for the age of 6 to 7 years. For example, child development objectives by the age of 5 years include: psychomotor development, including balance, ability to play with balls, use of puzzles with four to ten parts; psychosocial development, including ability to construct opinions, follow rules and interact with peers; cognitive development, which refers to ability to count, communicate, and distinguish between some objects and characteristics; and vital skills, which includes personal hygiene, for instance.

In 2006, a group with representatives from the Ministries of Education and Science, Health, Social Protection, Justice, and Finance, as well as local and international NGOs began working with UNICEF to further strengthen standards. The new standards cover children ages 3 to 6 years and include indicators of child development in the following areas: physical and motor; cognitive; socio-emotional; approaches to learning; and art and esthetic. The document also provides strategies for parents and teachers to align and enhance "everyday" activities in accordance with the new indicators. The new standards are awaiting approval by the MoES.

Requirements for ECCE professionals are set by the MoES and apply to pre-service and in-service training. The MoES sets pre-service and in-service training for teachers. As per these requirements, teachers are required to complete a four to five year tertiary or vocational (college) program that includes a pedagogical practice (e.g. supervised internship) and ECD specific courses.

All preschool teachers are required to undergo professional upgrading trainings at least once in five years. These trainings include the following topics: skills and values on communication and interlinks; education and care of preschool aged children; child development; and, professional skills development.

[13] Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011V; Victoria et al, 2003.

CbKs and the 100- and 240-hour programs offer short in-service training. In all models teachers focus more on play-based method than formal instructional teaching, but no study has been conducted to evaluate the methods and results of teaching practices.

The MoES and MoH have established clear service delivery and infrastructure standards; however standards can be confusing, and further analysis is required to ensure the standards promote high-quality preschool. The quality and effectiveness of preprimary education in the Kyrgyz Republic are unclear. Data from the 2009 Program for International Student Assessment (PISA) indicated that students who had received more than one year of preprimary education performed better than those who had not. However, a 2011 Early Grade Reading Assessment (EGRA) for Grades 2-4 found that Russian-speaking students with preprimary experience performed better compared to those without, but there was no difference in performance between Kyrgyz-speaking students with and without preprimary experience. Neither of these exercises included students who had attended the 240-hour preparation program.

The curricula covering preprimary education programs are inconsistent and incomplete. The preprimary curriculum applicable to State kindergartens reflects a play-based model and focuses on psychomotor and psychosocial skills. It is not aligned either with the newly revised primary curriculum (particularly with respect to literacy and numeracy) or the preschool preparation programs. The State kindergarten curriculum and the preparation programs are also not aligned with early learning development standards (ELDS).

The *State Standards of Preschool Education and Child Care (2012)* is set by the MoES and includes both infrastructure and service delivery standards. The infrastructure standards build upon the *Sanitarian Norms and Rules of Building using Preschool Organizations* (No 51, October 31, 1999). The two main provisions are: (i) all preschool facilities must have access to potable water, functional hygienic facilities and electricity; and (ii) construction standards must include all aspects of the building (roof, floor, structural soundness, windows, building materials, etc.).

Hours of operation and duration of studies of preschool education institutions are legislated by the GoK. Current regulations stipulate that full day State kindergartens may select flexible hours by forming groups with different durations of stay up to 24-hours and also on weekends, non-working days and holidays. State kindergartens must operate for a minimum of eight hours per day. To this point, it is important to emphasize that this system strongly resembles that of the Soviet era and remains popular amongst parents. By international standards, eight hours is excessive, and as discussed in Section 1.3, the cost can be prohibitive. Presented in Figure 9, the physical layout includes a classroom and associated sleeping room with cots and full bed spread for 20 children. In this setting, a two classroom center with full capacity serves 40 children.

Figure 9: Layout of Kindergartens (full day)

Sleeping room with cots	Sleeping room with cots
Class/play room (20 children)	Class/play room (20 children)

A recent UNICEF supported study proposes a gradual transition to a shift-based model for preschool institutions. The concept of the shift system is based on international research, which suggests that duration (length in preschool in years), rather than just intensity (hours in the day), is the key to successful ECD outcomes. This approach utilizes space better, which is critical considering the lack of suitable facilities. Rather than having two classrooms and two sleeping rooms, the sleeping rooms are converted into classrooms that also accommodate 20 children. Over the course of the two sessions, the total capacity is 160 children, or four times that of the full day system.[13]

Staffing of State-operated preschool education institutions is determined according to standard staffing procedures approved by the GoK. Preschool education institutions can be established as state, municipal, private or other forms of ownership. Private and other preschool education institutions can be established both as for-profit and non-profit organizations. The establishment, reorganization and closure of preschool education institutions are carried out in accordance with the procedures set forth by the legislation of the Kyrgyz Republic.

On 27th of May, 2008 the Collegium (Board) of the Ministry of Education and Science of Kyrgyz Republic adopted a

[14] McLean, H. Orozova, R. No Wolves along the Way: Towards a National ECD Model for Kyrgyzstan – UNICEF's Pilot

program of licensing non-governmental preschool educational organizations, which includes a set of required documents that must be provided in order to get obtain an operating license. At present time there are 78 private kindergartens that have license of the MoES.

Infrastructure standards for health facilities were established through the *Building Norms and Rules of Kyrgyz Republic of Public Building and Constructions* (No 62, April 16, 2001) document. Similar to preschool facilities, standards include all aspects of the building (roof, floor, building materials, etc.) and access to potable water, hygienic facilities, and electricity.

Service delivery guidelines for health providers are currently being developed by the Maternity and Childhood Department and will apply to ECD aged children and pregnant women. The guidelines are expected to incorporate and expand Article 81 of the *Law on Health Care of Kyrgyz Republic*, which stipulates that health service providers are required to complete training in early childhood health service delivery.

Policy Lever 3.3 Compliance with Standards

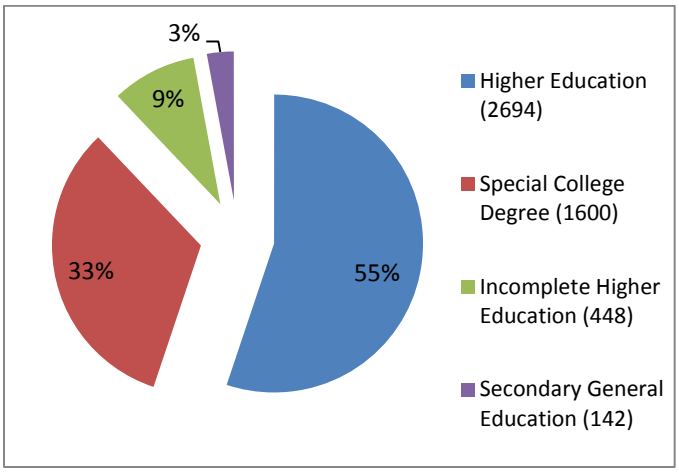
Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is critical that mechanisms are put in place to ensure compliance with standards.

Teaching professionals do not fully comply with established pre-service requirements. According to the National Statistical Committee, there were 4,884 public and private preschool workers in 2010 (see Figure 10). Approximately 55 percent of workers had completed a university program (higher education) and 33 percent had special college degrees. A further 9 percent had not completed higher education, and 3 percent had completed primary education only. The teaching population is aging and few young professionals have been attracted into the field, in part due to low salaries and professional status, and because of limited professional development opportunities. As mentioned in Policy Lever 1.3, the Government increased hourly wages for teachers by 40 percent in 2011 in part to address this issue.

Data are not available to assess compliance with infrastructure and service delivery standards. UNICEF is currently working with the MoES to undertake an assessment of all State and non-state preschool education facilities to assess both infrastructure and service delivery standards. The results will be presented in 2013 in the publication "Reducing the disaster of vulnerability of children in Kyrgyzstan."
Reports indicate that classrooms are not adequately equipped with teaching-learning materials. This shortage was partially addressed through FTI-II allocations to the 240-hour program, but more resources are required, especially in Kyrgyz language and in light of the Government's planned increase in the duration and coverage of the preparation program.

Information is not available on the number of health centers that meet infrastructure and service delivery standards. According to policy, infrastructure standards for health facilities are inspected immediately following construction, and on an annual basis thereafter. Despite this policy, no data are available on the number of centers currently operating and how many adhere to operating requirements.

Figure 10: Education level of public preschool workers



Source: National Statistics Committee, 2011

Policy Options to Monitor and Assure ECD Quality in Kyrgyz Republic

➢ **Data Availability –** Recognizing that comprehensive data collection promotes rational and effective policy making, the GoK should strengthen its data collection capabilities to ensure availability of high-quality, comprehensive data on intervention access and quality. In conjunction with a shift to a more holistic ECD system, one avenue could be development of an individual child tracking system across the different sectors in order to measure a child's overall ECD outcomes and respond accordingly with specific services as required.

➢ **Quality Standards –** Consistency in learning standards and teacher training across State and non-state provided preschool education is poor. The revised and modernized early learning standards should be adopted with a matter of urgency. It is critical that these standards are fully applied in all settings, regardless of whether they are State or non-state operated. To strengthen the quality of early childhood education, greater emphasis on teacher training is required. Pre-service standards are not being met, and in-service training is disparate. The CbKs offer the most robust in-service training, which deserves further evaluation and could act as a model for a national system.

➢ **Compliance with Standards –** Data are insufficient to monitor compliance with the GoK's standards to guide the implementation of ECD service delivery and provide a safe environment for young children. To ensure service providers are adhering to the standards and producing high-level ECD outcomes, the GoK should allocate more resources to effectively monitor compliance of early childhood professionals and services provided to young children. Impact evaluations could be very valuable to expound upon the current preschool education modalities and highlight efficacies and areas for improvement.

Comparing Official Policies with Outcomes

Table 13 compares select policies which affect ECD with related outcomes in the Kyrgyz Republic. The GoK's *Law on Breastfeeding and Marketing Substitutes of the Kyrgyz Republic* is a seemingly well-designed policy. However, at this time only 32 percent of children are being exclusively breastfed until 6 months of age and stunting levels are high. One explanation is that this policy was implemented in 2008 and there is a lag effect. Similarly, the *Law on Preschool Education of the Kyrgyz Republic* encourages preprimary school and stipulates that school preparedness program is required prior to school entry at age of seven. In practice, only 17 percent of children attend preschool although the school preparedness programs have high coverage. At the other end of the spectrum, birth registration is 94 percent, indicating that the national policy mandating the registration of children at birth is effective. The *Law on Prevention of Iodine Deficit Illnesses of Kyrgyz Republic* is fairly effective, with 76 percent of the population consuming iodized salt according to UNICEF MICS data.

Table 13: Comparing ECD policies to outcome

ECD Policies		Outcomes
Nutrition		
❖ Law on Breastfeeding and Marketing Substitutes is based on the International Code of Marketing of Breast Milk Substitutes	→	Rate of exclusive breastfeeding until the age of 6 months 32%
❖ National policy mandates the iodization of salt for human consumption	→	Percentage of households consuming iodized salt: 76%
Child Protection		
❖ National policy mandates the registration of children at birth	→	Birth registration rate: 94%
Education		
❖ Preprimary education is not compulsory	→	17% Enrollment (3 to 6 years)

Table 14: Comparing ECD policies to outcomes in the Kyrgyz Republic and select countries

	Kyrgyz Republic	Armenia	Russia Federation	Tajikistan
Salt Iodization				
Salt Iodization Policy	Mandatory	Mandatory	No policy	Mandatory
Population Consuming Iodized Salt	76%	97%	35%	63%
Appropriate Infant Feeding and Breastfeeding Promotion				
Compliance, Code of Marketing of Breast Milk Substitutes	Law	Law	No policy	Law
Exclusive Breastfeeding (6 Months)	32%	35%	40%	25%
Preprimary Education				
Preprimary School Policy	Compulsory; largely State provision	Not compulsory; State and non-state provision	Not compulsory; mainly State provision	Compulsory age 5 to 7; mainly state provision
Preprimary School Enrollment Rate	17% (3-6 years)	34%	61% (0-7 years)	7% (3-6 years)
Birth Registration				
Birth Registration Policy	Mandatory	Mandatory	Mandatory	Mandatory
Birth Registration Rate	94%	96%	No data	88%

Table 14 compares ECD policies to outcomes in the Kyrgyz Republic, Armenia, Russia Federation, and Tajikistan. The existence of laws and policies alone do not guarantee a strong correlation with desired ECD outcomes. In many countries, a disconnect exists between policies on paper and the reality of access and service delivery on the ground. For example, each of the Kyrgyz Republic, Armenia, and Tajikistan mandate salt iodization and have established laws that comply with the International Code of Marketing of Breast Milk Substitutes until 6 months of age, however the percentage of the population that consumes iodized salt ranges from 63 percent to 97 percent in these three countries, and none have achieved high rates of exclusive breastfeeding until 6 months. The Russia Federation does not have a policy for salt iodization and only 35 percent of the eligible population consumes iodized salt. Conversely, the Russia Federation also does not have a law or policy that comply with the International Code of Marketing of Breast Milk Substitutes, yet at 40 percent, the rate of exclusive breastfeeding until 6 months is higher than in the other countries.

Tajikistan mandates compulsory preschool education, yet enrollment is very low. In Armenia and the Russia Federation the Governments are required to provide preschool education, however attendance is not compulsory. Russia Federation has the highest enrollment level at 61 percent. Lastly, each of the four countries mandates birth registration. Data are not available for the Russia Federation. In Tajikistan, 88 percent of children are registered. This rate is 94 percent and 96 percent in the Kyrgyz Republic and Armenia, respectively.

Preliminary Benchmarking and International Comparison of ECD in Kyrgyz Republic

Table 15 presents the findings from the SABER-ECD assessment of ECD policy in the Kyrgyz Republic. The country has an emerging *Enabling Environment,* highlighted by strong national laws and to promote the provision of essential ECD services. *Coordination* is classified as latent. *Finance* has improved in recent years, however further investment is required to achieve higher coverage and quality. *Implementing Widely* is emerging. Interventions target all groups of stakeholders, however coverage can be improved to reach a larger percentage of ECD aged children and pregnant women. Access in health, nutrition, and social and child protection is equitable; however equity is poor in education. *Monitoring and Assuring Quality* is emerging. Data availability and quality standards require improvements, and it is necessary to implement effective measures to ensure compliance. Table 16 presents the preliminary regional and international comparison. On the one end of

the spectrum, Sweden is the gold standard for ECD systems and achieves "advanced" for all policy levers. As documented in this report, Chile is a country that has taken substantial strides to improve the level of ECD in recent years and offers valuable lessons for other countries. The level of development on most policy levers in the Kyrgyz Republic is comparable to neighboring countries such as Armenia, Tajikistan, and Uzbekistan. The Russian Federation has achieved the highest level of ECD development out of the former Soviet countries presented in this report. It is worth noting that areas that require improvement in Russia Federation, including coordination, data availability, and compliance with standards, also represent areas for improvement for the Kyrgyz Republic.

Table 15: Benchmarking Early Childhood Development Policy in Kyrgyz Republic

ECD Policy Goal	Level of Development	Policy Lever	Level of Development
Establishing an Enabling Environment	●●○○	Legal Framework	●●●○
		Inter-sectoral 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: International Classification and Comparison of ECD Systems

ECD Policy Goal	Policy Lever	Level of Development					
		Kyrgyz Republic	Armenia	Chile	Sweden	Russian Federation	Tajikistan
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 benchmark the Kyrgyz Republic's ECD system; each of the nine policy levers are examined in detail and some policy options are recommended.

In recent years, ECD has gained increased attention and prominence in the Kyrgyz Republic, as is evident through the development of a *National Strategy on ECD* and the *Law on Preschool Education of the Kyrgyz Republic*. However, the *National Strategy on ECD* has not been endorsed by the Government, and there seems to be some reservations on the part of key ministries. It is critical that the current momentum for ECD is seized in order to further develop the ECD system and ensure that each child has access to the services required to fully develop and reach his or her potential in life. Table 17 below summarizes many of the discussion points and policy options that have been identified through this analysis.

Table 17: Summary of policy options to improve ECD in Kyrgyz Republic

Policy Dimension	Policy Options and Recommendations
Establishing an Enabling Environment	• Modify maternity leave policy to provide flexibility to parents, and ensure adequate financial support during early stages of a child's development • Develop secondary legislation to enforce implementation of Law on Preschool Education of the Kyrgyz Republic • Revive the process of the National ECD Strategy development, including development of a costed implementation plan • Continue to strengthen inter-sectoral coordination amongst participating government agencies, and between State and non-state stakeholders • Develop methodology to effectively measure and track financial investments in ECD • Consider increasing financial commitment to ECD sector, with particular focus on improving access to quality preschool education
Implementing Widely	• Undertake stocktaking exercise to document and map existing interventions • Reach children 0 to 3 with multi-sectoral services and reach their parents with education messages • Focus on raising the rate of exclusive breastfeeding • Address challenges associated with use of micronutrient supplements, including approval from Parliament • Increase coverage of preschool education; clarify various modalities for service delivery • Eliminate inequity in access to preschool education by increasing service provision and targeting children from lower socioeconomic families and rural locations
Monitoring and Assuring Quality	• Enhance data collection system • Monitor child development indicators in four interrelated domains of child development • Evaluate qualifications of ECD workers on an ongoing basis • Strengthen mechanisms to ensure compliance with service delivery standards and to measure the related outcomes • Develop standards of children aged 0 to 3 years

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

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