

# Republic of Azerbaijan



## EARLY CHILDHOOD DEVELOPMENT

SABER Country Report  
2018

### Policy Goals

### Status

#### 1. Establishing an Enabling Environment

In Azerbaijan, the legal framework mandates a number of free essential health services for pregnant women and young children. Given the importance of early childhood education for the country's economic and social development, Azerbaijan could improve intersectoral coordination mechanisms to provide integrated and efficient services for children. With the exception of education, early childhood development (ECD) spending is not specified for health and nutrition. Azerbaijan may consider establishing a multisectoral ECD strategy to agree with country goals and establish explicit budget mechanisms to allow for the identification, coordination, and tracking of investments across all ECD services.

Emerging



#### 2. Implementing Widely

Azerbaijan has established many essential health, education, and child and social protection programs. However, the scope of nutrition programs could be expanded. Coverage rates for ECD interventions can be improved as well, particularly preschool enrollment—net enrollment rates for children 3-to-6-year-olds is only 21 percent. There is generally equity in access to health services, although there are some notable differences in health outcomes between children from the poorest and richest quintiles. Moreover, in the education sector, significant disparities exist at the sub-national level with students in rural areas three times less likely to attend preschool than urban students. Efforts to increase access to quality preschool education and healthcare among marginalized populations could reduce socioeconomic inequality and improve quality of life.

Established



#### 3. Monitoring and Assuring Quality

Azerbaijan collects a number of important administrative and survey data. However, data could be expanded to include more health and nutrition indicators. Standards for early childhood education and care (ECEC) curricula, professional qualifications, and infrastructure have been established and there is a high level of compliance with existing standards. Nevertheless, once ECEC facilities are licensed and accredited, systematic inspections are not consistently performed. Moreover, guidelines exist for child-to-teacher ratios and operating hours for ECEC facilities, but is unclear whether standards are enforced. Additionally, in-service training is not required for all ECEC teachers, only for primary (not preschool) school teachers involved in school readiness programs. Improving the monitoring and evaluation system could ensure that all beneficiaries receive appropriate services and ECD objectives are being met.

Advanced



*This report presents the latest analysis of the Early Childhood Development (ECD) programs and policies that affect young children in the Republic of Azerbaijan and poses overall recommendations to move forward. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework and includes analysis of early learning, health, nutrition and social and child protection policies and interventions in Azerbaijan, along with regional and international comparisons.<sup>1</sup>*

## Azerbaijan and Early Childhood Development

The Republic of Azerbaijan is an upper middle-income country in the South Caucasus region that is recovering from a recent economic recession. Between 2015 and 2016, external shocks and a deceleration of oil production contributed to a decline in GDP from 1.1 percent to -3.1 percent and decrease in gross national income per capita, Atlas method from \$6,550 to \$4,760.<sup>2</sup> However, 2017 showed signs of modest recovery brought on in part by benign public financing and non-oil economic growth. Azerbaijan ranked 78 out of 188 countries in the 2016 UNDP Human Development Index, which the UNDP categorizes as high in human development. The poverty headcount ratio by national standards was 6 percent and the unemployment rate was 4.7 percent.<sup>3</sup> Nevertheless, social conditions remain a major source of concern as real wages and spending on social protection programs declined in 2017.<sup>4</sup> Another sector that is underfunded by international comparison is education, which received approximately 3 percent of GDP and 7.62 of the total government expenditure. Meanwhile, the current population of 9.9 million has grown at a rate of about 1.4 percent annually since 2001. Investing in early childhood development could provide Azerbaijan with the opportunity to foster the foundational skills needed for the changing economy.

Evidence shows that holistic and high-quality interventions in the early years of a child's life yield significant benefits in the short and longer terms. A number of early interventions have been shown to have significant and long-lasting benefits, including enhancing cognitive and socioemotional skills, among others. Moreover, studies show that there are large cognitive differences between children in the poorest and richest

segments of society with the bulk of these differences apparent by age 3 and remaining largely unchanged after that. An analysis of Azerbaijan's last participation in the OECD's Programme for International Student Assessment (PISA) in 2009, reveals a strong association between an increase in 15-year-old Azerbaijani students' reading scores and more than one year of preschool. As a result, high quality interventions in the early years have not only a high cost-benefit ratio, but also a higher rate of return for each dollar invested (7 to 16 percent annually in the United States) than interventions directed at older children. These interventions are particularly effective for disadvantaged children.

Despite recent improvements to the provision of quality ECD, Azerbaijan is substantially lagging international standards. According to the World Bank's latest Human Capital Project initiative, which aims to help countries develop more effective policies and programs to enhance human capital, the amount of human capital that a child born today can expect to attain by the end of secondary school in a given country can be measured by: (1) survival, using mortality rates of children under 5; (2) expected years of quality-adjusted schooling, which combines information on the quantity and quality of education; and (3) health, including adult survival rates (rate of 15-year-olds surviving to the age of 60) and the rate of stunting for children under 5. In terms of Azerbaijan, the government has established a comprehensive legal framework to promote the provision of ECD services including a series of national laws and regulations that promote preschool education, mandate a wide range of health services for pregnant women and young children, and guarantee child protection and social services to all beneficiary groups. Nevertheless, Azerbaijan has one of the highest rates of mortality and moderate and severe stunting for children under 5 years old than most peer countries; with outcomes comparable to Tajikistan, a low-middle income country (Table 1). Moreover, only 21 percent of 3-6-year-olds are enrolled in preschool education facilities, which makes Azerbaijan one of the countries in the Europe and Central Asia (ECA) region with the lowest access to preschool education. Other challenges to ECD delivery in Azerbaijan include insufficient and coherent intersectoral coordination and financing mechanisms and inequitable access and outcomes according to regional differences and socioeconomic background. Results from the 2009 Programme for International Student Assessment (PISA)

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

<sup>2</sup> IMF, 2016, Republic of Azerbaijan Staff Report, accessed May 11, 2018, <https://www.imf.org/external/pubs/ft/scr/2016/cr16296.pdf>

<sup>3</sup> UNDP, 2016 Human Development Report, accessed December 26, 2017, <http://hdr.undp.org/en/countries/profiles/AZE>

<sup>4</sup> World Bank Poverty & Equity Data Portal, accessed May 3, 2018, <http://povertydata.worldbank.org/poverty/country/AZE>

indicate that students in Azerbaijan do not acquire the foundational skills needed for long-term educational and professional success (Figure 1). Countless studies show that improving access to quality ECD programs are strongly associated with skills development in the long-term.<sup>5</sup>

**Table 1: Snapshot of ECD indicators in Azerbaijan with regional comparison**

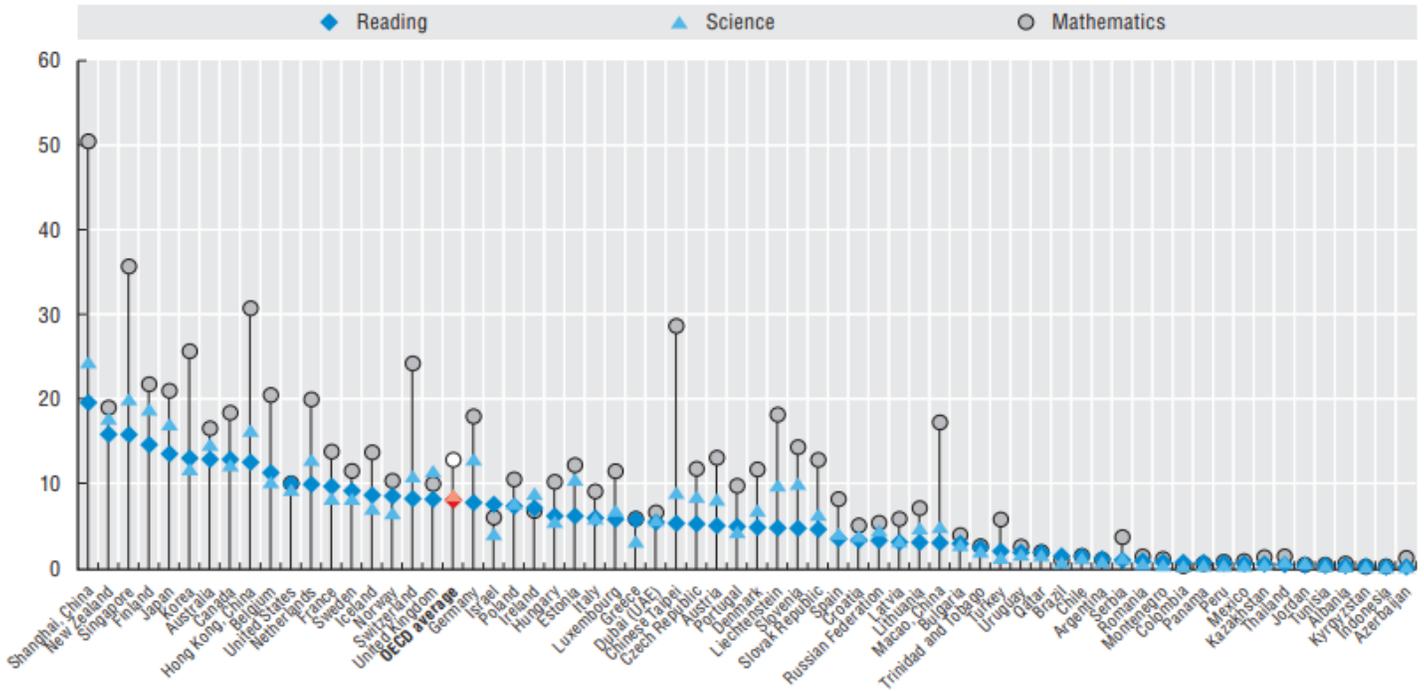
	Azerbaijan	Bulgaria	Georgia	Kyrgyzstan	Tajikistan	Romania	Russian Federation	Ukraine
<b>Under 5 mortality rate, 2015</b>	32	10	12	21	45	11	10	9
<b>Infant mortality rate (under 1), 2015</b>	28	9	11	19	39	10	8	8
<b>Exclusive breastfeeding &lt;6 months (%), 2010-2015</b>	12	N/A	55	41	34	16	N/A	20
<b>Moderate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

Source: UNICEF Country Statistics, 2016

Note: Under 5 mortality rate and infant mortality rate are expressed per 1,000 live births

<sup>5</sup> van Belle, J. 2016 and Bakken, L., Brown, N., and Downing, B. 2017.

**Figure 1: Top performers in reading, mathematics and science (percentage of students reaching the two highest levels of proficiency)**



Source: OECD, 2010

Note: Countries are ranked in descending order of the percentage of top performers in reading (Levels 5 and 6)

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

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

The SABER-ECD approach looks for a list of interventions in countries when assessing the level of ECD policy

development (Box 1). While the list is not exhaustive, it is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors.

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

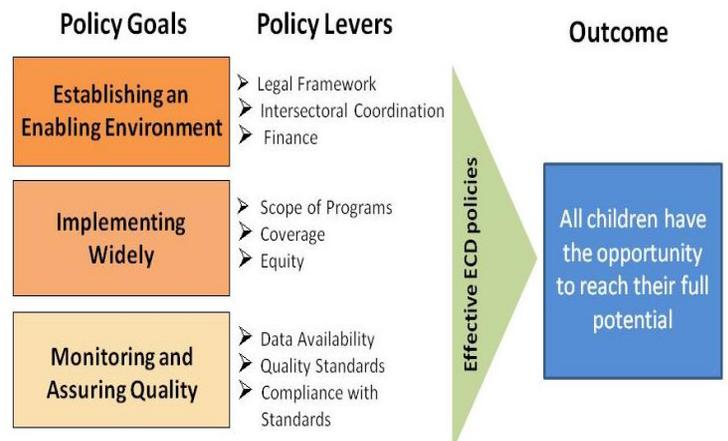
What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?
<b>Healthcare</b>
<ul style="list-style-type: none"> <li>• Standard health screenings for pregnant women</li> <li>• Skilled attendants at delivery</li> <li>• Childhood immunizations</li> <li>• Well-child visits</li> </ul>
<b>Nutrition</b>
<ul style="list-style-type: none"> <li>• Breastfeeding promotion</li> <li>• Salt iodization</li> <li>• Iron fortification</li> </ul>
<b>Early Learning</b>
<ul style="list-style-type: none"> <li>• Parenting programs (during pregnancy, after delivery and throughout early childhood)</li> <li>• Childcare for working parents (of high quality)</li> <li>• Free preschool school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)</li> </ul>
<b>Social Protection</b>
<ul style="list-style-type: none"> <li>• Services for orphans and vulnerable children</li> <li>• Policies to protect rights of children with special needs and promote their participation and access to ECD services</li> <li>• Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.)</li> </ul>
<b>Child Protection</b>
<ul style="list-style-type: none"> <li>• Mandated birth registration</li> <li>• Job protection and breastfeeding breaks for new mothers</li> <li>• Specific provisions in judicial system for young children</li> <li>• Guaranteed paid parental leave of least six months</li> <li>• Domestic violence laws and enforcement</li> <li>• Tracking of child abuse (especially for young children)</li> <li>• Training for law enforcement officers in regards to the particular needs of young children</li> </ul>

Source: World Bank SABER-ECD Framework Paper, 2013

**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* (Figure 2). Improving ECD requires an integrated approach to address all three goals. For each policy goal, a series of *policy levers* are identified, through which decision-makers can strengthen ECD.<sup>6</sup> Strengthening ECD policies can be viewed as a continuum (Table 2). Countries can range from a latent to advanced level of development within the different policy levers and goals.

**Figure 2: Three core ECD policy goals**



Source: World Bank SABER-ECD Framework Paper, 2013

<sup>6</sup> These policy goals were identified based on evidence from impact evaluations, institutional analyses and a benchmarking exercise of top-performing systems. For further information see: World Bank. 2013.

**Table 2: ECD policy goals and levels of development**

ECD Policy Goal	Level of Development			
	Latent 	Emerging 	Established 	Advanced 
<b>Establishing an Enabling Environment</b>	Non-existent legal framework; ad-hoc financing; low intersectoral coordination.	Minimal legal framework; some programs with sustained financing; some intersectoral coordination.	Regulations in some sectors; functioning intersectoral coordination; sustained financing.	Developed legal framework; robust inter-institutional coordination; sustained financing.
<b>Implementing Widely</b>	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.
<b>Monitoring and Assuring Quality</b>	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.

Source: World Bank SABER-ECD Framework Paper, 2013

## Policy Goal 1: Establishing an Enabling Environment

### Policy Levers: Legal Framework | Intersectoral Coordination | Finance

An Enabling Environment is the foundation for the design and implementation of effective ECD policies.<sup>7</sup> 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 that influence ECD and the different constituencies that ECD policy can and should target, including pregnant women, young children, and parents and caregivers.

**Azerbaijan’s national regulatory framework guarantees healthcare services for pregnant women and young children.** The Law of the Republic of Azerbaijan on Protection of Population Health stipulates the right of every woman to access free medical care at pregnancy and childbirth at public healthcare facilities<sup>8</sup>. According to UNICEF country statistics, skilled health personnel attend 97 percent of births.<sup>9</sup> HIV screenings for women are also mandated at the beginning of pregnancy and after giving birth.<sup>10</sup> In fact, according to AIDS the Center, Antiretroviral Therapy (ART) is implemented to

<sup>7</sup> Britto, Yoshikawa & Boller, 2011 and Vargas-Baron, 2005

<sup>8</sup> Law of the Republic of Azerbaijan on Protection of Population Health, Art. 17, accessed November 22, 2017, [http://sehiyye.gov.az/saqlamlqnn\\_qorunmas\\_haqqnda.html](http://sehiyye.gov.az/saqlamlqnn_qorunmas_haqqnda.html)

<sup>9</sup> UNICEF. State of The World’s Children 2016 Country Statistical Information: Azerbaijan, accessed December 12, 2017,

<https://data.unicef.org/resources/state-worlds-children-2016-statistical-tables/>

<sup>10</sup> Republic of Azerbaijan. HIV/AIDS Prevention Program for 2016-2020, accessed May 11, 2018, <http://www.e-qanun.az/framework/32341>

prevent mother-to child transmission-in 2016, 241 pregnant women underwent treatment through ART. Moreover, under the Program on Protection of Mother and Child Health, the Ministry of Health ensures comprehensive and free immunizations for young children, with most immunizations administered within the first five years of life<sup>11</sup>. Well-child visits, another important component of healthcare for young children, are also established and occur most frequently after birth, followed by regular quarterly and bi-annual visits once a child reaches the age of two and three, respectively.

**In addition, national policies are in place to safeguard appropriate dietary consumption and improve nutritional intake by pregnant women and young children.** Azerbaijan adopted the International Code of Breast Milk Substitutes – an international health policy framework endorsed by the World Health Organization (WHO) - incorporating many provisions into its domestic legal system.<sup>12</sup> For instance, in 2003, the government adopted the Law on Breastfeeding and Infant Food that encourages mothers to breastfeed children for at least 6 months.<sup>13</sup> The legislation also sets guidelines for breast milk substitute products.<sup>14</sup> According to the WHO, breastfed infants are more likely to thrive physically and mentally into adulthood. A less familiar finding is that higher rates of breastfeeding could also offer enormous cost savings due to reduced healthcare costs.<sup>15</sup>

The Law of the Republic of Azerbaijan on Iodization of Salt for Massive Prophylaxis of Iodine Deficiency Disorders codifies the state's responsibility in iodization of salt to prevent massive prophylaxis of iodine deficiencies through implementation of state programs.<sup>16</sup> In addition, the law states that the government will take the following measures in the field of iodization: detection of patients with prophylactic examination and iodine deficiency;

monitoring effectiveness of the dynamics of iodine deficiency diseases; organization of scientific research aimed at prevention of iodine deficiency diseases; public awareness about the prevention of iodine deficiency disease; mandatory compliance with the standards, sanitary-hygienic norms, and rules in the quality and safety of iodized salt for all legal and natural persons operating in the production, import and sale of iodized salt.<sup>17</sup> To guarantee the quality and safety of iodized salt, the GoA has a certification process for all the iodized salt produced in the country.<sup>18</sup>

However, the regulatory framework lacks policies or national guidelines on fortification of cereals/staples with iron. There is a high prevalence of anemia among women of reproductive age in Azerbaijan (40 percent), arguably attributed to iron deficiency.<sup>19</sup> In response to this finding, UNICEF initiated the development of an advocacy/information package on anemia reduction targeted at decision makers<sup>20</sup>. A working group consisting of the country's experts is currently developing the information based on evidence available in and out of the country on effective anemia reduction interventions, including a flour fortification initiative. To support these efforts addressing anemia in women and improve nutrition intake overall, the government could consider designing a national policy on the fortification of staples with iron. Another useful indicator to keep track of, is childhood obesity, which is becoming increasingly common among young children in middle-income countries.

**Laws and regulations in Azerbaijan promote opportunities for adequate caregiving for pregnant women and new mothers.** In 2010, the GoA ratified the International Labour Organization (ILO) Maternity Protection Convention that recommends at least 14 weeks of maternity leave.<sup>21</sup> Under the Labor Code of the

<sup>11</sup> Republic of Azerbaijan. Comprehensive Multi-Year Plan for Immunization Programme 2011-2015, accessed May 11, 2018, [http://www.nationalplanningcycles.org/sites/default/files/planning\\_cycle\\_repository/azerbaijan/aze\\_cmyr\\_eng.pdf](http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/azerbaijan/aze_cmyr_eng.pdf)

<sup>12</sup> WHO. Marketing of Breast-Milk Substitutes: Country Implementation of the International Code Status Report 2016, accessed November 27, 2017, [http://apps.who.int/iris/bitstream/10665/206008/1/9789241565325\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/206008/1/9789241565325_eng.pdf)

<sup>13</sup> UNICEF. Azerbaijan: Baby Friendly Hospital Initiative is a Success, accessed November 30, 2017, [https://www.unicef.org/azerbaijan/media\\_2569.html](https://www.unicef.org/azerbaijan/media_2569.html)

<sup>14</sup> Law on Breastfeeding and Infant Food, Art. 7, accessed November 30, 2017, <https://www.ecolex.org/details/legislation/law-on-breastfeeding-and-infant-food-2003-lex-faoc047308/>

<sup>15</sup> WHO study projected cost savings of more than US\$300 million in the US, UK, Brazil and urban China alone.

<sup>16</sup> Law of the Republic of Azerbaijan on Iodization of Salt for Massive Prophylaxis of Iodine Deficiency Disorders, Art. 4, accessed November 30, 2017, [http://sehiyye.gov.az/yod\\_xesteliklerin\\_haqqinda.html](http://sehiyye.gov.az/yod_xesteliklerin_haqqinda.html)

<sup>17</sup> Law of the Republic of Azerbaijan on Iodization of Salt for Massive Prophylaxis of Iodine Deficiency Disorders, Art. 5, accessed November 30, 2017, [http://sehiyye.gov.az/yod\\_xesteliklerin\\_haqqinda.html](http://sehiyye.gov.az/yod_xesteliklerin_haqqinda.html)

<sup>18</sup> Law of the Republic of Azerbaijan on Iodization of Salt for Massive Prophylaxis of Iodine Deficiency Disorders, Art. 8, accessed November 30, 2017, [http://sehiyye.gov.az/yod\\_xesteliklerin\\_haqqinda.html](http://sehiyye.gov.az/yod_xesteliklerin_haqqinda.html)

<sup>19</sup> World Bank. 2018. Prevalence of Anemia Among Pregnant Women (%), accessed September 26, 2018, <https://data.worldbank.org/indicator/SH.PRG.ANEM?locations=AZ>

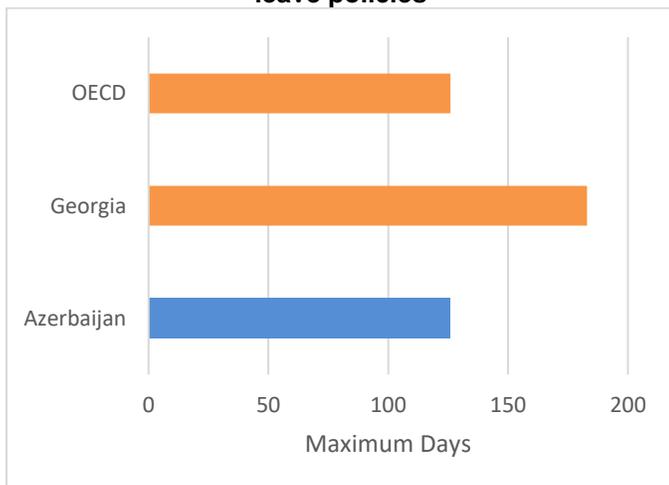
<sup>20</sup> UNICEF. Annual Report 2016, accessed May 11, 2018, [https://www.unicef.org/about/annualreport/files/Azerbaijan\\_2016\\_COA\\_R.pdf](https://www.unicef.org/about/annualreport/files/Azerbaijan_2016_COA_R.pdf)

<sup>21</sup> International Labour Organization Maternity Protection Convention, Art. 4.1, accessed November 27, 2017, [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C183](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183)

Republic of Azerbaijan, paid maternity leave of 126 calendar days is allowed starting 70 calendar days before

childbirth and ending 56 calendar days after childbirth. This amount is on par with the average maternity leave for the OECD, but is less than the allotment granted in neighboring countries (Figure 3). However, in the case of multiple births or abnormal birth, the legislation mandates additional days, 180 and 156 days total, respectively. Importantly, the average salary for maternity leave is based on the average salary for the preceding 12 calendar months.<sup>22</sup> The government pays 100 percent of maternity leave from the funds generated from the obligatory state social insurance.<sup>23</sup> While paid paternity leave is not mandated, with employers' consent unpaid leave is granted up to 14 calendar days for men whose wives are on maternity leave.<sup>24</sup>

**Figure 3: Regional comparison of paid maternity leave policies**



Source: ILO, 2017

Note: Based on 100 percent of wage

**Pregnant women and new mothers are provided with employment protection and breastfeeding facilities.**

The ILO Maternity Protection Convention<sup>25</sup> clearly establishes employment protection and non-discrimination principles including prohibition to terminate the employment of women during pregnancy or absence on maternity leave.<sup>26</sup> The Convention guarantees women the right to return to the same position or an equivalent position paid at the same rate.<sup>27</sup> For breastfeeding mothers, the Convention stipulates the right to one or more daily breaks or daily reductions of working hours to breastfeed.<sup>28</sup> Female labor force participation in Azerbaijan is 63 percent, which is higher than in neighboring countries (58 percent).

**The regulatory framework in Azerbaijan promotes preschool education, however enrollment is not mandatory.**

The Education Law of the Republic of Azerbaijan adopted in 2009 and Law on Preschool Education adopted in 2017, emphasize the importance of preschool education and provide free access to public preschool education. Moreover, preschool preparation in the form of a School Readiness Program (SRP) is highly encouraged for 5-6-year-old children.<sup>29</sup> However, participation is not mandatory<sup>30</sup>.

**Child protection policies and services are established, but could be expanded.**

The Ministry of Justice states that birth registration is one of the main priorities of the government's demographic policy. While the primary responsibility for birth registration within one month of birth lies with parents, healthcare providers automatically transfer birth information to the Ministry of Health, which then gets uploaded to the data information system of the Ministry of Justice.<sup>31</sup> Additionally, the Law of the Republic of Azerbaijan on Prevention of Domestic Violence provides legal guarantees for prevention and punishment of violence in the family.<sup>32</sup> The national

<sup>22</sup> Labor Code of the Republic of Azerbaijan, Art. 140, accessed November 15, 2017, <http://www.mlspp.gov.az/en/pages/4/125>

<sup>23</sup> Law of the Republic of Azerbaijan on Social Insurance, Arts. 17 and 20, accessed November 15, 2017, [http://www.ssp.gov.az/upload/file/qanunvericilik/qanunlar/number\\_250\\_PDF](http://www.ssp.gov.az/upload/file/qanunvericilik/qanunlar/number_250_PDF)

<sup>24</sup> Labor Code of the Republic of Azerbaijan, Art. 130, accessed November 15, 2017, <http://www.mlspp.gov.az/en/pages/4/125>

<sup>25</sup> Official Website of International Labor Organization, accessed November 27, 2017, [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11200:0::NO::P11200\\_COUNTRY\\_ID:102556](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11200:0::NO::P11200_COUNTRY_ID:102556)

<sup>26</sup> International Labor Organization Maternity Protection Convention, Art. 8.1, accessed November 30, 2017, [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C183](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183)

<sup>27</sup> International Labor Organization Maternity Protection Convention, Art. 8.2, accessed November 30, 2017,

[http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C183](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183)

<sup>28</sup> International Labor Organization Maternity Protection Convention, Art. 10.1, accessed November 30, 2017, [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C183](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183)

<sup>29</sup> Education Law of the Republic of Azerbaijan, Arts. 5.4 and 18, accessed November 15, 2017, <http://edu.gov.az/en/page/72/5244>

<sup>30</sup> In addition, the following types of preschool facilities operate in the country by age group: nurseries (1-3), nursery-kindergartens (1-6), kindergartens and special kindergartens (3-6), SRP (5-6), and family programs (1-6).

<sup>31</sup> Family Code of the Republic of Azerbaijan, Art. 166.3, accessed November 16, 2017, <http://www.e-qanun.az/code/10>

<sup>32</sup> Law of the Republic of Azerbaijan Republic on Prevention of Domestic Violence, accessed November 16, 2017, [http://evaw-global-database.unwomen.org/~media/files/un\\_percent20women/vaw/full\\_percent20text/asia/law\\_percent20on\\_percent20prevention\\_percent20of](http://evaw-global-database.unwomen.org/~media/files/un_percent20women/vaw/full_percent20text/asia/law_percent20on_percent20prevention_percent20of)

judicial system in Azerbaijan also requires judges, lawyers, and law enforcement officers to attend training and specialized courts have been created to protect young children.

**Social protection laws and regulations addressing the needs of orphans and vulnerable children (OVCs) and children with special needs are in place.** The regulatory framework in the Education, Health, and Social Protection sectors guarantees legal right and access to ECD services and housing for vulnerable children. Under the Law on Social Protection of Children, minors that have lost their parents or are deprived of parental protection can be adopted by guardians (trustees) or enrolled in public boarding schools. Vulnerable children with medical conditions are referred to special educational and social protection institutions.<sup>33</sup> In addition, children with special needs have free access to cross-sectoral services to facilitate their upbringing, education, social adaptation, and integration into social life.<sup>34</sup>

**Box 2: Key laws governing ECD in Azerbaijan**

<b>Education</b>
<ul style="list-style-type: none"> <li>• Law of the Republic of Azerbaijan on Preschool Education (2017)</li> <li>• The State Standard and Program of Preschool Education (2010)</li> <li>• Order of the Minister of Education of Azerbaijan Republic on Approval of Rules for School Preparation (2010)</li> <li>• Education Law of the Republic of Azerbaijan (2009)</li> </ul>
<b>Health &amp; Nutrition</b>
<ul style="list-style-type: none"> <li>• Law on Breastfeeding and Infant Food (2003)</li> <li>• Law of the Republic of Azerbaijan on Iodination of Salt for the Purpose of Mass Prevention of Iodine-Deficiency Diseases (2001)</li> <li>• Law of the Republic of Azerbaijan on Protection of Population Health (1997)</li> <li>• Law of the Republic of Azerbaijan on Sanitary-Epidemiological Welfare (1992)</li> </ul>
<b>Social Protection</b>
<ul style="list-style-type: none"> <li>• Law of the Republic of Azerbaijan on Social Service (2011)</li> <li>• Law of the Republic of Azerbaijan Republic on Prevention of Domestic Violence (2010)</li> <li>• Law on Social Benefits (2006)</li> </ul>

- Law of the Republic of Azerbaijan on Social Protection of Children Who Lost Their Parents and Deprived of Parental Care (1999)
- Labor Code of the Republic of Azerbaijan (1999)
- Family Code of Azerbaijan (1999)
- Law of the Republic of Azerbaijan on Child Rights (1998)
- Law of the Republic of Azerbaijan on Social Insurance (1997)

Source: Government of the Republic of Azerbaijan, 2017

**Policy Lever 1.2: Intersectoral Coordination**



*Development in early childhood is a multi-dimensional process.<sup>35</sup> 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.*

**The GoA currently has not adopted a comprehensive multisectoral ECD strategy.** While an institutional anchor has not been established to coordinate ECD interventions at the point of policy design and service delivery, in 2006 the State Committee on Family, Women and Children’s Issues was established to oversee state policy and set regulations in the area of family, women and children. The Committee has a mandate to protect the rights of women and children, design regulations and implement government projects in this field, but it does not provide a framework for integrated ECD services.<sup>36</sup>

**ECD interventions are not coordinated and there is no mechanism for collaboration among stakeholders.** The GoA has delineated areas of responsibility in the field of ECD provision between different government bodies (Figure 4). The Preschool Education Unit of the Ministry of Education (MoE) creates the normative-legal framework for the preschool education system and oversees the implementation of the state programs for

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<sup>33</sup> Education Law of the Republic of Azerbaijan, Art. 29.2.41, accessed November 16, 2017, <http://edu.gov.az/en/page/451/5244>

<sup>34</sup> Education Law of the Republic of Azerbaijan, Art. 10.6, accessed November 16, 2017, <http://edu.gov.az/en/page/451/5244>

<sup>35</sup> Naudeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007

<sup>36</sup> Official Website of the State Committee on Family, Women and Children’s Issues, accessed December 1, 2017, <http://scfwa.gov.az/page/komitenin-esasnamesi>

preschool education.<sup>37</sup> The state has a responsibility to develop, approve and oversee the implementation of various state programs for development of the national system of education and is responsible for implementation of the overall state education policy.<sup>38</sup> Meanwhile, the Ministry of Health has a responsibility to design and implement public policy and programs in the field of ECD health and nutrition.<sup>39</sup> ECD Policies related to children with special needs and OVCs fall under the jurisdiction of the Ministry of Labor and Social Protection of Populations (MoLSPP) and the MoE. Each sector government agency sets specific goals for ECD-aged children, however there are no regular coordination meetings between the different implementing actors at the national or sub-national levels. Azerbaijan could learn from other countries, such as Georgia that have

established an intersectoral framework aimed at improving coordination among various ECD stakeholders (Box 3).

**Figure 4: Key ministries involved in ECD provision**



Source: SABER-ECD Data Collection Instrument, 2018

### Box 3: Multisectoral ECD coordination and integrated services in Georgia

In Georgia, the government developed the National Strategic Action Plan for Early Childhood Development 2007-2009 to establish a shared vision and standards for effective implementation of multisectoral policies and programs in ECD. In 2007, the Action Plan established a Coordination and Monitoring Alliance at the Health and Social Affairs Committee of the Parliament of Georgia with the mandate to design and implement a comprehensive early childhood development strategy.

The National Alliance members include representatives of the Parliament of Georgia, Ministry of Labor, Health and Social Affairs, Ministry of Education, academia, professional associations, local NGOs and international development partners. Additionally, under the aegis of the Alliance of Board of Advisors the following thematic working groups were established: (1) ECD mainstreaming in national policies; (2) ECD mainstreaming in the health sector; (3) ECD mainstreaming in the preschool education sector; (4) ECD integration in academia; (5) ECD education programs for parenting/families.

#### Results of the intersectoral strategy:

- The National Alliance on Early Childhood Development has developed a national strategic plan of action and new standards for the early learning and development of children. These standards now form the basis of preschool reform efforts by giving guidance to caregivers and offering uniform indicators of physical, mental and social development for children under six
- The Child Development Centre in Tbilisi is the result of Georgia's establishment of a national ECD strategy. Beyond assessing children's physical health, the Child Development Centre also evaluates their psychological and behavioral development. The centre is pioneering early child development (ECD) in Georgia

#### Implications for Azerbaijan:

- The GoA could establish an ECD institutional anchor similar to the one established in Georgia to review existing ECD policies and services and design a detailed action plan to best integrate these structures

Source: Government of Georgia, 2017

### Policy Lever 1.3: Finance



*While legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns, but are often undersupplied without*

<sup>37</sup> Official Website of the Ministry of Education of the Republic of Azerbaijan, accessed November 22, 2017, <http://edu.gov.az/en/page/29>

<sup>38</sup> Education Law of the Republic of Azerbaijan, Arts. 29.0.1 and 29.0.3, accessed November 21, 2017, <http://edu.gov.az/en/page/451/5244>

<sup>39</sup> Law of the Republic of Azerbaijan on Protection of Population Health, Art. 3, accessed November 22, 2017, [http://sehiyye.gov.az/saqqlamlqnn\\_qorunmas\\_haqqnda.html](http://sehiyye.gov.az/saqqlamlqnn_qorunmas_haqqnda.html)

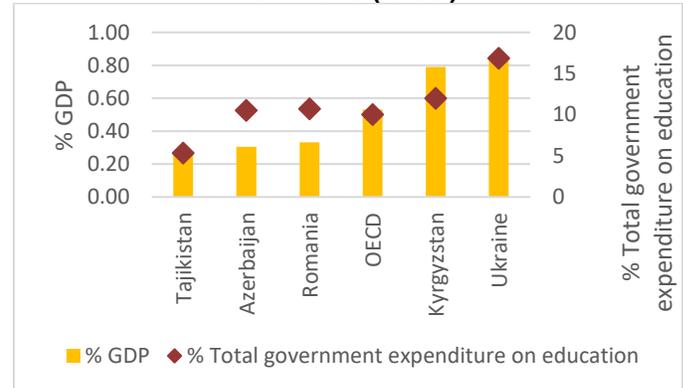
government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-lasting intergenerational benefits.<sup>40</sup> Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

**The GoA has not established explicit criteria or methodology for ECD funding allocation at the national and local levels.** There is no separate budget allocated specifically to ECD in other sectors responsible for ECD, except for the education sector, which allocates 10.5 percent of the total education budget to preschool education and the child and social protection sector, which budgets for pregnancy and child delivery allowance, childbirth allowance, childcare benefits up to the age of 3.<sup>41</sup> Currently, the Ministry of Finance allocates funding for preschools in the budget of each local executive committee. The other ministries supporting ECD also allocate a portion of their budget to education. According to a Yale University Country Brief Report on ECD in Azerbaijan underway, the financing mechanism for preschool education is based on 20-25 budget classifications, such as classifications earmarking funds for food, teachers and other support staff salaries, etc.<sup>42</sup> Financing is not determined on a per-child basis, but rather is based on historical monthly averages of operational costs, salaries, number of groups, etc. To date, parents of children attending PSEs do not officially pay for public PSE, however, parents are sometimes informally charged fees. Azerbaijan could benefit from implementing a more explicit and transparent ECEC financing mechanism such as per-student financing (Box 4).

**The level of ECD financing is not adequate to meet the needs of all beneficiaries and is unclear whether the burden of finance is equitably distributed among stakeholders.** Besides the MoE, other government bodies are not required to report disaggregated spending by ECD age groups. While the government of Azerbaijan recognizes the importance of early childhood development on the policy level, its public expenditure on preschool education is one of the lowest among peer countries (Figure 5). This is especially concerning given

that private participation in preschool education is also low (only 5 percent).

**Figure 5: Government expenditure on preschool education for Azerbaijan and regional comparators, 2015-2016 (latest)**



Source: UNESCO UIS, 2015-2016

**Remuneration for ECEC service personnel varies by the type of institution and location where they teach.**

Under the Education Law of the Republic of Azerbaijan, the state guarantees the social protection of educators by establishing an official pay scale for educational staff based on functional responsibilities, professional characteristics, professional qualifications, and length of service.<sup>43</sup> Importantly, educational staff at institutions for children with disabilities, orphans and children deprived of parental care, children in need of strict conditions for upbringing, institutions for talented children, and staff working in mountainous and border regions, remote residential areas receive additional payments. Nevertheless, the average annual salary range of preschool teachers is significantly less (158-210 AZN) than primary school teachers (320-385 AZN).

**With a moderate level of increased resources, Azerbaijan can significantly expand access to ECEC.**

Estimates of staff compensation expenditures that would be needed to increase preschool enrollment by 50 percent and 75 percent in 2025 were conducted (Table 3). Findings suggest that to increase enrollment and resources in the form of pedagogical staff, Azerbaijan would have to increase its preschool education budget by around 44 and 79 percent. This means the total expenditure on education should be increased by

<sup>40</sup> Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003

<sup>41</sup> 2017 Decree on the State Budget of the Republic of Azerbaijan, accessed November 30, 2017, <http://www.maliyye.gov.az/en/node/965>

<sup>42</sup> Moore, K., Markovic, J., Aggio, C., van Ravens, J., and Ponguta, A. 2018. Analytical Review of Governance, Provision, and Quality of Early

Childhood Education Services at the Local Level in Countries of Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS): Country Brief Report – Azerbaijan, Draft Report. New Haven, Connecticut: Yale University.

<sup>43</sup> Education Law of the Republic of Azerbaijan, Art. 36, accessed November 20, 2017, <http://edu.gov.az/en/page/451/5244>

approximately 4 and 8 percent and the expenditure as percentage of the GDP would need to be increased by approximately 0.12 and 0.23 percent. At this level, Azerbaijan's spending on preschool as percent of GDP would be comparable to the OECD average, but still less than regional peers, like Kyrgyzstan and Ukraine (see Figure 5 above).

#### Box 4: Per capita financing to enhance ECD outcomes

There are many fiscal mechanisms through which public funds may reach preschools. The choice of financing regime depends on the system of public finance in the country, the degree and scope of decentralization of public services to lower tiers of public administration, and the legal regulation of preschools themselves. Four models (or a mix of them) are commonly implemented: (1) direct national financing - direct financing of preschools comes from the national budget, (2) direct local financing - preschools are financed by local governments' own revenues, (3) mixed financing - local financing of preschools is supported by the national budget, and (4) demand-side financing - direct transfers are made to preschool students' parents, typically in the form of school vouchers. The first three models may be called supply-side financing in the sense that the funds are targeted toward the supplier of services (preschools); while the last model (no. 4) represents demand-side funding in the sense that consumers (users) are given the resources. A direct national financing model is typical in highly centralized countries, such as Azerbaijan.

There are different ways of distributing resources. One common way is using per-student funding formulas, other ways are input-based or historical allocations. Per-student financing allocates resources based on the number of students enrolled and conditioned on a set of agreed objective criteria which adjusts the formula on the needs of various categories of students as agreed with the objectives. There can also be performance indicators that help stimulate ECD providers. Resource allocations based on a per-capita basis are a more transparent way of allocating resources. Depending on the objective of the formula, and if done properly, they can boost efficiency or equity. Overall, benefits of a per-capita funding in ECD may be summarized as follows:

##### Efficiency in:

- **Operating costs:** In a per capita financing, money follows students; thus, allocations are based on enrollment numbers, not on the quantity of inputs, reducing incentives to overuse resources
- **Resource optimization:** Encourages the allocation of funds towards the most effective alternatives to reach desirable educational goals

##### Equity:

- **Enrollment outcomes:** Promotes preschool expansion since an increase in enrollment is accompanied by a proportional increase in resources
- **Vertical equity:** Per capita financing allows establishing adjudgment coefficients or weights to consider the relatively higher cost of delivering education to some population groups, such as students with special needs, remotely located, socioeconomically disadvantaged, minority language
- **Horizontal equity:** Municipalities with same student population structure will receive the same bulk of resources

##### Transparency:

- **Clearness:** The formula to allocate resources is straightforward and replicable
- **Objectivity:** Allocations are objectively distributed among local governments
- **Predictability:** Local governments may have relatively certainty of the expected funds

##### Implications for Azerbaijan:

- Azerbaijan could consider moving to a per-capita financing model to ensure greater efficiency, equity, and transparency in the allocation of resources to ECEC

Source: World Bank, 2018

**Table 3: Estimated costs of additional staff for increasing preschool access by 50% and 75%**

	50%	75%
Number of additional children, 2025	144,927	263,320
Number of additional pedagogical staff, 2025	19,508	35,445
Additional budget allocated to salaries (in million AZN), prices of 2016	75.43	137.05
Additional budget as % expenditure on preschool	43.59	79.19
Additional budget as % expenditure on education	4.17	7.58
Additional budget as % GDP	0.12	0.23

Note: Prices in 2016

Source: World Bank staff calculations using data from UNESCO UIS and The State Statistical Committee of the Republic of Azerbaijan, 2016

While data on health expenditures is difficult to collect for ECD services, spending in the sector seems low. Health expenditure data from the WHO and UNICEF suggest that Azerbaijan's investment in the health sector, as measured by government expenditure on health as a percentage of GDP, is low among regional peers (Table 4). The GoA could consider expanding data collected on health expenditure of ECD services for more informed ECD budget planning.

**Table 4: Regional comparison of select health expenditure indicators**

	Azerbaijan	Georgia	Kyrgyzstan	Ukraine
Out of pocket expenditures as a percentage of all private health expenditure	79	59	48	51
Out of pocket expenditure as a percentage of total health expenditures	79	57	48	48
Government expenditure on health as a percentage of GDP	1.2	N/A	2.4	3.6
Percentage of routine EPI vaccination is financed by the government	78	78	N/A	N/A

Source: WHO Global Health Expenditure Database and UNICEF Statistics, 2011

## Policy Options to Strengthen the Enabling Environment for ECD in Azerbaijan

### Legal framework

- **To address anemia and improve nutrition, the GoA could mandate iron fortification of staples.** Iron fortification is an inexpensive way to improve nutritional intake across the population, increasing the likelihood the pregnant women and young children receive adequate iron.
- **The GoA could develop a phased approach to transition toward universal and mandatory preschool education for all children of preschool age.** Given the benefits that quality preschool education yields for both individuals and society as a whole, the GoA could explore the feasibility of a phased approach to require children to attend preschool, accompanied by increased resources (i.e. more and better paid teachers and more available seats) and equitable financing models. This could include starting with 3-6-year-olds and then gradually expanding coverage to younger children.

### Intersectoral Coordination

- **The government could explore potential ways of designing a comprehensive intersectoral ECD framework.** The holistic nature of children's development, requires a system with a menu of integrated services and coordination between service providers at the point of planning and delivery. The GoA could establish an ECD institutional anchor to review existing ECD policies and services and design a detailed action plan to best integrate these structures.

### Finance

- **The GoA could establish a per capita financing model for ECEC and more explicit budget planning system across all ECD sectors.** Lack of an explicit and transparent financing mechanism can result in gaps in services and inefficient use of scarce resources. In particular, per capita financing in preschool education can ensure greater efficiency, equity, and transparency. Moreover, budget coordination processes can improve intersectoral coordination in general.
- **Consider increasing funding for preschool education.** Currently, Azerbaijan's public expenditure on preschool education is one of the lowest among peers. Additional financing could promote greater access to ECEC, which has been shown to have a long-term impact on children's development.

## Policy Goal 2: Implementing Widely

### Policy Levers: Scope of Programs | Coverage | Equity

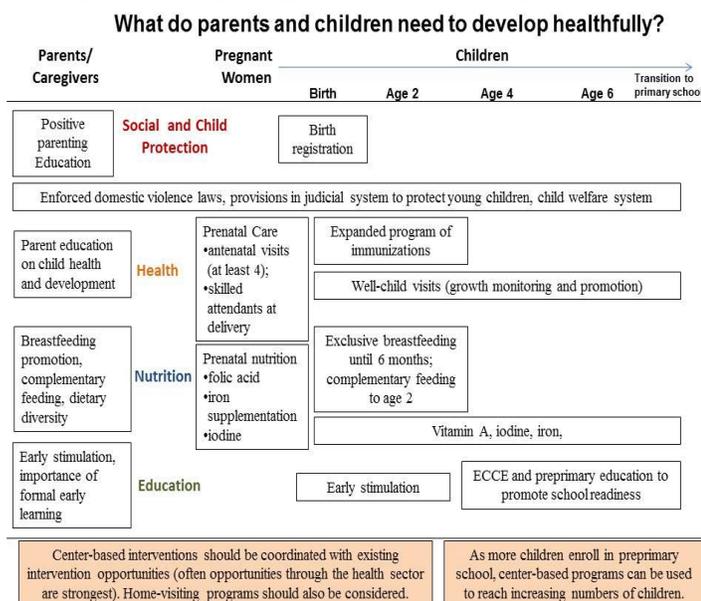
Implementing Widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and 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**

**Established**

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 6 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 6: Essential interventions during different periods of young children's development**



Source: World Bank SABER-ECD Framework Paper, 2013

ECD programs are established to benefit all relevant beneficiaries in Azerbaijan. Notably, interventions are established that serve parents and caregivers, pregnant women, and young children across all sectors of ECD (Table 5). Attention is also given to vulnerable families. The next step would be to know how these programs are implemented and monitored. Azerbaijan can learn from Chile's example to implement comprehensive ECD services that are widespread (Box 5).

**Table 5: Scope of ECD Interventions in Azerbaijan by target population and sector**

Sectors	Parents/ Caregivers	Pregnant Women	Children (1-3)	Children (3-6)
Social and Child Protection	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	
Health	Parenting programs; home visiting programs	Prenatal and skilled delivery care; mental health services	Compulsory immunizations; childhood wellness, growth monitoring and promotion programs	
Nutrition	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
Education	Parent engagement; family-based ECEC		Nurseries	Kindergartens; School Readiness Program (5-6-year-olds)

Source: SABER-ECD Data Collection Instrument, 2018

### Box 5: Chile Crece Contigo (CHCC) and Nobody's Perfect

Chile Crece Contigo (Chile grows with you) is an integrated service delivery network that responds on a timely and relevant basis to children's developmental needs and their families' requirements for support. CHCC tracks each child's developmental trajectory starting during pregnancy until they enter preschool (at 4 years old). In 2017, CHCC was extended until the end of the first cycle of elementary school (through grade 4). CHCC provides universal and differentiated services depending on child and family needs to achieve ECD objectives. A well-developed Management Information System (MIS) supports tracking activities including referrals that is accessible across ECD sectors. Tracking starts during the mother's initial prenatal check-up, at which point an individual scorecard is created for the child. Each of the primary actors within the CCC service network – including the 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 a risk of vulnerability, such as inadequate nutrition, the system identifies the required service to address the risk. Examples of services provided include prenatal care, regular health check-ups for young children, parenting education and interventions, early childhood education and care programs, specialized services for vulnerable children and families, technical aids for children with disabilities, modalities for children with developmental delays or deficits, and educational outreach for the whole population. Since its inception in 2007, the program has expanded considerably and is considered successful. By 2009, the number of municipalities participating in the program grew by more than twofold and the number of children reached aged 0-6 was around 870,000, including children from 60 percent of the most vulnerable households.

Of particular interest of the CHCC program is the parenting education component *Nadie es Perfecto*. Parenting practices are key determinants of the physical and socio-emotional health of children, and they are particularly important in the early years. Rapid social and lifestyle changes, increased female labor force participation, increased hours at work for both parents, and the gradual disappearance of the extended family as a traditional source of informal support, are increasing the pressures on parenting practices of families living in the so-called emerging economies. *Nadie es Perfecto* is based on the application of the most widely disseminated parenting program in Canada (*Nobody's Perfect*). *Nobody's Perfect* is a parenting education program that has been developed Public Health Agency of Canada. It was introduced in the early 1980s in a few locations, and since 1987 it has been offered in the whole country. It targets mainly parents with children aged 0 to 5 who live in poor and isolated conditions. Evaluation of the program has found that *Nobody's Perfect* contributes to improvement in a number of parental outcomes (decrease in negative or punitive practices, and improved parental ability to cope with parenting stressors, problem solving ability and perceptions of social support) that are potentially associated with superior child outcomes (Chislett and Kennet 2007; Skrypnik and Charchun 2009).

The basic *Nobody's Perfect* parenting program is composed of 6 to 8 group-based parent education sessions. The group sessions are lead by a trained facilitator. The program employs adult education strategies to enhance participation and learning, building on strengths, and limits the use of didactics. Participating parents identify preferred parenting topics which are then emphasized in the sessions by the facilitator. The basic topics will include: (i) positive parenting, (ii) increase parent's understanding of children's health, safety, and behavior, (iii) help parents build on the skills they have and learn new ones, (iv) improve parent's self-esteem and coping skills, (v) increase parents' self-help and mutual support, (vi) create a stimulating/learning environment, (vii) help prevent family violence, and (viii) bring parents in contact with community services and resources. Each of the set themes has (a) clear learning objectives (key messages), (b) in-session hands-on activities, (c) set learning materials for the facilitators, and (d) home-work activities. Group discussions are supplemented by parent education booklets that are provided to participants.

#### Implications for Azerbaijan:

- The GoA can consider implementing more integrated and comprehensive ECD services for greater reach to all families
- Establishing an integrated monitoring information system (MIS) with a referral system could help to make sure every child receives adequate ECD services
- In addition, learnings from Chile's *Nobody's Perfect* program can be modeled to strengthen parenting programs on ECD, especially for vulnerable families

Source: Government of Canada and Government of Chile<sup>44</sup>

<sup>44</sup> *Nobody's perfect*. Retrieved from <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/parent/nobody-perfect.html> and Chile Crece Contigo. Retrieved from <http://www.crececontigo.gob>.

**Comprehensive ECD health programs exist targeting all beneficiary groups.** Essential health services are provided to women at each stage of pregnancy with prenatal and skilled delivery care and depression screening and services for new parents. Parenting programs at health or community centers and home visiting programs provide parents and caregivers with important education on child health and development. Finally, a complete course of immunizations is required of young children and well-child visits are in place.

**However, more can be done to increase the scope of nutrition programs.** Currently, interventions to improve nutrition are mostly directed toward feeding programs at ECEC facilities, followed by breastfeeding promotion, micronutrient support for young children, and salt iodization. Information is not given about food supplements for children and mothers, micronutrient support for expecting mothers or the extent of healthy eating and exercise programs to fight childhood obesity.

**National mechanisms are established to provide essential education programs.** With the goal of promoting effective parent engagement in ECD programs, the Education Law mandates a parental board at Preschool Education Institutions (PSEIs). The regulation considers parents as participants of the education process.<sup>45</sup> Moreover, several different types of ECEC programs and formats exist including full and half-day public and private programs for children and family programs. Most children in public preschools attend full day programs, combining care and early learning services.

**Several child and social protection programs exist although more could be done to support families with children.** According to the Presidential Instructive Order parents are allotted a one-time child birth allowance of 90 AZN.<sup>46</sup> In addition, under the Tax Code, the taxable monthly income of a spouse caring for three persons under the age of 23 shall be reduced by an amount equivalent to 50 AZN.<sup>47</sup> The GoA also provides benefits for low-income families with children under the age of 1.<sup>48</sup> Women with more than 5 children are entitled to social benefits until the child reaches 18 years of age.<sup>49</sup> Finally, the State Committee on Family, Women and Children

Problems promotes parent-child relationships in vulnerable families through their work in the Family and Children Centers. While the GoA offers considerable benefits to families, it can learn from child support models that other governments have launched to support parents (Box 6).

#### **Box 6: Non-tax benefits to support parents with young children**

Child and social protection support to parents is crucial to facilitate an affordable access to ECD services. Child benefit payments are often provided in the form of a monthly allowance until the child reaches a certain age or in the form of bonuses at the time of birth of the child. About 84 economies out of a dataset of 189 provide child allowances or support to parents with variation across regions. Most OECD high income and Europe and Central Asia economies provide non-tax benefits to parents to support children, accounting to 94 percent and 92 percent of the economies respectively. No economies in South Asia provide such benefits.<sup>50</sup>

Governments also grant allowances specifically for the use of childcare. 29 out of the 100 countries examined by the 2018 Women, Business and the Law report provide childcare allowances specifically for the use of childcare to parents. In 2017, the United Kingdom introduced a new scheme to support working parents with childcare. Parents eligible for the Tax-Free Childcare scheme can set up an online childcare service account to pay for registered or approved childcare providers. The government contributes USD 2.90 for every USD 11.61 a parent pays into their Childcare Account. In some economies, the allowance is granted to the parents while in others it is granted directly to the childcare provider. In Finland, for example, the government provides a private daycare allowance for children under school age not enrolled in a municipal daycare center. While the allowance is claimed by parents, it is paid directly to the private day care provider.

Source: Government of the Republic of Azerbaijan, 2017

<sup>45</sup> Education Law of the Republic of Azerbaijan, Art. 31.0.3, accessed November 20, 2017, <http://edu.gov.az/en/page/451/5244>

<sup>46</sup> Presidential Instructive Order No. 973 of August 29 2013, accessed November 21, 2017, <http://www.ssp.gov.az/view.php?lang=az&menu=118&id=367>

<sup>47</sup> Tax Code, Art. 102.5, accessed November 21, 2017, [http://www.taxes.gov.az/modul.php?name=qanun&cat=3&lang=\\_eng](http://www.taxes.gov.az/modul.php?name=qanun&cat=3&lang=_eng)

<sup>48</sup> Law on Social Benefits, Art. 7.0.10, accessed December 1, 2017, <http://www.e-qanun.az/framework/11508>

<sup>49</sup> Law on Social Benefits, Art. 7.0.10-3, accessed December 1, 2017, <http://www.e-qanun.az/framework/11508>

<sup>50</sup> World Bank Group. Women, Business and the Law data to be published in February 2018.

Key programs in Azerbaijan are summarized in Table 6. The table indicates that while a range of ECD interventions exist, coverage is not yet universal or known.

**Table 6: ECD programs and coverage in Azerbaijan**

ECD Programs and Coverage in Azerbaijan				
ECD Intervention	Scale			
	Pilot programs	At scale in some regions	Scaling Nationally	Universal coverage
<b>Education</b>				
Publicly-provided early childhood care and education			X <sup>51</sup>	
Publicly-subsidized early childhood care and education		X		
Privately-provided early childhood care and education		X		
Community-based early childhood care and education	X <sup>52</sup>	X <sup>53</sup>		
Capacity building intervention for ECCE <sup>54</sup>			X	
<b>Health</b>				
Prenatal healthcare				X
Labor and delivery				X
Comprehensive immunizations for infants				X
Childhood wellness and growth monitoring				X
Advocacy for universal access to maternal and child health care		X		
Capacity building intervention on quality of child health services <sup>55</sup>		X		
<b>Nutrition</b>				
Micronutrient support for pregnant women				
Food supplements for pregnant women				
Micronutrient support for young children			X	
Food supplements for young children				

<sup>51</sup> Please refer to the Statistical Yearbook on Children in Azerbaijan (2017) which includes a separate paragraph on the provision of preschool education (KGs) by regions [https://www.stat.gov.az/menu/6/statistical\\_yearbooks/source/children\\_2017.zip](https://www.stat.gov.az/menu/6/statistical_yearbooks/source/children_2017.zip)

<sup>52</sup> UNICEF Azerbaijan piloted community –based preschool education centers in selected regions starting from 2015 (refer to the UNICEF annual report 2016 ([https://www.unicef.org/about/annualreport/files/Azerbaijan\\_2016\\_COAR.pdf](https://www.unicef.org/about/annualreport/files/Azerbaijan_2016_COAR.pdf))). At the same time UAFA, local NGO, specializing on the work for children with special needs, also piloted community-based ECCE in selected regions <http://www.uafa.az/uafahub/pre-school-education/> (the UAFA report was submitted earlier)

<sup>53</sup> The Law on Social Services (2011) gives grounds to various organizations, legal entities to launch a number of social services to underprivileged group (e.g. targeted at orphans, children with special needs, both mental and physical, children from low income families etc.) in the most disadvantaged communities. Each year the Ministry of Labor and Social Protection of Populations open tendering process (so called social order) to launch a social service in the particular districts (e.g. day care centres for children from poor households, social and psychological rehabilitation centres, support centres for children-victims of domestic violence, family-type small group homes). <http://www.mlspp.gov.az/en/pages/4/24/information/84> <http://www.mlspp.gov.az/az/pages/772> ( a list of social services advertised by MoLSPP in 2018)

<sup>54</sup> The Government funded "School Readiness Program" includes capacity building activities (teacher trainings) for primary school teachers who will teach in preprimary groups for children aged 5.

<sup>55</sup> UNICEF strengthened the capacity of health-care professionals from the majority of Baku's child poly-clinics by introducing them to the International Guide for Monitoring of Child Development (IGMCD). This resulted in the application of modern approaches to early interventions to prevent child disabilities, and in improved detection and timely referral of children with developmental delays. Consequently, doctor-patient partnerships were enhanced, leading to wider use of social approaches for early interventions. Referrals to the Children Rehabilitation and Treatment Centre (CRTC) of children 0–3 years old who are at risk of disability increased by 40 per cent.

The Ministry of Health (MoH) was supported in developing a tool to monitor the International Live Birth Definition (ILBD), which indicated a need to enhance the knowledge and skills of health-care professionals in applying the definition. ((UNICEF Azerbaijan Annual Report 2015)

[https://www.unicef.org/about/annualreport/files/Azerbaijan\\_2015\\_COAR.pdf](https://www.unicef.org/about/annualreport/files/Azerbaijan_2015_COAR.pdf)

UNICEF Azerbaijan provided technical assistance for the institutionalisation of the International Guide for Monitoring Child Development with the Pediatric Development Department of Ankara University. This will become a mandatory course for all pediatricians during in-service training. 6 master-trainers (pediatricians) were trained in ToT by Ankara University specialists to facilitate this course nationally.

(UNICEF Azerbaijan Annual Report 2016) [https://www.unicef.org/about/annualreport/files/Azerbaijan\\_2016\\_COAR.pdf](https://www.unicef.org/about/annualreport/files/Azerbaijan_2016_COAR.pdf)

Food fortification <sup>56</sup>			X	
Breastfeeding promotion programs			X	
Anti-obesity programs encouraging healthy eating/exercise		X		
Feeding programs in preprimary schools			X	
<b>Parenting</b>				
Parenting integrated into health/community programs			X	
Home visiting programs to provide parenting messages			X	
<b>Special Needs</b>				
Programs for OVCs			X <sup>57</sup>	
Interventions for children with special needs <sup>58</sup>		X		
Advocacy and capacity building intervention for provision of care to children with special needs <sup>59</sup>		X		
<b>Comprehensive</b>				
A comprehensive system that tracks individual children's needs and intervenes, as necessary				

Source: SABER-ECD Data Collection Instrument, 2018

## Policy Lever 2.2: Coverage

Established



*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.*

### **Pregnant women have some access to essential health interventions, but coverage can be improved.**

Very few births in Azerbaijan occur without a skilled attendant present (3 percent). However, only 66 percent of women receive at least four prenatal care visits, which indicates more can be done to inform women about important steps they can take to ensure a healthy pregnancy and protect their infant. Most women who are HIV positive (87 percent) receive antiretroviral therapy to prevent mother-to-child transmission.<sup>60</sup>

**Access to critical health interventions for young children is emerging.** With the exception of DPT immunization, Azerbaijan performs well below peers in providing access to important health interventions (Figure 7). About 94 percent of all 1-year-olds in Azerbaijan are immunized for DPT, an indicator of the success of the national immunization program. However, only 36 percent of children with suspected pneumonia receive antibiotics and 11 percent of children under 5 years old with diarrhea receive oral rehydration salts, suggesting the need for better access to primary healthcare services for some families.

<sup>56</sup> Law on Salt Iodination

<sup>57</sup> Although orphanages and other forms of institutionalized care are located mainly in cities, it covers children deprived of parental care from all over the country. The same is for SOS Children's Villages (Baku, Ganja), Small Group Homes (Baku, Lenkoran).

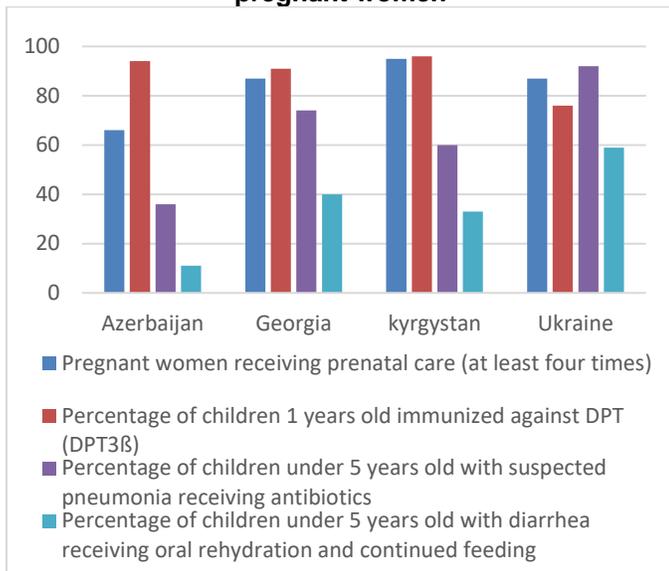
In addition, State Committee on Family, Women and Children Affairs owns 11 Children and Family Support centers (Shuvalan, Goranboy, Zagatala, Gabala, Ismayilli, Agdam, Hajigabul, Saatli, Sabirabad, Zardab). These Centers were initially launched and piloted by the Save the Children, later on were handed over to SCFWCA. These centers as alternative care models are not service providers rather service-oriented hubs to support disadvantaged community groups (children, women, families), especially in the settings where no services are available. The centers support children with special needs and their families, children deprived of parental care, minors under social danger and their families, IDPs and refugee children and their families, children whose parents are victims of Garabagh war, children from care institutions, abused children (victims of violence), children of single parent (caregiver), low income families.

<sup>58</sup> UAFA, a local NGO, has been running community-based rehabilitation centers (7) since 2004 in different regions of the country aimed at achieving inclusion, social integration, access, rehabilitation of children with disabilities. After the adoption of Law on Social Services (2011), these centers are financially supported by the Government (Ministry of Labor and Social Protection of Populations). More information is <http://www.uafa.az/uaifahub/community-based-rehabilitation/>

<sup>59</sup> UAFA's advocacy efforts on children with special needs (see the report)

<sup>60</sup> UNAIDS. Azerbaijan: coverage of women HIV+ who receive ARV for PMTCT, accessed on September 26, 2018, <http://aidsinfo.unaids.org/>

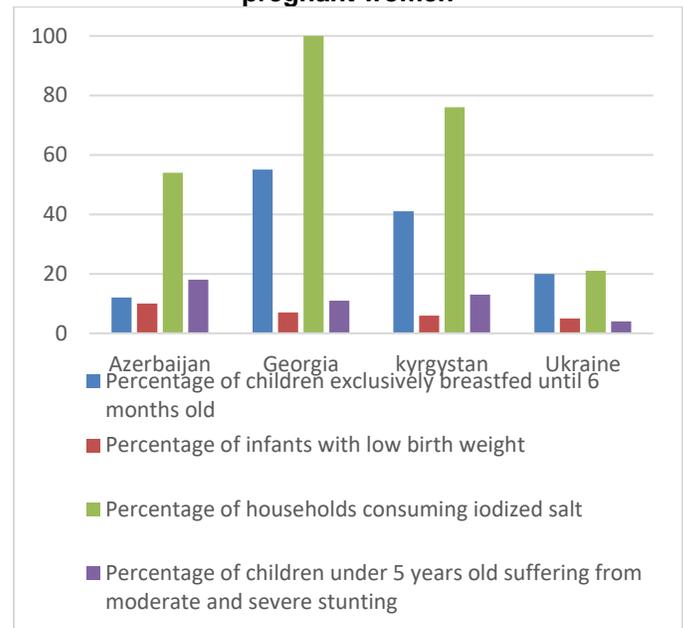
**Figure 7: Regional comparison of level of access to essential health services for young children and pregnant women**



Source: UNICEF Country Statistics, 2016

**Azerbaijan has considerable room for improving access to nutrition interventions necessary for healthy early childhood development.** Breast milk is considered to be the best method to ensure an infant's intake of all the nutrients and calories for proper growth and development. Nevertheless, Azerbaijan has the lowest percentage of infants exclusively breastfeeding until 6 months of age (12 percent) among regional peers (Figure 8). Further, consumption of iodized salt, which is also critical to healthy development is also low at 54 percent. Meanwhile, the rate of moderate and severe stunting of children under 5 and the percentage of infants born with low birth weights are among the highest, indicating malnutrition in young children.

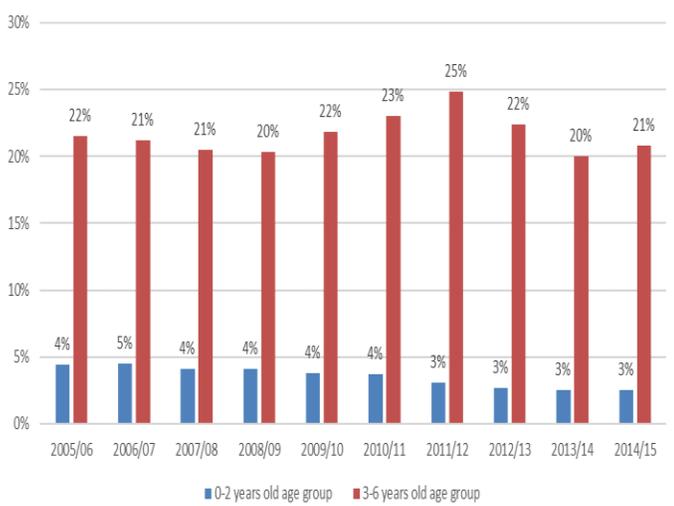
**Figure 8: Regional comparison of level of access to essential nutrition services for young children and pregnant women**



Source: UNICEF Country Statistics, 2016

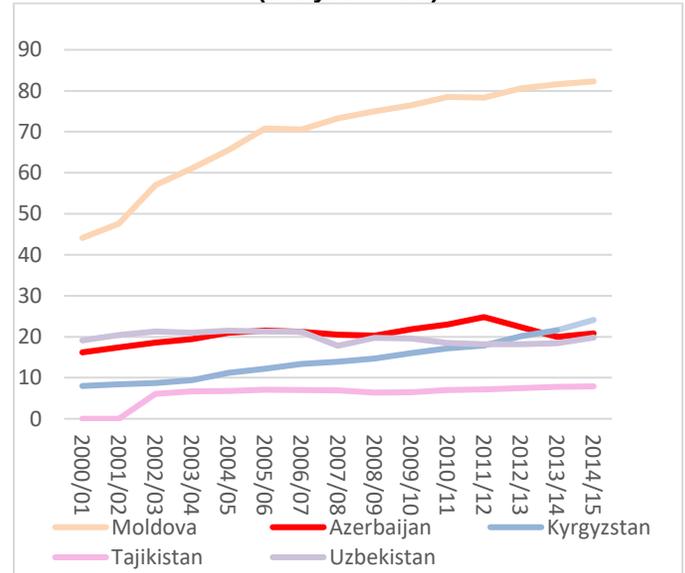
**Preschool education coverage in Azerbaijan is low and has remained stagnant.** Even though by law children are entitled to receive preschool education, the level of access to preschool education in Azerbaijan remains far beyond universal (only 21 percent). Since 2005, preschool enrollment rates for 3-6-year-olds has not improved in the country and access for 0-2-year-olds is almost nonexistent (Figure 9). Although, the region is characterized by a large disparity in ECEC access, Azerbaijan, along with Kyrgyzstan have coverage levels in the lowest echelon, while Bulgaria and the Russian Federation have achieved coverage levels as high as 82.9 percent and 81.7 percent, respectively (Figure 10). Moreover, in the last fifteen years, countries in the region managed to improve access to preschool by 16 percentage points on average. However, Azerbaijan was the least improved with only about 5 percentage points gained.

**Figure 9: Gross enrollment rate of children aged 0-2 and 3-6**



Source: TransMonEE Database, 2016

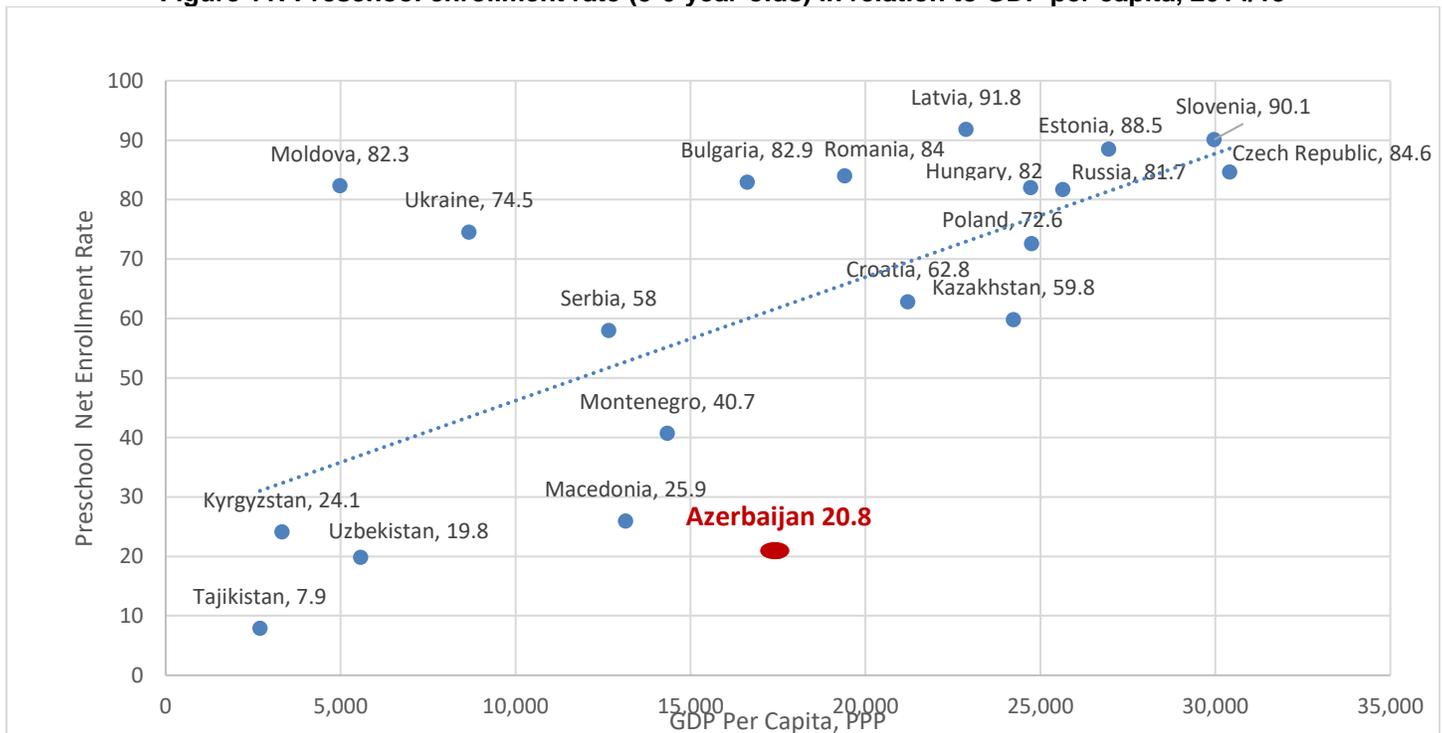
**Figure 10: Net preschool enrollment rate (3-6-year-olds)**



Source: TransMonEE Database, 2016  
 Note: 2006 net enrollment is latest data available for Georgia

Despite having a lower GDP per capita, peer countries, such as Moldova and Ukraine have a much higher preschool enrollment rate compared to Azerbaijan (Figure 11). This shows that alongside countries, such as Tajikistan, Uzbekistan, Kyrgyzstan, and Macedonia, Azerbaijan needs to pay increased attention to preschool coverage. An analysis on the existence of informal childcare establishments/spaces or any cultural specificities that tell us more about the demand for formal PSEIs.

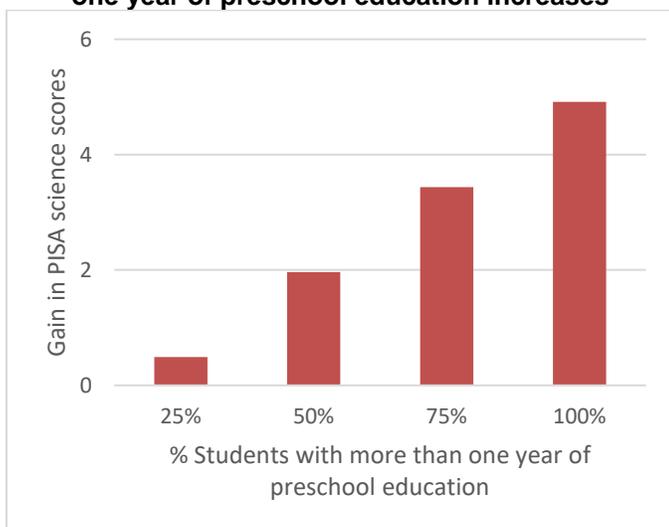
**Figure 11: Preschool enrollment rate (3-6-year-olds) in relation to GDP per capita, 2014/15**



Source: TransMonEE Database, 2016

An analysis of PISA data shows that better learning outcomes in Azerbaijan are associated with more years of preschool education (Figures 12). Simulations suggest that reaching a 100 percent preschool coverage would only increase Azerbaijan's PISA performance by 6 points, after controlling for the effect of socioeconomic characteristics. Furthermore, studies show preschool to have a larger effect on disadvantaged groups. However, the effects of increasing the quality of preschool programs in Azerbaijan—including through better teacher training and development—could be higher than what it is currently. The findings suggest the need to focus on increasing both access and quality in preschool education.

**Figure 12: Azerbaijan's improvement in PISA reading scores if the proportion of students with more than one year of preschool education increases**

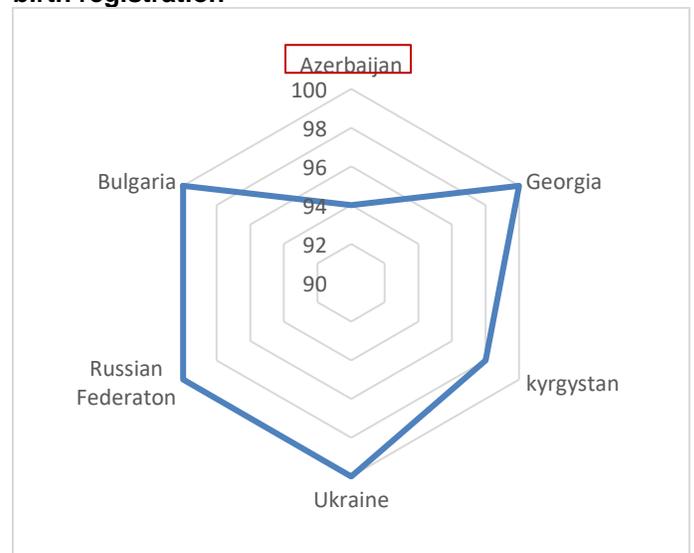


Source: World Bank staff calculations using PISA database, 2009 (latest data available)

**Birth registration is also not universal.** Despite the government of Azerbaijan mandating the registration of children at birth, coverage is not yet reaching all new parents.<sup>61</sup> Birth registration among most peer countries is universal (Figure 13). The ASAN Service, a state agency for government services for Azerbaijan citizens administers birth registration outreach through its mobile services and allows citizens to directly request the mobile service, which has improved coverage. However, there is not enough information available to confirm the scale of this initiative.<sup>62</sup> This may improve however, since the ASAN annual report 2017 provides newly born children

with Individual Identification Number (IIN) and accordingly with Electronic Health Card (E-health card).

**Figure 13: Regional comparison of level of access to birth registration**



Source: UNICEF Country Statistics, 2016

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

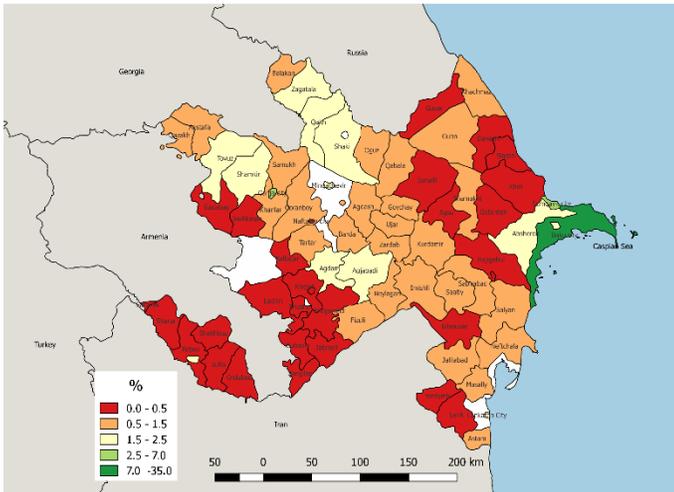
**Access to ECEC is highly inequitable at the sub-national level.** An analysis of ECEC access at the sub-national level reveals that Baku, the capital and largest city of Azerbaijan, has a net enrollment rate of about 33 percent, which is above the 21 percent national average (Figure 14). Meanwhile, access remains much lower in the rest of the country, particularly in the North (in regions surrounding Baku) and the South and Southwest, with access ranging from 1 percent to 5 percent. The enrollment rate is also significantly lower in rural areas as compared to urban areas (7 percent vs. 21 percent). Low coverage of children, especially in rural areas is discouraging given the national strategic goal of the

<sup>61</sup> The Family Code of the Republic of Azerbaijan (1999). In addition, Azerbaijan joined the European Convention on Legal Status of Children born out of wedlock (2000).

<sup>62</sup>State Agency for Public Service and Social Innovations, accessed on May 11, 2018, <http://www.asan.gov.az/en/service/asan-xidmetler/vetendasliq-veziyyeti-aktlarinin-doevlet-qeydiyyati/dogumun-qeyde-alinmasi>

School Readiness Program to include 90 percent of children age 5 in preschool education by 2020.<sup>63</sup>

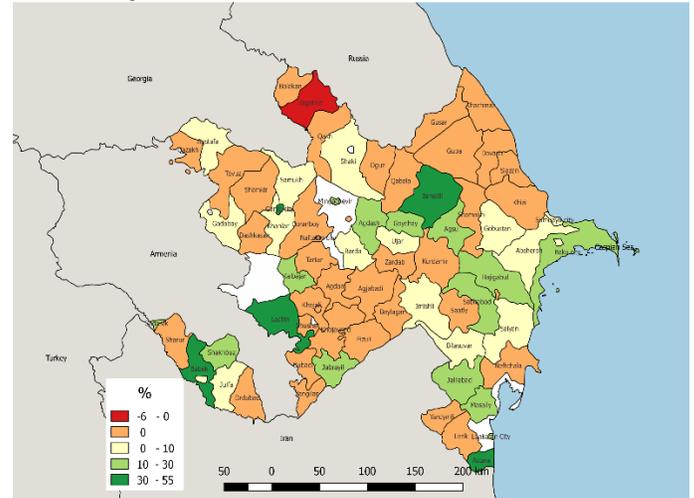
**Figure 14: Preschool enrollment at the sub-national level**



Source: Moore, et al. Country Brief Report, 2018

**However, there is room to increase access to PSEIs using available resources.** In most of the localities, the occupancy rate is an interval between 75 to 100 percent.<sup>64</sup> Therefore, 16,124 seats total (or 14 percent) are still available within the existing PSEI capacities (21 percent in urban and 7 percent in rural settlements), which suggests that the enrolment rate might be improved for children aged 1-6 without a large investment in new facilities (Figure 15). It is interesting to note, five localities which have about 62 percent of the total available seats: Khatai district (Baku) 4,514; Ganja city (Ganja-Gazakh) 3,105; Lankaran city (Lankaran) 910; Sumgayit city (Absheron) 791; and Mingachevir city (Aran) 665. On a positive note, despite these large disparities at the sub-national level, enrolment is gender neutral. Both boys and girls stand a fair chance of enrolling in preschool (23 vs. 24 percent gross enrollment, accordingly).

**Figure 15: Percentage of available seats in preschool at the sub-national level**



Source: Moore, K., Markovic, J., Aggio, C., van Ravens, J., and Ponguta, A. Country Brief Report: Azerbaijan, 2018

**National policies are in place to provide inclusive education, though more can be done to promote access for all children.** Special education standards are designed for the education of individuals with special needs.<sup>65</sup> According to the Law on the Rights of a Child, the state takes measures to assess the abilities of children with special needs, establish specific scholarships for them, create and finance a system of special educational institutions.<sup>66</sup> However, there is still a stigma on the inclusion of children with special needs in mainstream education system. Additionally, the curriculum and teaching materials are not translated into other languages other than Azerbaijani. While 93 percent of the population speak Azerbaijani, ethnic minorities and immigrants may be left behind.

**There are more notable disparities in access to ECD services by socioeconomic status than between rural and urban areas.** Women in the top quintile are more likely to have skilled attendants when delivering (100 percent vs. 90 percent) and register their children at birth (97 percent vs. 92 percent) (Figure 16). Moreover, the rate of stunting in children under 5 years old is higher for the bottom quintile (28 percent vs. 16 percent), suggesting inequitable access to nutrition. In terms of rural and urban areas, there are small differences in access to ECD services (Figure 17). For instance, the rate of birth registration in urban areas is 96 percent and 92

<sup>63</sup> UNICEF Country Brief Report: Azerbaijan, 2018.

<sup>64</sup> Ibid.

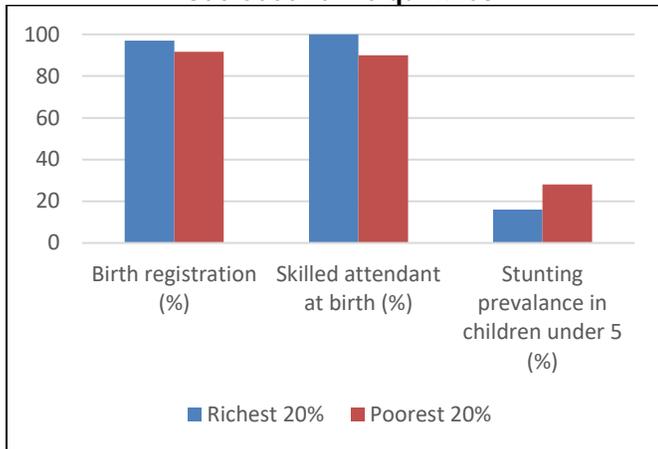
<sup>65</sup> Education Law of the Republic of Azerbaijan, Art. 6.7, accessed November 22, 2017, <http://edu.gov.az/en/page/451/5244>; Law

on Special Education, accessed on June 1, 2018, <http://www.e-qanun.az/framework/4353>

<sup>66</sup> Law of the Republic of Azerbaijan on Child Rights, Art. 23, accessed December 1, 2017, <http://www.e-qanun.az/framework/3292>

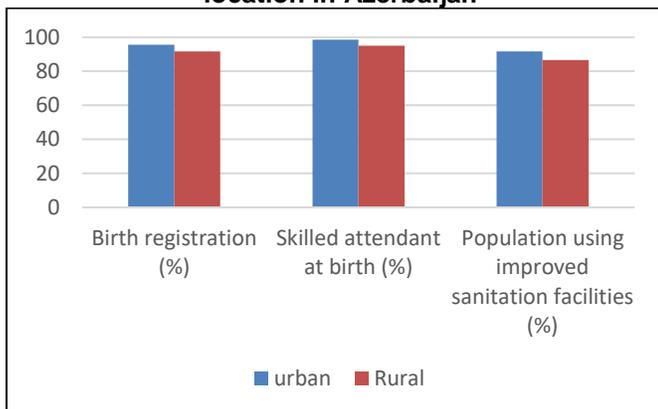
percent in rural areas; the rate of improved sanitation facilities is 92 percent in urban areas vs. 87 percent in rural areas.

**Figure 16: Access to ECD services and outcomes by socioeconomic quintiles**



Source: UNICEF Country Statistics, 2016

**Figure 17: Access to ECD services by rural/urban location in Azerbaijan**



Source: UNICEF Country Statistics, 2016

## Policy Options to Implement ECD Widely in Azerbaijan

### Scope of Programs

- **The scope of nutrition programs could be expanded.** Several additional types of nutrition interventions could be established, such as fortification of food staples with iron and other nutrients, micronutrient support for pregnant women, and food supplements for pregnant women and young children.
- **The GoA could do more to support working parents with young children.** Child and social protection to support parents is crucial to facilitate affordable access to ECD services. While the GoA already provides a considerable amount of support to families, it could also apply learnings from Chile's Grows with You and Nobody's Perfect programs and

the OECD to provide comprehensive ECD support to all families.

### Coverage

- **Special measures need to be considered by the GoA to increase the net enrollment rate and quality in preschool.** Given that Azerbaijan's preschool enrollment is low relative to other peers in the region and with similar GDP per capita, it may be useful to learn how other countries in the region have managed to achieve fairly high preschool enrollment. Moreover, an examination of the demand and supply side barriers to enrollment is advised to improve coverage nationwide. Quality should also be emphasized as PISA simulations suggest that not only access, but quality of preschool education contributes to higher student performance down the road.
- **Improve access to health and nutrition interventions for families.** While the GoA has established many essential health and nutrition programs for pregnant women and young children, it could do more to guarantee access to critical health services and nutrition to lower the relatively higher levels of childhood stunting and low birth weight in the country.

### Equity

- **The GoA could conduct an analysis to better understand the reasons for the disparities in ECD coverage across all sectors.** Based on the findings from the analysis, the government may consider strategies to improve coordination of efforts to accommodate the needs of children most marginalized, including children from low socioeconomic background, children in more remote areas, and children with special needs.

## 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

Advanced



*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.*

**Relevant administrative and survey data are collected on access to ECD and differentiated by beneficiary groups, but could be elaborated.** Considerable administrative data in Azerbaijan is collected annually across different service providers to assess access to ECD and outcomes (Table 7). Azerbaijan also collects many important ECD survey data through its participation in UNICEF's Multiple Indicator Cluster Survey (MICS), which can allow for comparisons between rural and urban areas and the wealthiest and poorest families. However, the GoA could consider expanding the types of ECD data it collects to include other critical indicators, such as the number of children benefiting from well-child visits, the number of children and pregnant women receiving nutrition interventions, and the number of children enrolled in ECEC by socioeconomic group. In the process, the GoA should also push for the reporting of ECD spending in other sectors, such as the health sector.

**Table 7: Availability of data to monitor ECD in Azerbaijan**

Administrative Data:	
Indicator	Tracked
ECEC enrollment rates by region	✓
Children enrolled in ECEC by gender (number of)	✓
Children enrolled in ECEC by mother tongue language (number of)	✓
Special needs children enrolled in ECEC (number of)	✓
Children attending well-child visits (number of)	X
Children benefitting from public nutrition interventions (number of)	X
Women receiving prenatal nutrition interventions (number of)	X
Average per child-to-teacher ratio in public ECEC	✓
Children in child protection system (number of)	✓
Is ECEC 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 (percent)	✓
Vitamin A Supplementation rate for children 0-83 months (percent)	✓
Anemia prevalence amongst pregnant women (percent)	✓
Children below the age of 5 registered at birth (percent)	✓
Children immunized against DPT3 at age 12 months (percent)	✓
Pregnant women who attend four antenatal visits (percent)	✓
Children enrolled in ECEC by socioeconomic status (percent)	X

Source: SABER-ECD Data Collection Instrument, 2018

**Individual data are collected across key child development indicators.** Preschools typically conduct an internal assessment of knowledge, ability and habits of each child periodically in the following order: diagnostic (initial); formative (current) and summative (final). The evaluation incorporates key areas of child development

including physical, cognitive, linguistic, and social development, and approaches to learning.<sup>67</sup>

### Policy Lever 3.2: Quality Standards



*Ensuring quality ECD service provision is essential. A focus on access – without a commensurate focus on ensuring quality – jeopardizes the very benefits that policymakers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children.<sup>68</sup>*

**All health workers are required to complete training in delivering ECD messages.** Every 5<sup>th</sup> year doctor must go through in-service training at the State Doctors' In-Service Institute. For pediatricians, the four-week training is based on specific modules on child growth and development, nutrition, and health treatment and diseases. In addition, the MoH oversees the certification process of healthcare professionals (both doctors and nurses) with two stages: test examination and interview. As for psychologists, their training is under the MoE or private training providers. Extension health service workers are non-existent in Azerbaijan.

**In Azerbaijan, clear learning standards for ECEC are in place.** According to the World Bank's Measuring Early Learning Quality and Outcomes (MELQO) project, which was initiated in 2014 to generate comparative data on children's learning and development and quality of preschool learning environments, key domains identified for measuring young children's development include cognitive, socioemotional, language, motor development, and self-regulation (i.e. self-control).<sup>69</sup> In line with these findings, the MoE has established a set of learning standards and national framework for basic ECEC curriculum.<sup>70</sup> The curriculum is play-based and takes a holistic approach to learning, incorporating activities to develop skills in each of the key development domains. For example, mathematics, speech development, literacy, sensory development, music, arts/drawing, movement development, and interaction with the social and physical environment.<sup>71</sup> Effort has also been taken to

ensure the preschool curriculum is coherent with the primary curriculum.

**Qualifications and access to professional development have been established for ECEC professionals, both public and private.** In Azerbaijan, kindergarten professionals should have a minimum of a secondary VET degree or higher.<sup>72</sup> Moreover, pre-service fieldwork and in-service training for all ECEC professionals is encouraged and teachers are encouraged to upgrade their knowledge and skills through in-service trainings every 5 years. Trainings are provided by government-sponsored, private, and internationally-sponsored institutions. The MoE's Preschool Department and Institute of Education are main stakeholders involved in designing kindergarten programs. While state standards and national curriculum are approved by the Cabinet of Ministers. For example, the Curriculum on Preschool Education (2016) has been developed and submitted to the Cabinet of Ministers for approval, which is still pending.

**Service delivery standards for ECEC facilities have been established, but are not mandatory.** According to international standards, optimal learning environment is achieved with an average child-teacher ratio not exceeding 1:15 in preschool education. In Azerbaijan, the State Standard and Program of Preschool Education does not set guidelines for the child-to-teacher ratio, however, it establishes limits on the number of children according to the preschool program. For instance, 1:15 for nurseries, 1:20 for kindergartens, and 1:7 for family-based ECD programs.<sup>73</sup> Further, the law does not mandate specific opening hours for ECEC facilities, but it provides options for opening hours ranging from 9 to 24 hours and requires ECEC facilities to operate 5 or 6 days per week. Standardizing service delivery can help to ensure equity and quality of ECEC, especially as the provision of private preschool institutions is growing. Lessons can be learned from Georgia on setting necessary quality requirements (Box 7).

<sup>67</sup> The State Standard and Program of Preschool Education, Art. 6, accessed November 16, 2017, <http://edu.gov.az/en/page/255/4371>

<sup>68</sup> Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al., 2011; Victoria et al, 2003

<sup>69</sup> World Bank. 2016. Measuring Child Development and Early Learning. Washington, DC: World Bank

<sup>70</sup> The State Standard and Program of Preschool Education, Art. 7.13, accessed November 16, 2017, <http://edu.gov.az/en/page/255/4371>

<sup>71</sup> The State Standard and Program of Preschool Education, Art. 7.7, accessed November 16, 2017, <http://edu.gov.az/en/page/255/4371>

<sup>72</sup> The State Standard and Program of Preschool Education, Arts. 5.2, 5.3 and 5.4, accessed November 16, 2017, <http://edu.gov.az/en/page/255/4371>

<sup>73</sup> The State Standard and Program of Preschool Education, Art. 2.4, accessed November 16, 2017, <http://edu.gov.az/en/page/255/4371>

**Box 7: ECEC service delivery in Georgia**

In Georgia, public ECEC facilities operate for 9 hours with 3 meals a day. Moreover, preschool education facilities are required to follow standardized child-to-teacher ratio, which are in line with international guidelines and are based on grade level: 1st year of preschool: 1:13; 2nd year of preschool: 1:15; 3rd year of preschool: 1:15; 4th year of preschool: 1:15.

**Implications for Azerbaijan:**

- The ECEC service model established in, particularly the mandatory child-to-teacher ratio and opening hours can be considered for regulatory strengthening in the Republic of Azerbaijan

Source: Government of Georgia, 2017

**Infrastructure standards are in place in ECEC centers.**

The Law of the Republic of Azerbaijan on Sanitary-Epidemiological Welfare sets sanitary-epidemiological welfare guidelines for all private and public establishments in the country and monitors implementation of the law. According to this legislation, conditions of education of children in preschool and other public institutions must comply with the sanitary norms and regulations.<sup>74</sup>

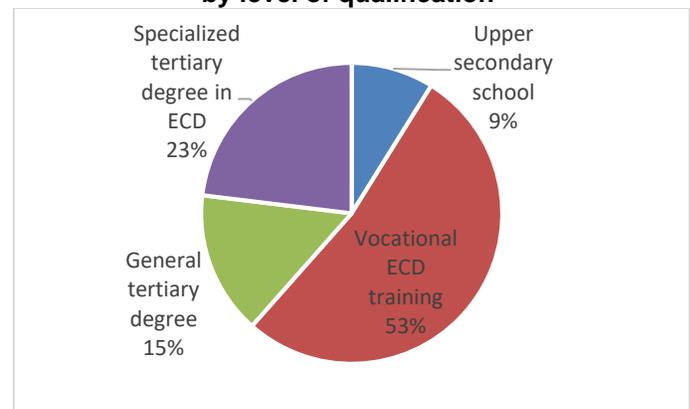
**Registration and accreditation mechanisms are established for public and private ECEC facilities; rigorous standards are set for health facilities.** Both state-owned and private preschool education establishments need to obtain a special permission (license) to operate in Azerbaijan.<sup>75</sup> The Education Law of the Republic of Azerbaijan sets the licensing and accreditation guidelines for education facilities including preschool education centers providing services for children in the age group 3-6 years. At the same time, specific standards are in place for the construction of health facilities.

**Policy Lever 3.3: Compliance with Standards****Established**

*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.*

**Most ECEC educators and caregivers meet professional qualifications standards.** Of the 12,663 caregivers and educators in public ECEC centers, 91 percent are compliant with the educational requirements of ECEC professionals (Figure 18). Most ECEC personnel (53 percent) met the minimum educational requirement of post-secondary education (vocational ECD training), followed by personnel with higher levels of education including specialized tertiary degree in ECD (23 percent) and a general tertiary degree (15 percent). However, 9 percent of ECEC teachers only attained an upper secondary degree. Moreover, in-service training is not required for all ECEC teachers, only for primary (not preschool) school teachers involved in school readiness programs. There is also no data available on post-training monitoring of how teachers applied what they learned during the training. Enforcing the minimum educational requirement and standards for in-service training for all ECEC personnel, could help to ensure quality ECEC.

**Figure 18: Share of ECEC caregivers and educators by level of qualification**



Source: SABER-ECD Data Collection Instrument, 2018

**Public and private ECEC centers comply with service delivery and infrastructure requirements.** Public and private kindergartens are in compliance with construction standards. Moreover, all centers are open for the minimum number of operating hours per week. They also seem to comply with the limits on child-to-teacher ratios. However, it is important to note, that while licensing and accreditation processes exist for ECEC centers to begin operating, inspections are not routinely performed afterwards. Thus, it would be helpful to know the extent to which compliance with standards and laws are followed in practice.

<sup>74</sup> Law of the Republic of Azerbaijan on Sanitary-Epidemiological Welfare, Art. 23, accessed November 21, 2017, [http://sehiyye.gov.az/salamatlq\\_haqqnda.html](http://sehiyye.gov.az/salamatlq_haqqnda.html)

<sup>75</sup> State Standard and Program of Preschool Education, Art. 4.4, accessed November 16, 2017, <http://edu.gov.az/en/page/255/4371>

The Ministry of Education has been working on the development of quality standards which will be submitted to the Cabinet of Ministers for approval. The Accreditation process is scheduled for 2019. This is to carry out the accreditation of preschool education institutions: quality standards will be developed, educators’ qualifications, their professional level will be assessed, the infrastructure, physical facilities will be checked. Teachers’ diagnostic assessment will also be a part of the accreditation process.

### Policy Options to Assure ECD Quality in Azerbaijan

#### Data Availability

- **The government could expand data collection to track additional levels of access to ECD services and the level of ECD investment across all sectors.** While a considerable amount of administrative and survey data is collected, additional data that may be helpful to track include the number of children benefiting from well-child visits, the number of children and pregnant women receiving nutrition interventions, the number of children enrolled in ECEC by socioeconomic group, and ECD spending in the health sector.

#### Quality Standards

- **The GoA may consider strengthening its service delivery and infrastructure requirements.** Learnings from Georgia could be used to mandate child-to-teacher ratios and opening hours for early childhood education facilities. Doing so would help to ensure quality of ECEC provision.

#### Compliance with Standards

- **The government could establish more rigid compliance mechanisms for ECEC professional and infrastructure requirements.** It seems that there is a high level of compliance for ECEC professional requirements and infrastructure and service delivery standards. However, more can be done to ensure all ECEC teachers meet the adequate levels of education requirements and receive in-service training. Moreover, monitoring and evaluation of ECEC facilities after registration and accreditation should be routinized.

### Comparing Official Policies with Outcomes

The existence of laws and policies alone do not always guarantee a correlation with desired ECD outcomes. In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned. Table 8 compares ECD policies in Azerbaijan with ECD outcomes.

**Table 8: Comparing ECD policies with outcomes in Azerbaijan**

ECD Policies	Outcomes
<b>Nutrition</b>	
❖ Azerbaijan’s policies comply with the International Code of Marketing of Breast Milk Substitutes	➔ Rate of exclusive breastfeeding until the age of 6 months: 12 percent
<b>Health</b>	
❖ Young children are required to receive a complete course of childhood immunizations	➔ Children immunized with DPT (1-year-old): 94 percent
❖ National policy mandates the iodization of salt for human consumption	➔ Percentage of households consuming iodized salt: 54 percent
<b>Child Protection</b>	
❖ National policy mandates the registration of children at birth	➔ Birth registration rate: 94 percent
<b>Education</b>	
❖ Preschool is strongly encouraged, but not mandatory	➔ Preschool/kindergarten enrollment rate (children aged 3-6): 21 percent

Source: UNICEF Country Statistics, 2016

### Benchmarking and International Comparison of ECD in Azerbaijan

Table 9 presents the classification of ECD policy in Azerbaijan within each of the nine policy levers and three policy goals. 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.

Table 10 presents the status of ECD policy development in Azerbaijan alongside a selection of Europe and Central Asia (ECA) countries according to World Bank regional categories.

**Table 9: Benchmarking early childhood development policy in Azerbaijan**

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

**Table 10: International classification and comparison of ECD systems**

ECD Policy Goal	Policy Lever	Level of Development			
		Azerbaijan	Bulgaria	Kyrgyzstan	Macedonia
Establishing an Enabling Environment	Legal Framework				
	Intersectoral Coordination				
	Finance				
Implementing Widely	Scope of Programs				
	Coverage				
	Equity				
Monitoring and Assuring Quality	Data Availability				
	Quality Standards				
	Compliance with Standards				
<b>Legend:</b>	<b>Latent</b> 	<b>Emerging</b> 	<b>Established</b> 	<b>Advanced</b> 	

## Conclusion

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

are examined in detail and some policy options are identified to strengthen ECD.

Table 11 summarizes the key policy options identified to inform policy dialogue and improve the provision of essential ECD services in Azerbaijan. Azerbaijan has notably established many elements of a strong ECD system, including essential healthcare and standards for early childhood education. It may need to strengthen its intersectoral coordination and finance systems. The country's biggest challenge may be how to expand preschool enrollment—especially to children from poor families—while maintaining quality.

**Table 11: Comparing ECD policies with outcomes in Azerbaijan**

Policy Dimension	Policy Options and Recommendations
<b>Establishing an Enabling Environment</b>	<ul style="list-style-type: none"> <li>Establish regulation to fortify staples with iron to address anemia and improve nutrition</li> <li>Develop a phased approach to transition toward universal and mandatory preschool education for all children of preschool age</li> <li>Leverage existing ECD institutional anchor to design a comprehensive intersectoral ECD framework</li> <li>Establish per capita based financing for ECEC, including the development of performance-based indicators, and a more explicit budget planning system across government bodies for greater transparency, efficiency, and equity.</li> <li>Consider increasing financing for ECEC comparable to peers</li> </ul>
<b>Implementing Widely</b>	<ul style="list-style-type: none"> <li>Expand nutrition programs to include fortification of food staples with iron and other nutrients, micronutrient support for pregnant women, and food supplements for pregnant women and young children</li> <li>Support families with young children by providing comprehensive ECD services supporting all preschool age children and parents</li> <li>Study how other countries in the region have managed to achieve fairly high preschool enrollment and quality; examine the demand and supply side barriers to enrollment in the country</li> <li>Improve access to health and nutrition interventions for families to lower the rate of childhood stunting and low birth weight</li> <li>Conduct an analysis to better understand the reasons for the disparities in ECD coverage across all sectors</li> </ul>
<b>Monitoring and Assuring Quality</b>	<ul style="list-style-type: none"> <li>Expand data collection to track additional levels of access to ECD services and the level of ECD investment across all sectors. Additional data that may be helpful to track include the number of children benefiting from well-child visits, proportion of children the number of children and pregnant women receiving nutrition interventions, the number of children enrolled in ECEC by socioeconomic group, and ECD spending in the health sector</li> <li>Strengthen service delivery and infrastructure requirements with set requirements for child-to-teacher ratios and opening hours for ECEC facilities</li> <li>Set minimum standards and ensure adherence to standards through regular professional inspections.</li> <li>The fully digitalized platform VEMTAS or an initiative like ASAN platforms can be used to monitor ECD in Azerbaijan.</li> </ul>

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## Acronyms

<b>ECA</b>	Europe and Central Asia
<b>ECCE</b>	Early Childhood Care and Education (often used synonymously with preschool, preprimary education, and kindergarten)
<b>ECD</b>	Early Childhood Development
<b>GoA</b>	Government of Azerbaijan
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MoES</b>	Ministry of Education and Science
<b>MoH</b>	Ministry of Health
<b>MoLSPP</b>	Ministry of Labor and Social Protection of Populations
<b>PISA</b>	Programme for International Student Assessment
<b>PSEI</b>	Preschool education institutions
<b>RoA</b>	Republic of Azerbaijan
<b>SABER</b>	Systems Assessment for Better Education Results
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization

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

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