

# AZERBAIJAN SABER EARLY CHILDHOOD DEVELOPMENT (ECD) COUNTRY REPORT 2018

Preliminary Findings of the ECD Policy Analysis and  
Recommendations

**Azerbaijan Human Capital Forum**

December 19-21, 2018



**WORLD BANK GROUP**  
Education

# Why is ECD a Priority for Investment?

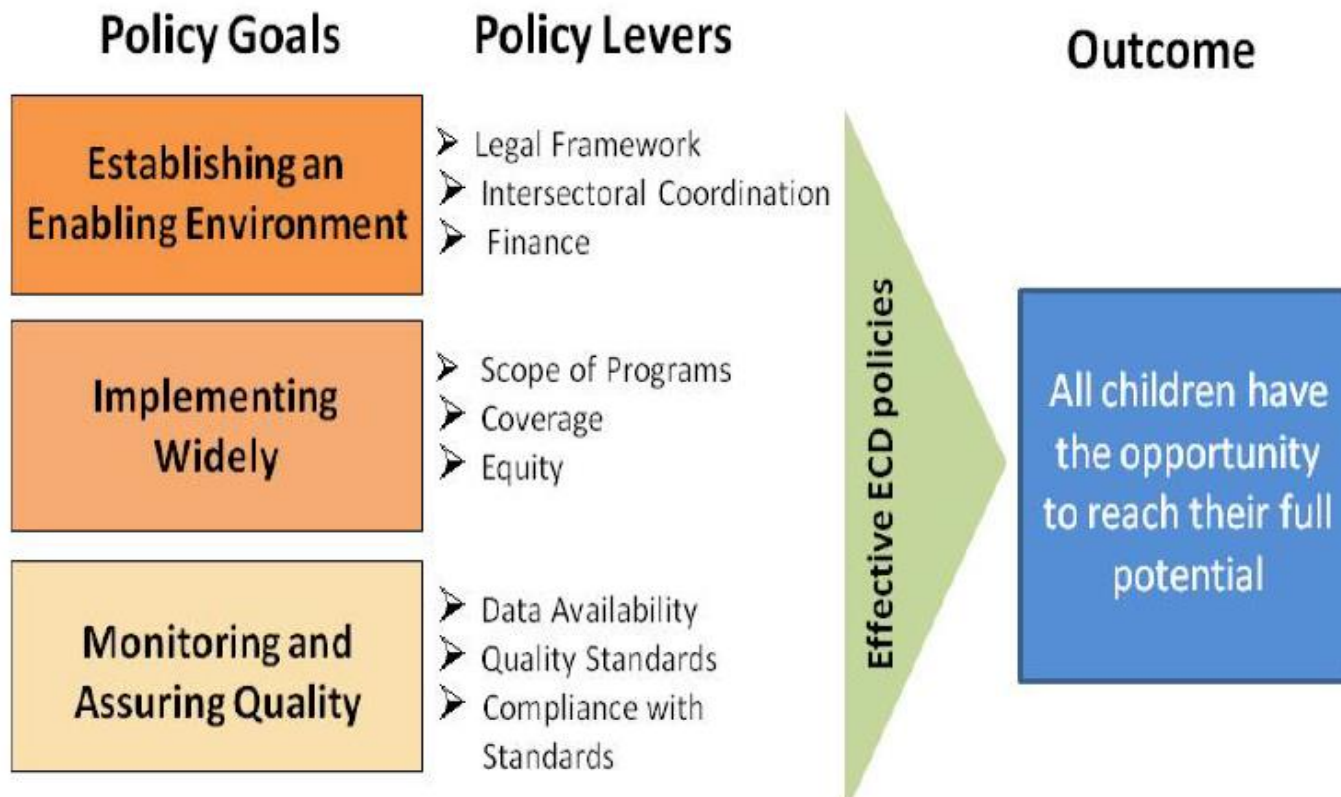
- Investments in ECD can address early gaps in opportunity.
- Investments in ECD yield long-lasting high returns.
- Investments in ECD can maximize both efficiency and equity.
- ECD investments can help achieve a range of policy objectives.



# Context- SABER- ECD

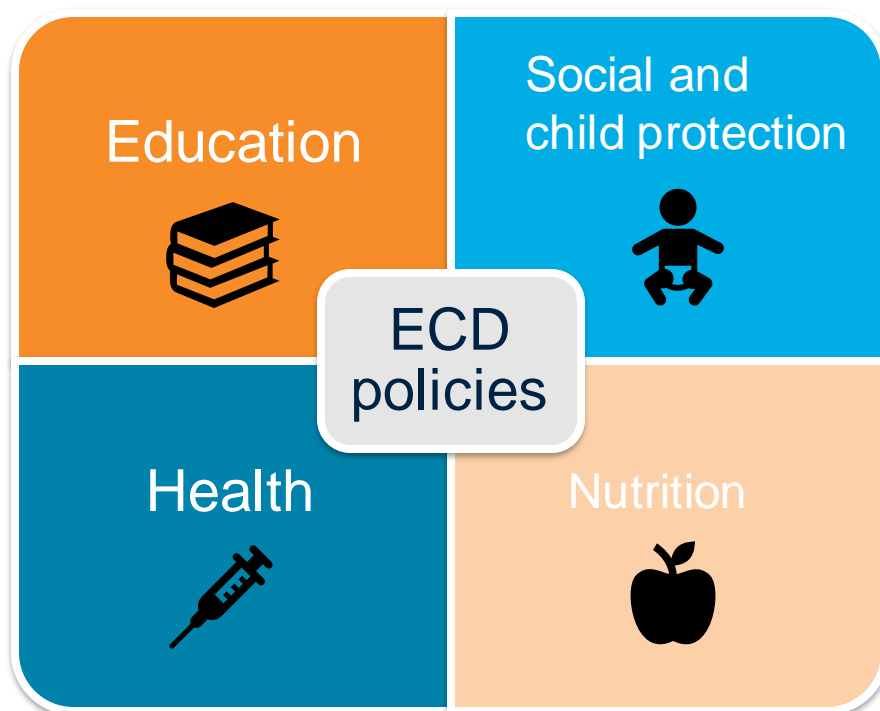
# SABER-ECD: Analytical framework

3 policy goals and 3 policy levers:



# SABER-ECD: Data Collection Tool

- Includes approximately 130 questions
- Covers sectorial policies in **education, health, nutrition and social and child protection**



- **General ECD Policy Information**
  - Multi-sectorial policies
  - Institutional arrangements
  - Coordination mechanisms
  - Budget allocation
- **Complementary data sources used**
  - World Bank's Women, Business and the Law database
  - UNICEF's Multiple Indicator Cluster Survey
  - UNESCO's Institute for Statistics
  - WHO's Global Database
  - WHO's Global Health Expenditure Database

# Snapshot of ECD in Azerbaijan

	Azerbaijan	Bulgaria	Georgia	Kyrgyzstan	Tajikistan	Romania	Russian Federation	Ukraine
Under 5 mortality rate, 2015	32	10	12	21	45	11	10	9
Infant mortality rate (under 1), 2015	28	9	11	19	39	10	8	8
Exclusive breastfeeding <6 months (%), 2010-2015	12	N/A	55	41	34	16	N/A	20
Moderate & severe stunting (%), 2010-2015	18	9	11	13	27	13	N/A	4
Birth registration (%), 2010-2015	94	100	100	98	88	N/A	100	100
Net enrollment rate (3-6-year-olds), 2014	20.8	82.9	38.7 (2006)	24.1	7.9	84	82	74.5

# Policy Goal 1 – Establishing an Enabling Environment

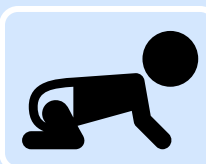
# Policy Level 1.1: Legal Framework

## Legal framework to ensure essential ECD services are in place



### Early learning

- National laws to promote ECD



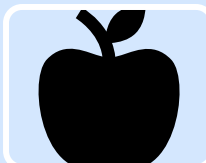
### Child and social protection

- Employment protection and breastfeeding facilities
- Ensure ECD services to vulnerable children and children with disability



### Health

- Guarantee healthcare services for pregnant women



### Nutrition

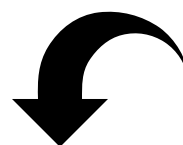
- Safeguard appropriate dietary consumption and improve nutrition intake



## Policy Level 1.2: Inter-sectoral Coordination

### *Positive Features of Inter-sectoral Coordination in Azerbaijan*

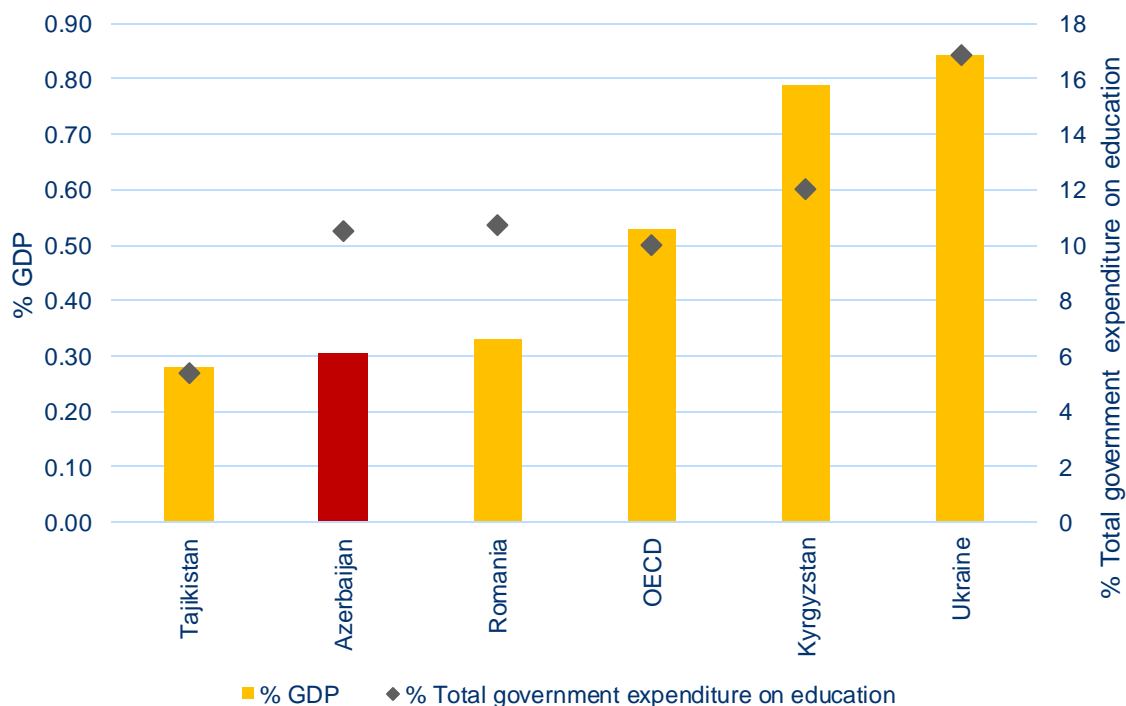
#### Key ministries involved in ECD provision



- No regular coordination meetings between the different implementing actors at the national or sub-national levels
- No multisectoral ECD strategies

# Policy Level 1.3: Finance

## Government expenditure on preschool education (2015-2016, latest)



- Public expenditure on preschool as a percent-age of government expenditure on education is **10.5** percent in 2016
- The government spending on ECD is one of the lowest among peer countries

Source: UNESCO UIS, 2015-2016

# Policy Goal 2 – Implementing Widely

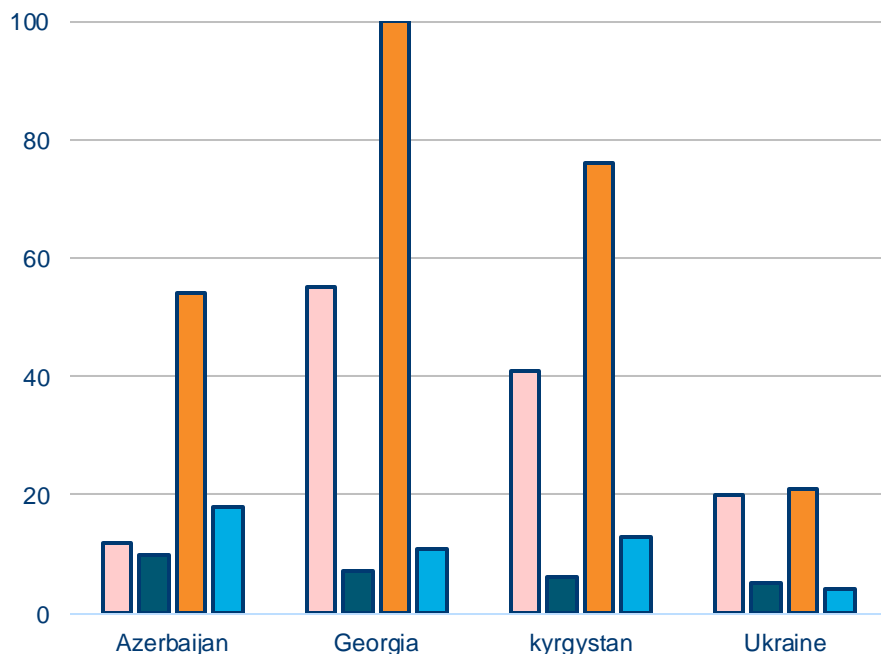
## Policy Level 2.1: Scope of Programs (2/2)

### Scope of ECD interventions in Azerbaijan by target population and sector

Sectors	Parents/ Caregivers	Pregnant Women	Children (1-3)	Children (3-6)
<b>Social and Child Protection</b>	Conditional cash transfer programs; family cash benefits; paid maternity leave; targeted social assistance for low-income families			
	Promotion of parent-child relationship for vulnerable families	Birth registration	Housing and care interventions for vulnerable children	
<b>Health</b>	Parenting programs; home visiting programs	Prenatal and skilled delivery care; mental health services	Compulsory immunizations; childhood wellness, growth monitoring and promotion programs	
<b>Nutrition</b>	Breastfeeding promotion	Salt iodization	Exclusive breastfeeding under 6 months; feeding at ECEC facilities; micronutrient support; salt iodization	Feeding programs at preschools; micronutrient support; salt iodization
<b>Education</b>	Parent engagement; family-based ECEC		Nurseries	Kindergartens; School Readiness Program (5-6-year-olds)

## Policy Level 2.2: Coverage (1/3)

### Level of access to essential health and nutrition services are below that of peer countries

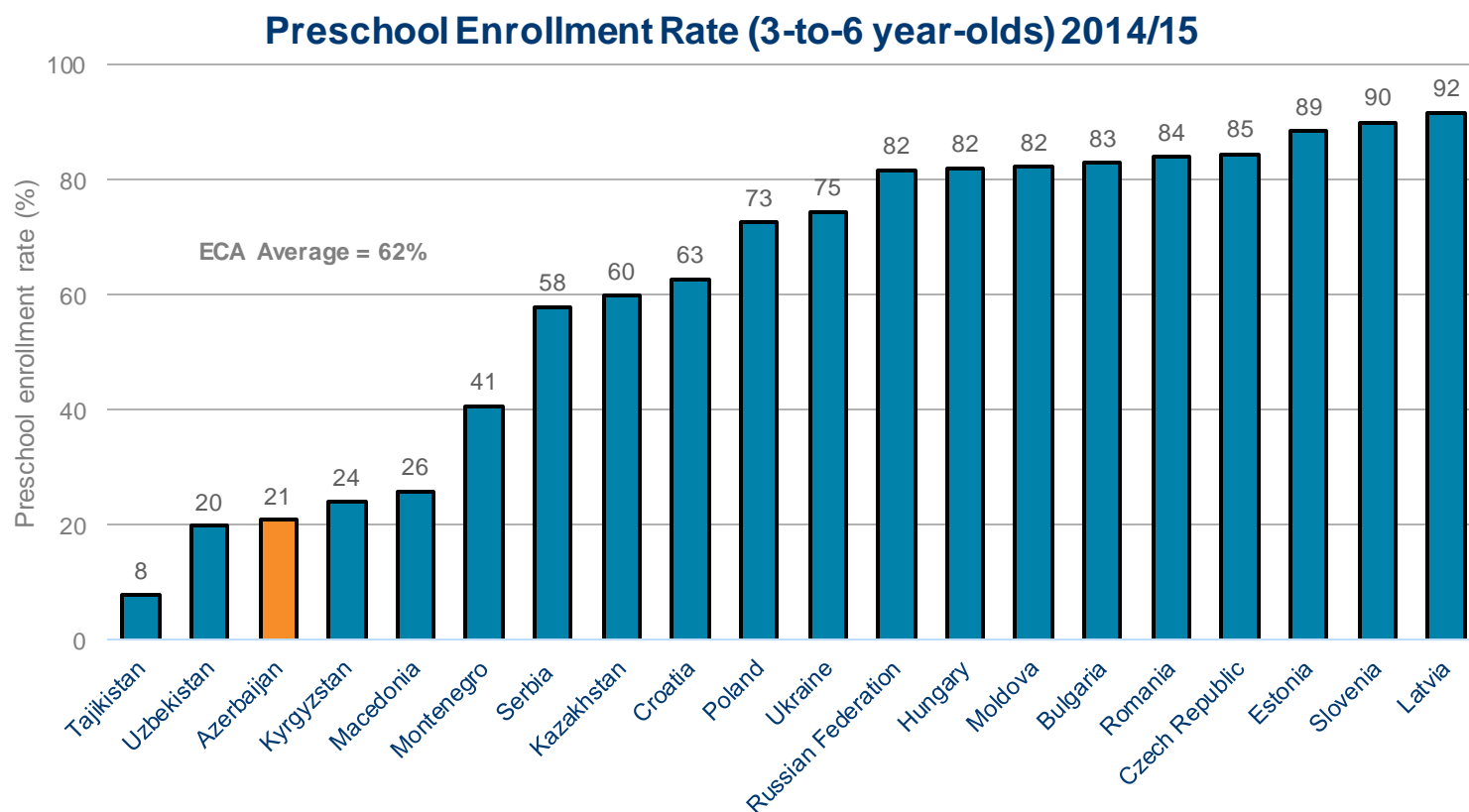


- Percentage of children exclusively breastfed until 6 months old
- Percentage of infants with low birth weight
- Percentage of households consuming iodized salt
- Percentage of children under 5 years old suffering from moderate and severe stunting

- Only **36** percent of children with suspected pneumonia receive antibiotics
- The percentage of infants exclusively breastfeeding until 6 months of age is the lowest at **12** percent among regional peers
- Consumption of iodized salt is low at **54** percent
- The rate of moderate and severe stunting of children under 5 and the percentage of infants born with low birth weights are **the highest**

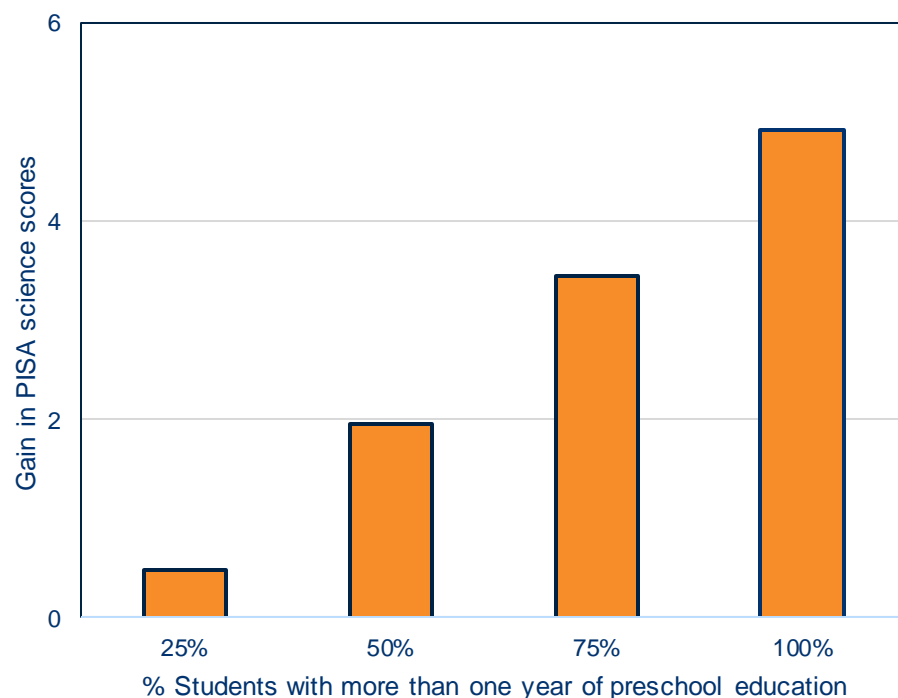
## Policy Level 2.2: Coverage (2/3)

Azerbaijan has one of the lowest levels of ECEC coverage in ECA



## Policy Level 2.2: Coverage (3/3)

Azerbaijan's improvement in PISA reading scores if the proportion of students with more than one year of preschool education increases

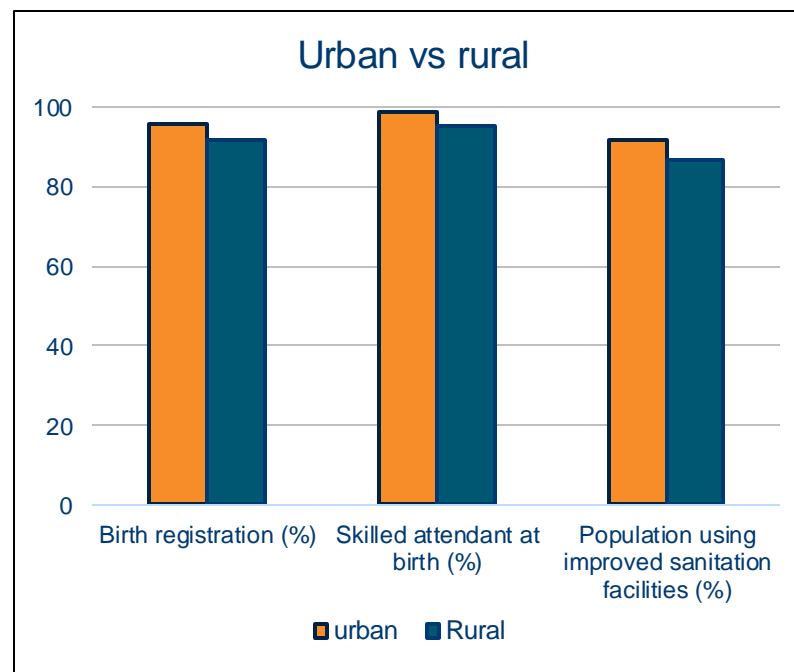
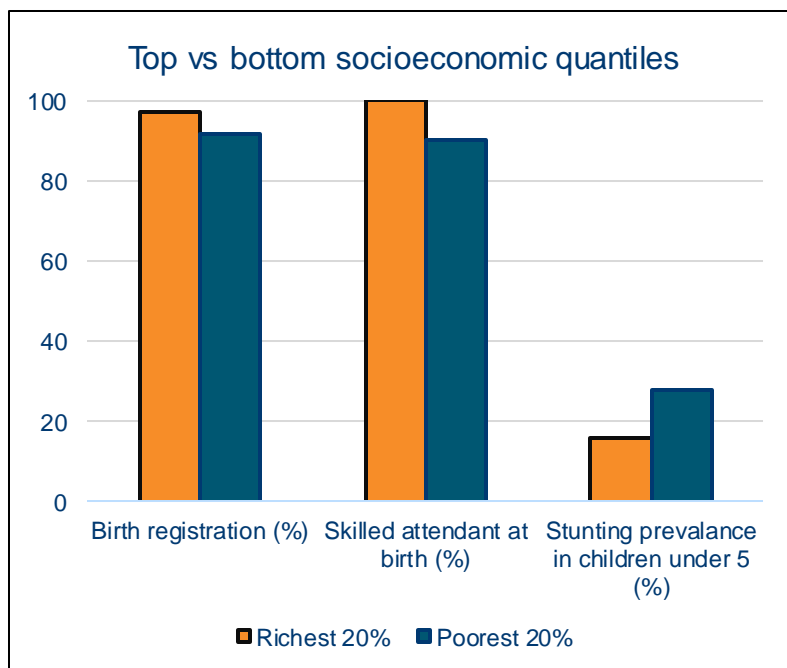


- Better learning outcomes in Azerbaijan are associated with more years of preschool education
  - Reaching a 100 percent preschool coverage would only increase Azerbaijan's PISA performance by 6 points
- ➔ Increasing both **access** and **quality** in preschool education is key

# Policy Level 2.3: Equity

## Disparities in Access to ECD services

- There are notable disparities in access to ECD services by socioeconomic status and between rural and urban areas



Source: UNICEF Country Statistics, 2016



# Policy Goal 3—Monitoring and Assuring Quality

# Policy Level 3.1: Data Availability

## *Positive Features of Data Availability in Azerbaijan*

Administrative Data:	
Indicator	Tracked
ECCE enrollment rates by region	✓
Special needs children enrolled in ECCE (number of)	✓
Children attending well-child visit (number of)	×
Children benefiting from public nutrition intervention (number of)	✓
Women receiving prenatal nutrition interventions	×
Children enrolled in ECCE by sub-national region	✓
Is ECCE spending in education sector differentiated within education budget?	✓
Is ECD spending in health sector differentiated within health budget?	×
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	×

# Policy Level 3.2: Quality Standards

Standards to ensure quality ECD services are in place

## Standards



**Clear learning standards**



**Registration and accreditation mechanisms**

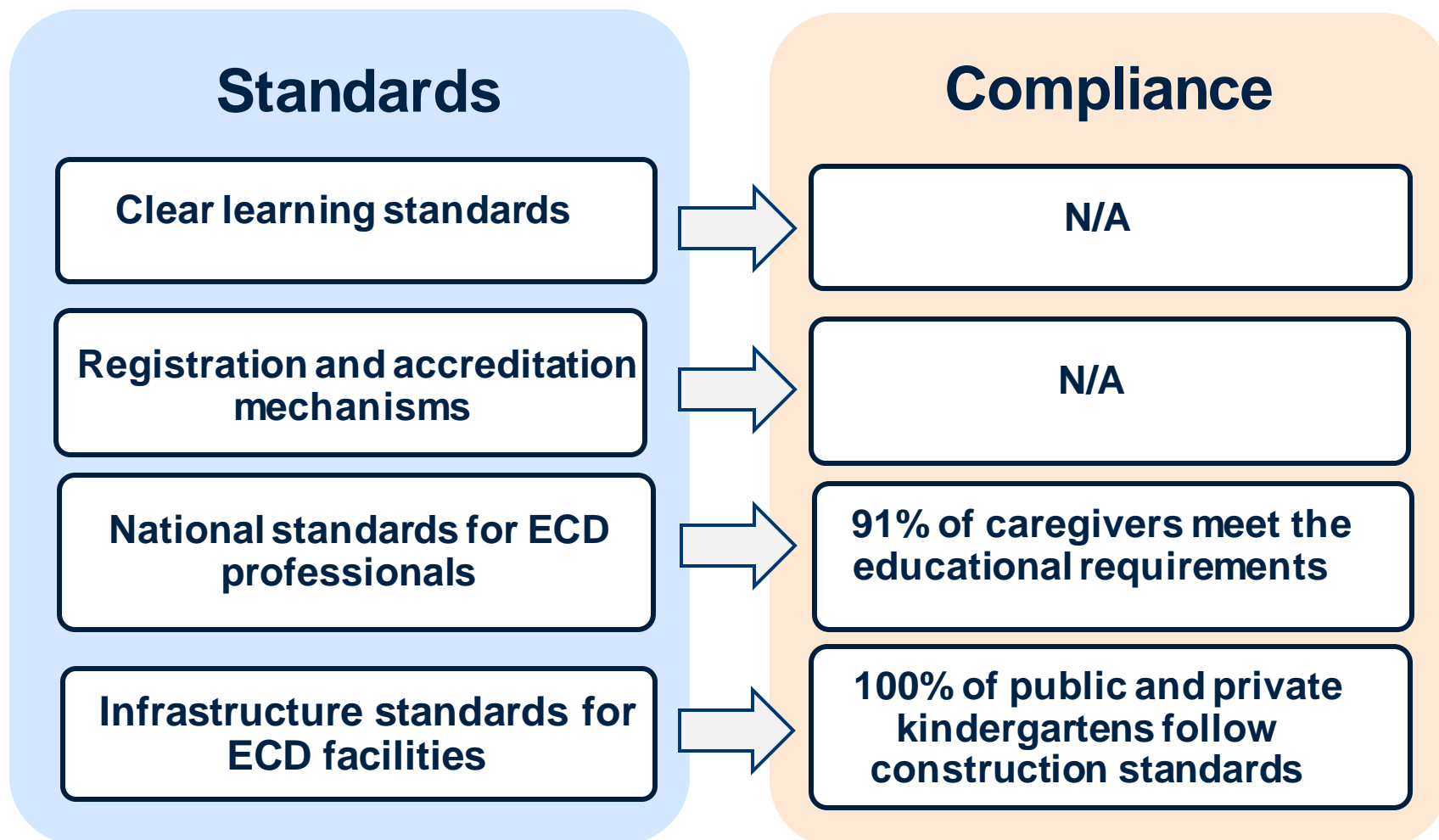


**National standards for ECD professionals**



**Infrastructure standards for ECD facilities**

## Policy Level 3.3: Compliance with Standards



# Key Policy Options and Recommendations

## I. Establishing an Enabling Environment

- Design intersectoral ECD strategy and coordination mechanism
- Establish budget planning system to manage investments across ECD sectors
- Increase public financing of early childhood education (introducing per-student formulas)

## II. Implementing Widely

- Expand access to health and nutrition interventions to lower rate of childhood stunting and low birth weight
- Develop strategies to improve ECD coordination efforts to accommodate children's special needs at service delivery
- Improve access to ECD services in rural and low SES areas

## III. Monitoring and Assuring Quality

- Expand data collection to track access to and quality of ECD services
- Improve the monitoring and evaluation system to ensure that service provision and infrastructure standards remain compliant
- Set mandatory training for all ECCE professionals

**Thank you!**

# Annex

# Policy Level 1.3: Finance

## Regional Comparison of select expenditure indicators

	Azerbaijan	Georgia	Kyrgyzstan	Russian Federation	Ukraine
Out of pocket expenditure as a % of all private health expenditure (PvtHE)	79%	59%	48%	83%	51%
Out of pocket expenditure as % of total health expenditures	79%	57%	48%	31%	48%
General government expenditure on health as a percentage of GDP	1.2%	N/A	2.4%	3.5%	3.6%
% of routine EPI vaccines financed by government, 2010	78%	78%	N/A%	N/A	N/A

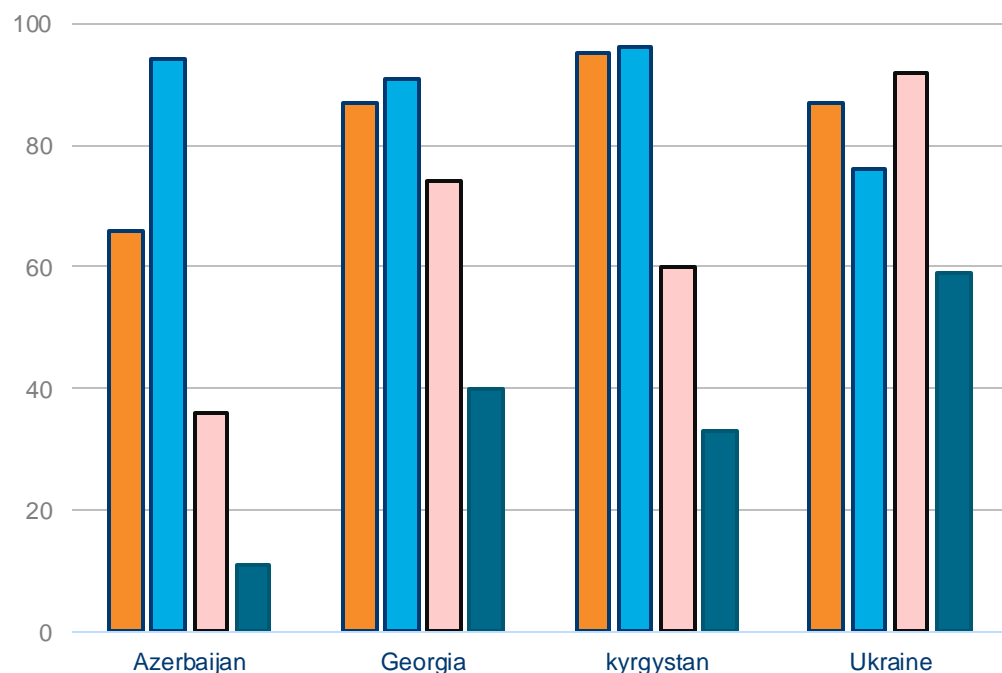
Source: WHO Global Health Expenditure Database, 2011; TransMonEE, 2010; UNICEF Country Statistics, 2010

<sup>1/</sup> A notable portion of the remaining costs are covered by other donors, particularly.



## Policy Level 2.2: Coverage (1/6)

Level of access to essential health interventions are below that of peer countries

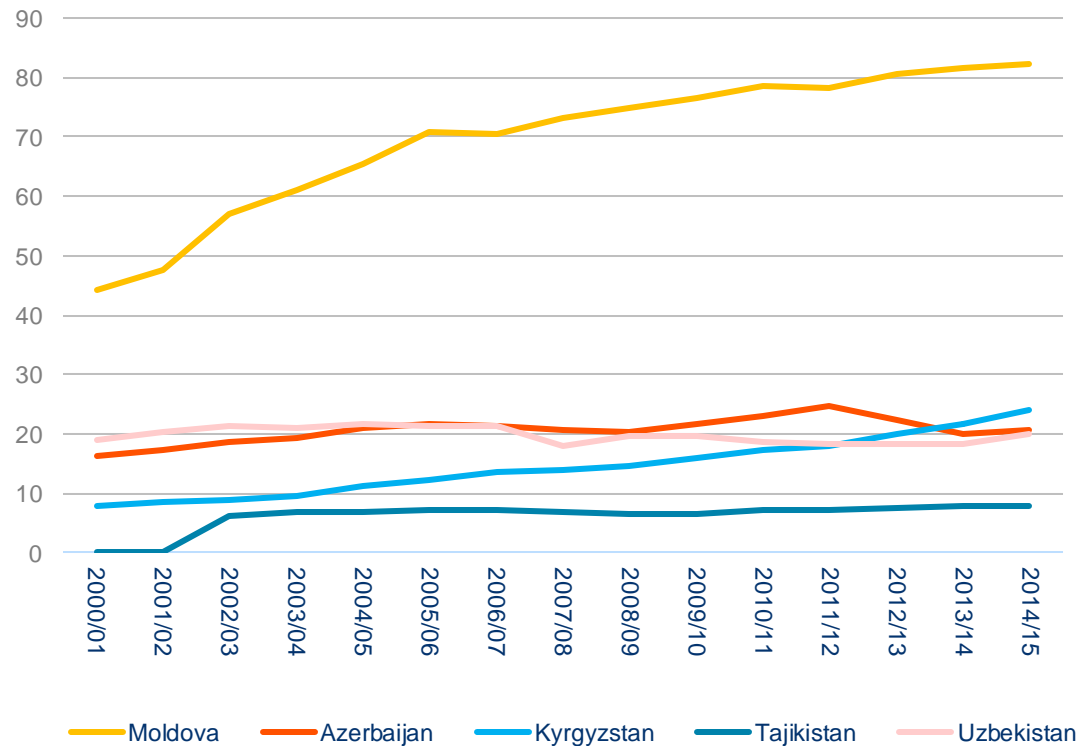


- only **36** percent of children with suspected pneumonia receive antibiotics
- **11** percent of children under 5 years old with diarrhea receive oral rehydration salts

- Pregnant women receiving prenatal care (at least four times)
- Percentage of children 1 years old immunized against DPT (DPT3)
- Percentage of children under 5 years old with suspected pneumonia receiving antibiotics
- Percentage of children under 5 years old with diarrhea receiving oral rehydration and continued feeding

## Policy Level 2.2: Coverage (5/6)

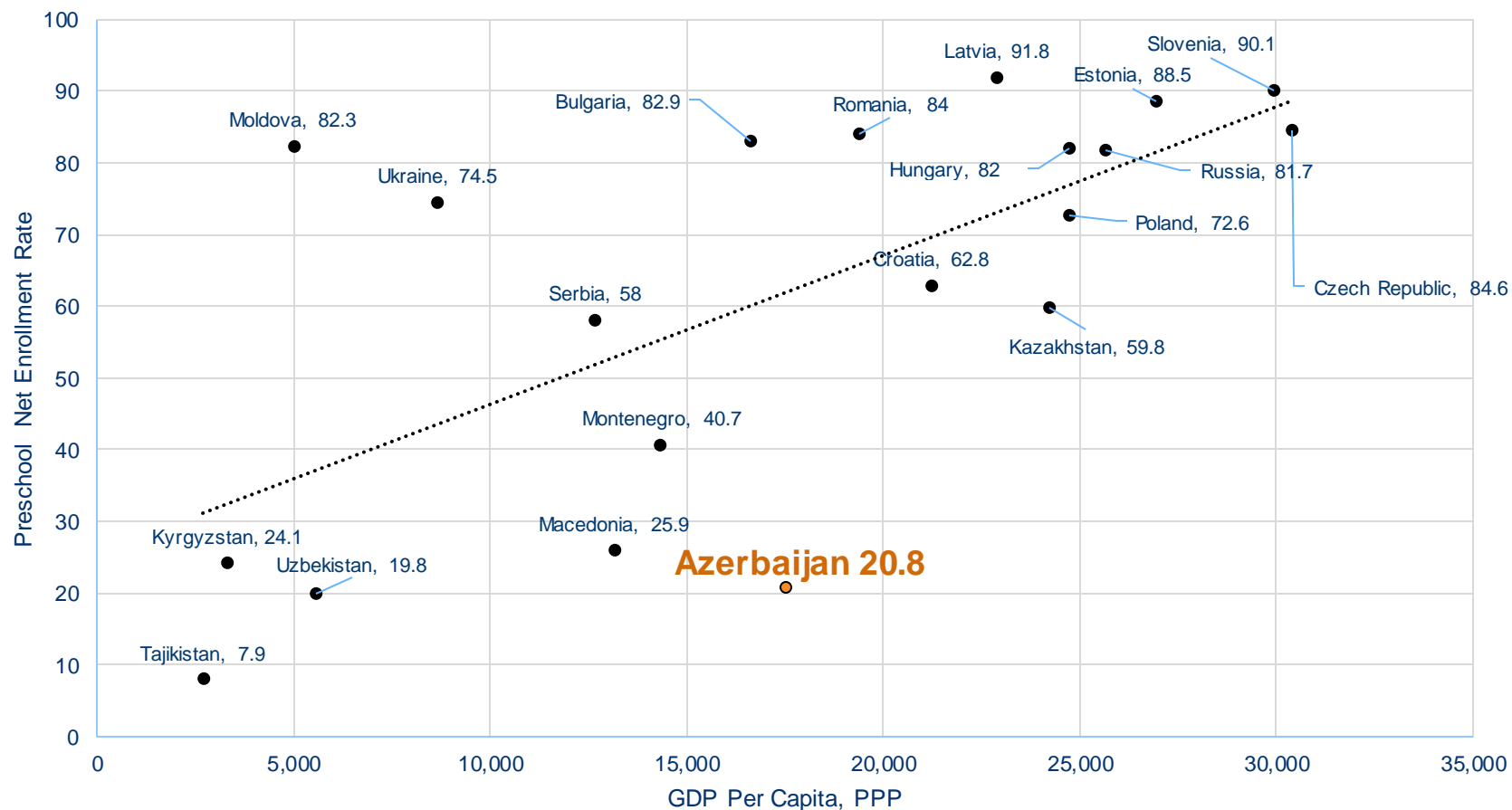
### Net preschool enrollment rate (3-6 year-olds) regional comparison



- In the last 15 years, the ECA countries managed to improve access to preschool by **16** percentage on average
- Azerbaijan was improved with only about **5** percentage

## Policy Level 2.2: Coverage (4/5)

Azerbaijan's preschool enrollment rate (3-6-year-olds) lags peers with smaller GDP per capita (2014/15)



# Benchmarking and International Comparison of ECD in Azerbaijan

## International Classification and Comparison of ECD Systems

ECD Policy Goal	Policy Lever	Level of Development				
		Azerbaijan	Bulgaria	Kyrgyzstan	Macedonia	Uzbekistan
1. Establishing an Enabling Environment	Legal Framework	●●●○	●●●○	●●●○	●●●○	●●●○
	Intersectoral Coordination	●○○○	●○○○	●○○○	●●●○	●●●○
	Finance	●○○○	●●●○	●●●○	●●●○	●●●○
2. Implementing Widely	Scope of Programs	●●●○	●●●○	●●●○	●●●○	●●●○
	Coverage	●●●○	●●●○	●●●○	●●●○	●●●○
	Equity	●●●○	●●●○	●●●○	●●●○	●●●○
3. Monitoring and Assuring Quality	Data Availability	●●●●	●●●○	●●●○	●●●●	●●●○
	Quality Standards	●●●○	●●●○	●●●○	●●●○	●●●○
	Compliance with Standards	●●●○	●●●○	●○○○	●●●○	●●●○

Legend: Latent ●○○○ Emerging ●●○○ Established ●●●○ Advanced ●●●●