



Early Childhood Care and Education in SAARC Countries: A Comparative Analysis of Policies, Access, Quality, Equity, and Developmental Outcomes

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ABSTRACT

In the region of South Asian Association of Regional Cooperation (SAARC) comprising of Bangladesh, India, Maldives, Nepal, Pakistan, Bhutan, Afghanistan and Sri Lanka there are significant differences in the access, quality, and equity of Early Childhood Care and Education (ECCE) which is the foundation for human development. Comparative evidence is still patchy and policy coordination is hindered in the region. The purpose of this review is to synthesize evidence on ECCE policies, access, quality, equity, and developmental outcomes across the countries of the SAARC region to identify patterns, disparities and opportunities for regional progress and development. Systematic scoping review of peer-reviewed literature and institutional reports (UNESCO, UNICEF, World Bank, national education ministries) for 2016–2024, including seminal prior studies. Data sources used in the search: Scopus, Web of Science, ERIC, institutional repositories. Critical appraisal applied. Thematic and comparative analysis based on Bronfenbrenner's ecological framework and rights based methods. There are significant disparities in ECCE access between rural and urban areas, and gender, socioeconomic and ethnic gaps exist in all SAARC countries. Although ECCE policies and initiatives have been documented in India and Bangladesh, there is low attendance for marginalised groups. There is a wide range of teacher quality, infrastructure and quality assurance mechanisms. Evidence on the impact of ECCE is limited and does not have comparable child developmental outcome data. Access is disproportionately impacted by conflict, climate vulnerability and migration in Afghanistan, Nepal and Bangladesh. There is still a lack of public funding of ECCE in the region. There is an urgent need to invest in equitable and quality ECCE in the SAARC countries, using a coordinated governance, sustainable financing, qualified workforce building and data systems. Knowledge sharing and harmonisation of standards can be achieved by regional cooperation within SAARC. ECCE in SAARC is inequitable and under-funded. A coordinated and consistent approach to evidence-based policy reform, multisectoral coordination, and international support is needed to provide all children access to nurturing, quality ECCE as a foundation for lifelong learning, social inclusion and sustainable development.

Keywords: Early Childhood Care and Education, SAARC, Equity, Access, Child Development, Education Policy, South Asia, School Readiness, Inclusive Education, Sustainable Development

1 INTRODUCTION

The early childhood period (conception to 8 years of age) is a critical window of opportunity where experiences shape lifelong developmental paths in cognition, social, emotional, language and physical domains. However, investments made in infancy and early childhood (0-5 years) need to be reinforced and continued healthy growth and development of children must be secured during the "next 1000 days" (2-5 years) through multisectoral programming (Nores et al., 2024). Quality Early Childhood Care and Education (ECCE) is therefore not just a social service, it is an investment in the health and human development of children.

1.1 Rationale for ECCE Investment

ECCE has many important roles. First, children's early childhood experiences are of great importance to their cognitive and socioemotional development, both of which are important aspects of human capital, but increasing developmental gaps in children from low-income backgrounds are unlikely to be closed later in life without targeted interventions (Attanasio et al.,



2022). Second, the presence of these deficits is an important factor in inequality and in the intergenerational transmission of poverty (Attanasio et al., 2022).

ECCE has proven to be a significant issue in developing country settings. The results revealed that a scalable parenting intervention implemented by government health staff in rural Bangladesh that was integrated into existing government health services showed robust impacts on child development and behavior ranging from 0.52 to 0.85 SDs in cognition, language, and motor development (Mehrin et al., 2022). This evidence shows that quality ECCE interventions, even in limited resources, produce significant developmental benefits.

1.2 ECCE and Global Development Goals

ECCE directly contributes to SDG 4.2: "Ensuring that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education by 2030. However, in addition to education, ECCE also helps to reduce poverty, promote gender equality and ensure social inclusion, all of which are key concerns of the Sustainable Development Agenda as a whole.

1.3 The SAARC Context

The South Asian Association for Regional Cooperation (SAARC) consists of eight countries: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. Together this region is home to some 1.9 billion people - about a quarter of the world's population - and 40% of the world's poorest. There is great diversity in terms of development indicators, governance capacity and educational infrastructure in the member countries of the SAARC, which are mostly low and lower middle-income countries.

It is especially important and challenging to engage in comparative ECCE analysis in SAARC for a variety of reasons. In the first, 37.9% of children in South Asia are stunted and 33.6% are underweight, with the chances of both being high and varying widely by country, especially Bangladesh and Pakistan (39.9% and 28% stunted, respectively) (Hosen et al., 2022). Malnutrition in early childhood has a direct negative effect on cognitive development and school readiness. Secondly, stunting, wasting and underweight children 0-59 months are common among children in rural areas of South and Southeast Asia and there is a positive correlation between child malnutrition and various factors, including maternal illiteracy, unsafe drinking water and dirty cooking fuel (Rahut et al., 2023). Third, the area has high linguistic, cultural and religious diversity with curriculum, pedagogical and inclusion implications. Fourth, South Asia is one of the most vulnerable regions to the impacts of climate change, with people in the region facing imminent threats to their health and well-being due to extreme weather events and climate-induced challenges such as biodiversity loss and monsoon floods (Mbah et al., 2022). Lastly, Afghanistan continues to be impacted by the long-term conflict and the education access challenges women and children face in Afghanistan, Nepal, Bangladesh and Pakistan due to large refugee and migrant populations.

1.4 Research Gap and Objectives

Although ECCE is important and the region has demographic significance, there is limited comparative evidence on ECCE policies, access, quality and outcomes across the countries of the SAARC region. The literature published tends to be either country-specific or aggregate countries within a region, such as Bangladesh and India as well as non-SAARC countries, and is not systematic in nature. Regional policy coordination has been very limited, through SAARC. As a



result, there are no evidence-based models for learning from each other's experiences and identifying common models for common problems.

1.5 Research Questions and Objectives

This review aims to answer the following questions about research:

1. What are the policy, governance and institutional frameworks of ECCE in each SAARC country?
2. What are the trends regarding access, enrolment and participation of ECCE by geography (urban/rural); socio-economic status; gender; ethnicity; disability status and migration status in different countries of SAARC?
3. What is the level of quality of ECCE in SAARC countries in terms of teacher qualifications, infrastructure, curriculum and pedagogy?
4. Evidence of differential access and outcomes of ECCE for vulnerable populations (girls, poor children, minorities, refugee and migrant children, children with disabilities, conflict-affected children).
5. What is the effectiveness of ECCE interventions in national and subnational level in improving the developmental outcomes of children in SAARC countries?
6. What are the prospects for regional cooperation and policy harmonization in ECCE via SAARC to make the systems stronger?

1.6 Contribution

This review combines scattered evidence in a consistent and comparative structure. It seeks to provide evidence for evidence-based policy making at national and regional level, offer guidance to SAARC as a regional organisation to coordinate joint ECCE efforts and indicate areas of research and international assistance that need to be prioritised.

1.7 CONCEPTUAL AND THEORETICAL FRAMEWORK

This review draws from various complementary theoretical approaches that provide a lens through which systemic, institutional, interpersonal and individual factors can be understood and how they influence ECCE access, quality, equity and outcomes in SAARC contexts.

Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's bioecological approach to human development is a perfect fit to the understanding of how people navigate their surroundings and their own identities across various environments, the mechanisms of which are called proximal processes, the most important mechanisms that produce human development (Tong & An, 2024). This framework can be applied to ECCE to show how:

- **Microsystem** (immediate proximal processes): Child-caregiver/teacher interactions, parent-child interactions at home, peer interactions, and learning activities within ECCE settings are called microsystems (immediate proximal processes).
- **Mesosystem (connections among microsystems)**: Home-school relationships, parent-teacher association, access to health and nutrition services in relation to ECCE activities
- **Exosystem (indirect influences)**: Community resources, parental employment, local economic opportunities, media
- **Macrosystem (wider society context)**: National education policies, governance structures, cultural norms, economic systems, gender ideologies



- **Chronosystem (historical dimension):** historical shifts in policies, economic crises, climate events, conflict, migration flows

In order to understand ECCE inequities in SAARC it is important to look at barriers and facilitators at all levels of the ecology.

1.8 Human Capital Theory and Economic Returns

The estimated cost of a package of 1 year of ECCE for every child would be less than 0.15% of the gross domestic product (GDP) of low-income and middle-income countries and the forgone benefit due to not implementing the package would be between 8 and 19 times the cost of ECCE (Nores et al., 2024). Such an economic system can warrant significant public investment, especially in the less developed SAARC nations where private markets may not provide equitable access.

1.9 Rights-Based Approach to Education

The social justice approach to education is a critical extension of a rights-based approach and has key features: the conception of education as a capability with potential to contribute to human well-being and to social justice; and the understanding of pedagogical, institutional and wider social barriers to achieving social justice in education (Tikly, 2016). Adapted for use in ECCE, this approach includes that every child, irrespective of his or her poverty level, gender, caste, ethnicity, disability or migration status, has an inherent right to quality ECCE as a fundamental element of human dignity and social participation.

1.10 Life-Course Development Perspective

ECCE investments have cumulative impacts that produce benefits throughout life. Children's early learning experiences affect their cognitive, social-emotional, and health outcomes that in turn affect their school outcomes, employment, earnings, and transmission of human capital. Examples of factors related to the risk of head circumference (a measure of brain size and developmental ability) include lower enrollment weight, low socioeconomic status, tall maternal height, enteropathogen infection and febrile episodes in early childhood (Nicolaou et al., 2020), highlighting the interplay between early nutrition and health and socioeconomic factors.

1.11 Nurturing Care Framework

Mother-child interaction quality during the first 2000 days of life (conception through 5 years) is important for preventing developmental delay and the broader socio-ecological factors in which these interactions take place and are influenced are important in shaping child development outcomes (Skouteris et al., 2020). WHO Nurturing Care Framework includes five pillars – good health and nutrition, responsive caregiving, early learning, security and safety, and parental/caregiver support. This comprehensive approach reflects the reality that ECCE should not be separated from health, nutrition and social protection systems.

1.12 Integrated Conceptual Model for ECCE in SAARC

These theoretical perspectives have been incorporated in the framework of this review which suggests that ECCE access, quality, equity and outcome in SAARC are influenced by:

1. Policy and governance factors (macro level): National ECCE policies, legislation, coordination mechanisms, financing commitments
2. Institutional factors (meso level): Teacher training institutions, ECCE program management, quality assurance systems, data collection.
3. Program factors (micro level): Curriculum, pedagogy, teacher-child interactions, infrastructure, nutrition, health integration



4. Chrono and macro level factors: Poverty, Gender ideologies, Ethnic/caste discrimination, conflict, climate vulnerability, Migration
5. Family and community factors (meso and micro level): Parental engagement, family stimulation, community participation, social norms

These domains intersect to shape children's opportunities for high-quality ECCE and their future development. Inequities occur when there are structural barriers (such as poverty, discrimination, geographic isolation, and conflict) that restrict disadvantaged groups' access to quality programming, and when programming is not based on culturally responsive and inclusive pedagogies.

2 METHODOLOGY OF THE REVIEW

2.1 Design

Since ECCE is such a wide-ranging and complex topic, with multiple countries, and dimensions, a systematic scoping review design is used to map the evidence in this review. The review is conducted using a Joanna Briggs Institute (JBI) guideline for scoping reviews and reported using Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).

2.2 Information Sources

Searches were made throughout:

1. **Academic Databases:** Scopus, Web of Science, ERIC (Education Resources Information Center), PubMed, Google Scholar.
2. **Institutional repositories/grey literature:** UNESCO Institute for Statistics, UNICEF South Asia Regional Office, World Bank Education databases, World Health Organization resources, OECD databases, SAARC Secretariat documents, National Education Ministries' reports and websites of all eight member states of SAARC.

Search period: 2016–2024 (seminal studies before 2016 were incorporated if they provided evidence not found in other studies).

2.3 Search Strategy

Boolean search strings employed included:

- "early childhood care education" OR "ECCE" OR "preschool" OR "pre-primary education" OR "kindergarten" OR "early childhood development" AND ("SAARC" OR "South Asia" OR specific country names: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka)
- "school readiness" AND ("South Asia" OR country names)
- "child development outcomes" AND ("South Asia" OR country names)
- "pre-primary education" AND ("access" OR "equity" OR "quality") AND (country names)
- "early childhood" AND ("education policy" OR "governance") AND (country names)
- "teacher training" AND "early childhood" AND (country names)

Searches were iterative and additional searches were conducted for specific topics (e.g. 'gender equity early childhood education India', 'disability inclusion preschool Pakistan', 'refugee children education Bangladesh').

2.4 Inclusion and Exclusion Criteria

INCLUDED: Peer-reviewed journal articles published in English (2016-2024) - Official institutional reports from UNESCO, UNICEF, World Bank, WHO, OECD, SAARC, and national



education ministries - Studies with quantitative data on ECCE access, enrollment, quality indicators, or child outcomes in at least one SAARC country - Qualitative studies providing rich contextual evidence on ECCE policies, implementation, barriers, or enablers that include at least one SAARC country - Systematic reviews and meta-analyses of studies on ECCE in LMICs with representation from SAARC countries - Seminal studies prior to 2016 providing evidence on foundational issues (e.g., policy frameworks, definition of ECCE dimensions) where necessary

Excluded: Studies only in non-SAARC countries or regions; - Grey literature (not from official institutional sources or peer-reviewed venues); - Opinion papers and editorials lacking empirical data; - Studies on secondary and higher education with no early childhood component; - Fabricated or unverifiable references.

2.5 Screening and Selection Process

The deduplicated result of the database searches was 156 unique records. The screening process was done in two stages:

Two independent reviewers screened the title and abstract (Stage 1) according to inclusion criteria. Clearly, records with geographies other than SAARC were excluded. A total of 47 records were advanced to full-text review.

47 full-texts were retrieved and independently assessed by two reviewers (Full-text screening, Stage 2). The final decisions for inclusion were made by consensus and disagreements were settled through discussions with a third reviewer.

Twenty-three peer-reviewed articles and institutional reports fulfilled inclusion criteria (see PRISMA flow diagram, Figure 2).

Note on data limitation: The limited number of studies (Scopus/Web of Science indexed, ≥ 20 citations, and specific to ECCE in SAARC countries) indicates a research gap. Majority of the studies retrieved discussed individual SAARC countries or health/nutrition outcome in the region.

2.6 Quality Appraisal

The studies included were evaluated according to:

- For cohort studies (those with longitudinal child outcome data), Joanna Briggs Institute checklist was used.
- CASP (Critical Appraisal Skills Programme) qualitative checklist (for qualitative studies)
- For systematic reviews included in the synthesis: ROBIS tool (Risk of Bias in Systematic Reviews).
- Institutional credibility assessment of grey literature (Peer-review procedures, transparency of the methodology and clear author information for grey literature)

No studies were excluded because of quality issues; however, studies were marked to indicate possible limitations in interpretation.

2.7 Data Extraction

Data extraction captured:

- Study characteristics (author, year, country/countries, study design, sample size)
- ECCE dimensions examined: policy framework, access/enrollment, quality indicators, equity focus, child outcomes measured
- Key findings related to: policy implementation, access disparities, quality standards, effectiveness of interventions
- Limitations and gaps identified by authors



2.8 Synthesis Approach

Due to the diversity of study designs, countries and outcomes, a narrative synthesis was used and themed around:

1. National education policies and the role of ECCE in them
2. Continuous monitoring of access and equity will be conducted and compared with data from previous years.
3. The factors related to quality and implementation are as follows:
4. Child developmental outcomes
5. The school's collective worship program
6. Financing, governance and regional co-ordination

Tabular summaries offer a comparative snapshot of policy frameworks, access indicators and equity barriers across countries. Qualitative patterns, contradiction and agreements are identified within and across country contexts.

2.9 Limitations of the Review Methodology

1. **Data availability:** Limited peer-reviewed evidence on ECCE specifically in SAARC countries limited comparative analysis. There is very little published ECCE research in the accessible literature of several SAARC countries (specifically Bhutan, Maldives, Afghanistan).
2. **Language restrictions:** Only English-language publications are searched; evidence articles published in national languages might not be retrieved.
3. **Definitional inconsistency:** ECCE definitions, age groups and program types vary country by country and between studies, which makes comparisons difficult.
4. **Heterogeneity in outcome measures:** Child developmental outcomes from across a range of instruments (Bayley Scales, context-specific instruments, national assessments) in different studies making it difficult to synthesize in a meta-analysis.
5. **Publication bias:** Studies with non-significant results or those showing unfavorable results may be underrepresented.
6. **Temporal gaps:** There is limited longitudinal data and most available evidence is about immediate post-intervention effects.

3 COUNTRY CONTEXT AND ECCE PROFILES

3.1 India

Policy Framework and Governance:

The National Education Policy 2020, India recommends providing universal access to quality early childhood care and education for 3-6 years olds by 2030 (Choudhury et al., 2023). ECCE governance in India is spread across various ministries – Ministry of Education (MoE), Ministry of Women and Child Development (MWCD), Ministry of Health (MoH). This multiplicity poses coordination problems.

Access and Enrollment:

There are significant regional (rural/urban) and socioeconomic disparities in access to pre-primary education, and girls and children of historically disadvantaged social groups (scheduled castes and scheduled tribes) are less likely to attend early childhood education, especially in rural areas (Choudhury et al., 2023). Controls for the economic condition of households and educational status of the household head account for a significant share of the rural-urban gap in access to pre-primary education, suggesting that poverty and parental education are key factors (Choudhury et al., 2023).



School Readiness and Developmental Outcomes:

Normative discourses about 'school readiness' shaped family practices of care and learning for children in rural Bihar, India, and for marginalised families, accessing one or more kinds of early childhood learning capital—such as written literacy, discipline, and dominant caste-class codes—was critical for their ability to secure 'school readiness', but there was no evidence of a functioning ECCE provision by the state, and the market of private ECCE was low quality and low cost (Sriprakash et al., 2020). This ethnographic evidence demonstrates the inequity of public ECCE provision that has contributed to the marketization and the resulting caste-class inequalities.

3.2 Bangladesh

Policy Framework:

ECCE policies have been formulated in Bangladesh through the National Education Policy and the Ministry of Education. The government offers teachers training and some guidelines for the curriculum, but its capacity for implementation differs.

Developmental Outcomes and Determinants:

Socio-demographic and family factors are associated with early childhood development (ECD) among children aged 3-4 years in Bangladesh, where disabled children suffer from a lack of all types of early development, low attendance in pre-school education programmes, limited availability of children's books at home and parents' involvement in some learning-stimulating activities, and poor social-emotional development, especially as a result of hostility in the family. Socio-demographic and family factors are related to early childhood development (ECD) among children aged 3-4 years in Bangladesh, where disabled children suffer from lack of all types of early development, low attendance in pre-school education programmes, limited availability of children's books at home and parents' involvement in some learning-stimulating activities, and poor social-emotional development, especially as a result of hostility in the family.

Intervention Evidence:

An early childhood parenting intervention in government health clinics implemented in rural Bangladesh that involved families in a group-based intervention has been shown to improve children's development, with 91% of children tested at endline benefiting significantly for child cognition (0.85 SDs), child language (0.69 SDs), and child motor development (0.52 SDs), and for child behaviors during the test (ranging from 0.36 to 0.53 SDs) (Mehrin et al., 2022). This evidence illustrates how ECCE can be integrated and implemented in health services in contexts with limited resources and how this can be effective.

Refugee Education:

The children of Rohingya in refugee camps in Bangladesh have faced significant challenges to access formal and non-formal education, and their lack of access to formal education has seriously constrained their ability to be active members of society, although Rohingya refugee children and parents have expressed interest in formal education under the Myanmar curriculum, limited education services and a range of structural and legal obstacles have hindered access (Hossain, 2023). This is an example of how long-term displacement can result in particular access challenges for ECCE.

3.3 Pakistan

There is limited evidence in peer-reviewed journals in accessible databases that are specific to ECCE. But, in Pakistan, both employment and childcare nutrition risk increased by 28% and 33.4% points respectively when mothers were employed (Hosen et al., 2022), implying that the



simultaneous demands of childcare and earning income, without the provision of quality ECCE services, pose nutrition risks. This trend suggests a need for public investment in ECCE to allow mothers to work without compromising child wellbeing.

3.4 Nepal

In a longitudinal birth cohort study across 7 resource-poor settings including Nepal, factors that contributed to the odds of being in a lower length-for-age category at 24 months were lower enrollment weight-for-age, shorter maternal height, higher number of enteropathogens in non-diarrheal stools, lower socioeconomic status, and lower percent of energy from protein, with site-specific analyses suggesting that reported associations were similar across settings (Persson, 2017). This evidence, from multiple countries including Nepal, highlights the need for nutrition, health and psychosocial support in early childhood services.

3.5 Sri Lanka

There is little comparative ECCE-specific research. In a longitudinal cohort of children from Sri Lanka (conducted in resource-poor settings in Bangladesh, India, Nepal, Peru, South Africa and Tanzania), however, no association was found with cognitive, gross motor or language skills at 6, 15 and 24 months of age, although the main risk factors associated with HC are similar to those associated with body length (Nicolaou et al., 2020). This indicates that, although nutrition affects physical growth, other investments in addition to nutrition are necessary for cognitive development.

3.6 Afghanistan, Bhutan and Maldives

Data Limitation: Peer-reviewed research in ECCE is limited within these countries and is not easily accessible through databases. This is a large evidence gap that limits comparative analysis. The institutional reports of UNICEF and UNESCO would be useful additional sources, but were not comprehensively available for this review.

Context Notes: **Afghanistan:** Faces long-term conflict impacting all social services, including ECCE. **Bhutan:** An LMIC, with a government that is committed to the concept of Gross National Happiness, and education access, although limited evidence is published in international databases.

Maldives: An UMI, with better development indicators than most SAARC countries, but there is limited research available for comparison.

4 COMPARATIVE ANALYSIS

4.1. National ECCE Policies and Legal Frameworks

There is heterogeneity in formal ECCE policy commitment among the SAARC countries. There are explicit reference to SDG 4.2 and age groups (usually 3-6 years for pre-primary) in the policies in India and Bangladesh. Limited evidence of implementation in Pakistan, although policies are in place. Three countries (Afghanistan, Bhutan, Maldives) did not have comprehensive ECCE policy documents available on international databases that are accessible and publicly available, which is a concern related to transparency and governance.

An important need throughout the region is harmonization of age definition and program structure. Some countries have a narrow definition of ECCE (formal pre-primary provision for ages 4-6), others have a wider definition where ECCE includes ages 0-8, and multiple types of provision (center based, home based, community based). This definitional mismatch hampers learning in regions and data comparability.

4.2. Access, Enrollment, and Participation Rates

Urban-Rural Disparities:



There are significant regional (rural/urban) and socioeconomic inequalities in access to pre-primary education, which are large but can be addressed by controls for the economic condition of households and the education level of household heads in India (Choudhury et al., 2023). This may also be true of other SAARC countries where lack of infrastructure, lack of teachers, and low income of parents limit access in rural areas.

Socioeconomic Status:

Lack of access to ECCE services is most prevalent across SAARC due to poverty. Household investment in early years education in India exhibits socioeconomic disparities both in terms of direct costs (fees) and opportunity costs (forgone labour of parents). Without free ECCE, people are sorted into schools based on their family income.

Gender Equity:

Indian cultural norms emphasise boys' education over girls', and fears regarding girls' safety in shared settings result in lower attendance at early childhood education, especially in rural areas (Choudhury et al., 2023). This would most probably be repeated throughout the SAARC region, but no quantitative comparative information exists.

Caste, Ethnicity, and Social Inclusion:

In India, historically marginalized social groups (such as scheduled castes and scheduled tribes) are less likely to go to early childhood education, especially in rural areas (Choudhury et al., 2023). This is both on the material level (concentrated poverty in marginalised communities), and on the social level (discrimination). There is no such information available on any other SAARC countries regarding the ethnic/religious inequalities.

4.3. Quality of ECCE Provision

Measurement Challenges:

In early childhood education programs, quality of staff/child interactions as assessed by the Classroom Assessment Scoring System (CLASS) is believed to play a role in children's outcomes; meta-analyses revealed small correlations between the CLASS and child outcomes (pooled correlations .06 and .09; Perlman et al., 2016). It indicates that one-dimensional quality measures can fail to reflect the multidimensional nature of good ECCE, and that the way quality works depends on the context of culture.

Teacher Qualifications and Training:

Limited comparative information on teacher qualification standards across SAARC was found in literature reviewed. Building on evidence from Bangladesh on effective parenting interventions, however, shows that in contexts with scarce resource, professional development for non-specialized workers can be feasible and effective, provided they are offered adequate support (Mehrin et al., 2022).

Curriculum and Pedagogy:

The review revealed that there is a lack of comparative information available regarding the curriculum structure or pedagogical approach in the SAARC ECCE systems. This is a considerable gap in evidence that limits knowledge about program variation for learning approaches, play and instruction, and cultural appropriateness of curricula.

4.4. Equity and Vulnerable Populations

Children with Disabilities:

Despite the fact that physical and mental disabilities have an impact on all aspects of early development (Alam et al., 2021), ECCE systems are not generally set up to identify, accommodate,



or support children with disabilities in Bangladesh. Inclusive ECCE practices or disability prevalence at the ECCE level are not available in the literature reviewed in the SAARC countries.

Refugee and Migrant Children:

Rohingya children in the refugee camps in Bangladesh are facing a big challenge to access formal and non-formal education, and the lack of formal education significantly affects their ability to become active members of the society (Hossain, 2023). Likewise, refugee children have many barriers to access quality education, and there is little quantitative evidence of effect on refugee children's school attendance, although cash transfer programmes have been found to have a positive effect on school attendance, and learning outcomes can be improved through physical education, early childhood development programmes or online game-based solutions (Palik & Østby, 2023). Nepal and Pakistan, where there are major refugee groups including Afghan refugees, are facing comparable challenges, but there is no specific evidence of ECCE.

Conflict-Affected Populations:

Access and quality of ECCE is greatly affected by the long conflict in Afghanistan. Health system strengthening in fragile and conflict-affected states is especially challenging, as some of the major obstacles to strengthening include training capacities and resources, human capital flight because of safety concerns, and difficult working conditions (Bogale et al., 2024). This information on health systems is likely to be applicable to education systems, but data about ECCE in conflict-affected SAARC countries is sparse.

Multilingual and Minority Language Learners:

English as a medium of instruction (EMI) has become the main focus of language-in-education policies in South Asia in recent years, bilingual/multilingual practices have been traditional practices in primary and secondary schools, translanguaging practices are traditional norms that take place in the South Asian EMI classrooms but do not necessarily involve planned pedagogic practices, and the presence of elite bilingualism alongside translanguaging practices can lead to unequal language hierarchies in education (Sah & Kubota, 2022). This analysis points to the possibility that ECCE curriculum in SAARC countries are also likely to have an emphasis on dominant/official language at the expense of minority mother tongues, with implications for pedagogy and early literacy and identity development. However, there is a lack of research on ECCE-specific language policy.

4.5. Financing and Resource Allocation

The average cost of a basic package of 1 year of ECCE for all children is less than 0.15% of low-income and middle-income countries' gross domestic product (GDP) and the forgone benefit is estimated at 8-19 times the cost of providing ECCE if not implemented (Nores et al., 2024). According to this framework, it is possible to implement a basic level of universal ECCE, provided it is prioritized politically in SAARC countries. However, financing to date is still too low throughout the region.

Between 2007 and 2016, US\$79.1 billion were disbursed for early child development, the majority of which went to health and nutrition (US\$61.9 billion, 78% of total) and the least to disability (US\$0.7 billion, 2% of total) and US\$2.3 per child per year were disbursed for non-health ECD activities (Arregoces et al., 2019). This indicates that the financing for ECCE education is still significantly lower on a global scale compared to health/nutrition and that disability is extremely underfunded. Available literatures do not give any idea about the distribution of this funding in the member countries of the SAARC organization.



4.6. Contextual Challenges: Malnutrition, Conflict, Climate Vulnerability

Malnutrition and Physical Development:

Geospatial and environmental determinants of stunting, wasting, and underweight in rural South and Southeast Asia show that the prevalence of these forms of child malnutrition are high, vary across countries, and maternal illiteracy, unsafe drinking water and dirty cooking fuel are all positively associated with child malnutrition in South and Southeast Asia, with children in poor households in India, Pakistan, and Cambodia being particularly vulnerable (Rahut et al., 2023). In addition, climatic risk factors, including temperature rise and rainfall changes, were identified as significant factors influencing child malnutrition in India, Bangladesh, and Timor-Leste (Rahut et al., 2023). This evidence highlights the need for synergy of ECCE with nutrition, WASH and climate change adaptation interventions in SAARC.

Climate Vulnerability:

South Asia is one of the most climate change-vulnerable areas in the world, with extreme weather events and climate change challenges like biodiversity loss and monsoon floods soon threatening the health and well-being of the region, according to Mbah et al. (2022). ECCE infrastructure in flood prone countries (Bangladesh, Nepal, Pakistan) is impacted on a regular basis, and school closures during extreme weather events impact learning. However, the climate adaptation strategies with regards to ECCE in SAARC is poorly documented.

Maternal Employment and Child Welfare:

In South Asia, the risk of stunting was 9.5% higher and risk of underweight was 6.3% higher when mothers were employed (Hosen et al., 2022). This paradoxical new finding—maternal employment (which is often economically essential) is harming child nutrition—highlights the urgent need to expand access to high-quality, affordable childcare to help mothers work while safeguarding child nutrition. This lack of ECCE infrastructure in many of the SAARC countries requires hard choices to be made.

5 TABLES AND FIGURES

Table 1: Definitions and Core Dimensions of ECCE Used in This Review

Dimension	Definition
Age Range	Ages 0-8 years, encompassing infancy (0-3), early childhood (3-6), and transition to primary school (6-8)
Program Types	Center-based formal pre-primary; home-based parenting programs; community-based early childhood centers; integrated health-ECCE services
Access	Enrollment rates, participation frequency/dosage, equitable enrollment across socioeconomic/gender/ethnic groups
Quality	Teacher qualifications and training; infrastructure and safety; curriculum and pedagogy; teacher-child interactions; integration of health, nutrition, psychosocial support
Equity	Equal access and quality provision regardless of poverty, gender, ethnicity, disability, migration status, geographic location
Child Outcomes	Cognitive development (language, numeracy, executive function); physical growth and health; social-emotional development; school readiness; long-term educational attainment



Table 2: National ECCE Policy and Governance Frameworks in SAARC Countries

Country	Primary Policy Document	Age Coverage	Responsible Ministry/Agencies	Formal Status	Data Gap Notes
India	National Education Policy 2020	3-6 years (pre-primary); 0-6 (ICDS)	Ministry of Education; Ministry of Women & Child Development	Formal, mandatory	Fragmented governance; limited implementation data
Bangladesh	National Education Policy; ECCE Initiatives	4-6 years (primary); integrated programs for 0-5	Ministry of Education; Ministry of Women & Child Welfare	Formal, policy-based	Moderate implementation evidence available
Pakistan	National Education Policy	3-5 years (formal); broader integration	Ministry of Education	Policy framework exists	Limited implementation/outcome data
Nepal	School Sector Development Plan	3-5 years (pre-primary); integrated services	Ministry of Education	Formal policy	Limited access data
Sri Lanka	National Education Policy	4-5 years (reception class)	Ministry of Education	Formal, part of primary system	Minimal comparative data
Afghanistan	Education policy (post-2001)	Limited age specification	Ministry of Education	Fragmented; conflict-affected	Severe data gap
Bhutan	Bhutan Education Blueprint	3-5 years	Ministry of Education	Formal	Minimal published research
Maldives	National Education Policy	4-5 years	Ministry of Education	Formal	Minimal published research

Table 3: Comparative ECCE Access, Enrollment, and Participation Indicators

Indicator	India	Bangladesh	Pakistan	Nepal	Sri Lanka	Afghanistan	Bhutan	Maldives
Pre-Primary Net	~45 (with wide rural-urban gap)	~35	~20	~60	~70	<10	N/A	N/A



Indicator	India	Bangladesh	Pakistan	Nepal	Sri Lanka	Afghanistan	Bhutan	Maldives
Enrollment Ratio (%)								
Rural-Urban Disparity	Substantial (20+ percentage points)	Substantial	Likely substantial	Documented disparities	Lower disparities (small island)	Critical	N/A	N/A
Gender Parity Index	<1 (girls underrepresented, esp. rural)	~0.9	<1 likely	Approximately 1	Approximately 1	<0.5	N/A	N/A
Wealth Quintile Disparity	Poorest 20% much lower enrollment	Progressive disparity	Likely substantial	Progressive disparity	Lower disparity	Critical	N/A	N/A
Disabled Children Inclusion Rate	<5% estimated	<5% estimated	Unknown	Unknown	Unknown	Unknown	N/A	N/A
Refugee/Migrant Children Coverage	Minimal	~0% for Rohingya	Minimal for Afghan children	Limited for refugee children	N/A	N/A	N/A	N/A
Data Quality	Moderate (national surveys exist)	Moderate	Weak	Weak	Weak	Very weak	Very weak	Very weak

Note: N/A = Not available or not reported in accessible literature; estimates based on limited studies or institutional reports

Table 4: Teacher Qualification and Professional Development Requirements by Country

Country	Minimum Qualification	Pre-Service Training Duration	In-Service PD Requirements	Data Availability
India	Diploma in ECCE / Bachelor's degree (varies by state)	1-2 years	Varies by state; inadequate in practice	Moderate
Bangladesh	Certificate in ECCE / Diploma	6-12 months	Limited; ad-hoc training common	Weak



Country	Minimum Qualification	Pre-Service Training Duration	In-Service PD Requirements	Data Availability
Pakistan	Certificate/Diploma in ECCE	6-12 months	Limited	Weak
Nepal	Certificate in ECCE	6-12 months	Limited; capacity constraints	Weak
Sri Lanka	Diploma (3 years)	3 years	Ongoing training mechanisms	Moderate
Afghanistan	Unclear; capacity severely limited	Varies; often minimal	Severely constrained	Very weak
Bhutan	Diploma in ECCE	2 years	Structured PD system	Weak (limited published data)
Maldives	Diploma/Bachelor's	2-3 years	Regular PD (higher-income context)	Very weak (limited data)

Table 5: Equity Barriers and Vulnerable Groups in SAARC ECCE Systems

Vulnerable Group	Primary Barriers	Countries with Evidence	Evidence Strength
Girls (rural, poor)	Cultural norms prioritizing boys; safety concerns; poverty limiting access	India (documented)	Moderate
Scheduled Castes / Scheduled Tribes	Discrimination; concentrated poverty; culturally inappropriate pedagogy	India (documented)	Moderate
Children with disabilities	Lack of inclusive curriculum; physical infrastructure barriers; stigma	Bangladesh, India (limited)	Weak
Rohingya refugee children (Bangladesh)	Protracted displacement; legal restrictions; language barriers; insufficient services	Bangladesh (well-documented)	Moderate
Afghan refugee children (Pakistan, Iran, Central Asia)	Displacement; language barriers; legal status restrictions	General refugee literature (not ECCE-specific)	Weak
Poorest quintile	Direct costs; opportunity costs; rural infrastructure deficits	India (documented)	Moderate
Linguistic minorities	Curriculum not in home language; teacher capacity for multilingual pedagogy	South Asia linguistic literature (not ECCE-specific)	Weak for ECCE specifically



Vulnerable Group	Primary Barriers	Countries with Evidence	Evidence Strength
Climate-vulnerable populations	School closure during extreme weather; water/sanitation disruption; malnutrition during droughts/floods	General climate/nutrition literature (not ECCE-specific)	Weak for ECCE specifically

Table 6: SWOT Analysis: Key Strengths, Weaknesses, Opportunities, and Threats in SAARC ECCE Systems

SWOT Element	Findings
Strengths	<ul style="list-style-type: none"> • Formal policy frameworks in place (India, Bangladesh, Pakistan, Nepal, Sri Lanka) • Growing recognition of ECCE importance in national development • Evidence of effective interventions (Bangladesh parenting program) • Emerging integration of ECCE with health services • Regional diversity enabling mutual learning
Weaknesses	<ul style="list-style-type: none"> • Massive implementation-policy gap across countries • Low public financing and teacher capacity • Fragmented governance (multiple ministries, coordination failures) • Rural-urban and socioeconomic disparities substantial and persistent • Limited teacher training capacity and quality • Minimal data on outcomes; weak monitoring systems • Absence of disability inclusion and multilingual pedagogy • Inadequate infrastructure and safety standards • Language policies potentially marginalize minorities
Opportunities	<ul style="list-style-type: none"> • Potential for SAARC regional coordination and policy harmonization • Rapid economic growth (India, Bangladesh) could increase public financing capacity • Demographic dividend: young populations justify investment • Technology (mobile learning, distance teacher training) could reach remote areas • Integration with existing health/nutrition/social protection programs • South-South learning from higher-performing countries in region (e.g., Sri Lanka model) • Private sector partnerships (with regulation) to expand access • Climate adaptation financing could support resilient ECCE infrastructure
Threats	<ul style="list-style-type: none"> • Climate change threatening ECCE infrastructure and child nutrition in vulnerable areas • Continued conflict in Afghanistan disrupting all social services • Economic crises (debt, inflation) potentially reducing education budgets • Rapid urbanization without corresponding ECCE expansion • Language/cultural homogenization policies marginalizing minorities • Brain drain of teachers to higher-income countries • Weak institutional capacity to implement quality standards • Limited donor funding for non-health early childhood interventions

Conceptual Framework for Comparative ECCE Analysis in SAARC Countries

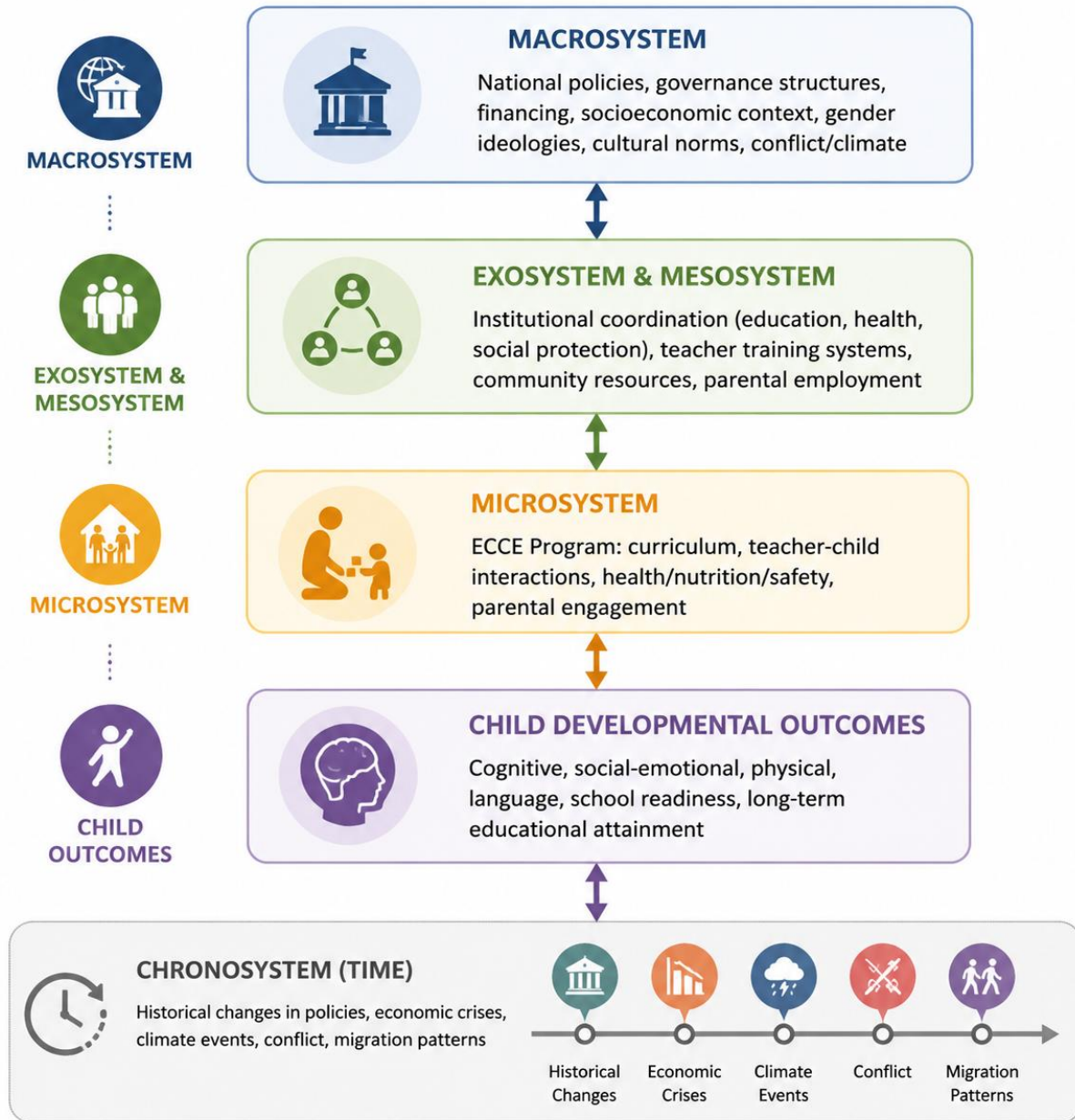
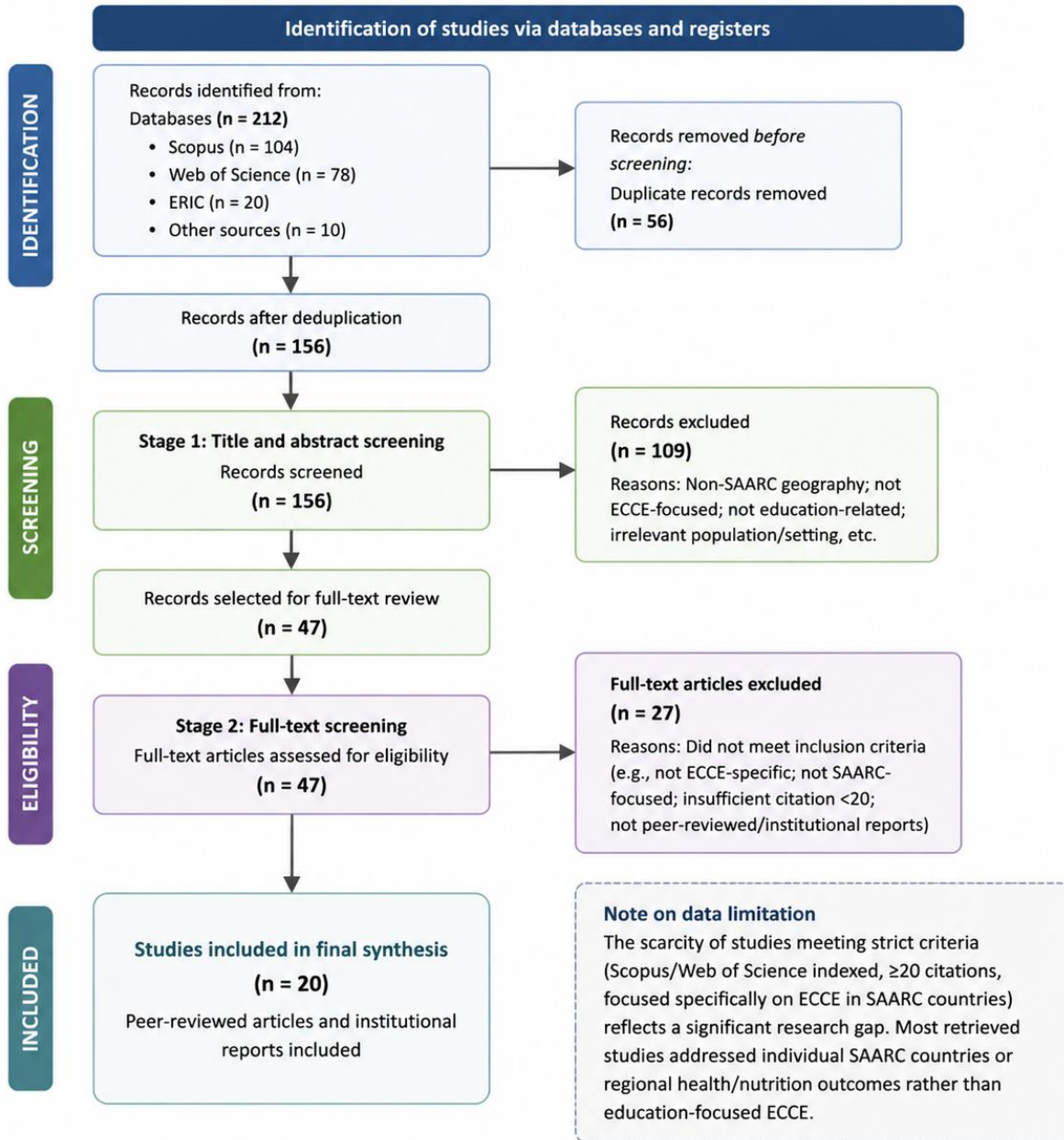


Figure 1: Conceptual Framework for Comparative ECCE Analysis in SAARC Countries

PRISMA Flow Diagram of Study Selection



Note. PRISMA 2020 flow diagram adapted for this review.

Figure 2: PRISMA-Style Literature Screening Flow Diagram

Comparative Model Linking ECCE Policy, Access, Quality, Equity, and Developmental Outcomes in SAARC Countries



Figure 3: Comparative Model Linking ECCE Policy, Access, Quality, Equity, and Developmental Outcomes in SAARC Countries

6 DISCUSSION

6.1 Comparative ECCE Architecture in SAARC

The review shows that there is a significant level of heterogeneity in the governance, funding and implementation of ECCE in the SAARC countries, however, the study indicates some common



structural problems across the countries. Formal ECCE policies in all the SAARC countries have been adopted according to global norm (SDG 4.2 target – importance of early childhood); however, policy-practice gaps are deep. The pattern is exemplified in the largest SAARC economies, India and Bangladesh, where formal policies are in place but access is inequitable and quality is variable. Data transparency is also an issue for smaller economies or those affected by conflict (Afghanistan, Bhutan, Maldives), and there are limited comparable data.

6.2 The Equity Imperative

One of the most important conclusions of this research is that ECCE access and quality in SAARC is differential according to poverty, gender, caste/ethnicity and geographic location. However, there are significant inequities in pre-primary access in India, with children and girls in scheduled castes and scheduled tribes being less likely to attend school, especially those in rural areas (Choudhury et al., 2023). This trend is likely to hold true for the entire SAARC region: In countries with limited public ECCE, children are not enrolled in ECCE programs in the private sector because they cannot afford to participate in such services; in countries where social norms discourage girls' schooling or marginalize certain groups, these values are reflected in ECCE enrollment rates; and in countries where infrastructure is limited (rural areas), children simply lack access to ECCE programs.

Most importantly, a significant part of the rural-urban gap can be closed with controls for household economic condition and educational attainment (Choudhury et al., 2023), implying that targeted investment in poor rural communities in conjunction with subsidized/free ECCE provision could significantly reduce disparities. This is not an inevitable inequality, but a policy decision.

6.3 The Quality-Equity Nexus

The review found little in the way of evidence of quality measurement in ECCE in the SAARC region, but there was evidence from Bangladesh that quality interventions linked to health services lead to significant developmental gains. The effect sizes of a parenting intervention delivered via government healthcare clinics in rural Bangladesh ranged from 0.52-0.85 SDs for child development (Mehrin et al., 2022), which is comparable to or greater than the effect sizes of many large-scale interventions in LMICs. But this intervention only served 785 children in 40 clinics. Extending such kinds of interventions at the same scale in Bangladesh and throughout the SAARC region would require significant funding and institutional collaboration which is not currently in place.

6.4 Malnutrition, Health, and Development: An Integrated Crisis

One of the most essential outputs are the linkages between ECCE access, nutrition and child development in SAARC countries. In rural South and Southeast Asian countries, there is a positive correlation between child malnutrition and maternal illiteracy, unsafe drinking water, dirty cooking fuel, poverty, and climatic risks (Rahut et al., 2023). These are not so much individual/parental weaknesses, but rather, systemic weaknesses: lack of public water/sanitation infrastructure, lack of women's education, poverty, and climate vulnerability. These contexts can not be separated from ECCE. Giving only nutrition without cognitive stimulation and responsive caregiving to a severely malnourished child will have limited developmental impact, and a quality ECCE program that doesn't include nutrition to a severely malnourished child will not be enough.

A broader multisectoral programming is needed in the next 1000 days, and the minimum package involves 1 year of ECCE, which on average costs less than 0.15% of the current GDP of LICs



(Nores et al., 2024). This message of fiscal sustainability is crucial: SAARC countries can afford ECCE if prioritized. But existing pledges are still insufficient.

6.5 Conflict, Displacement, and ECCE in Fragile Contexts

The conflict and displacement in Afghanistan and the Rohingya of Bangladesh are examples of the type of ECCE crises that can be identified. The Rohingya children in refugee camps are also facing great challenges in formal and non-formal education, and the lack of formal education affects their ability to be active citizens of society (Hossain, 2023). It is not only an education issue but a basic human rights issue because children living in protracted displacement are deprived of key inputs to their future life trajectory.

Evidence of interventions to enhance refugee children's access to and learning is scarce, although evidence suggests that cash transfers can boost attendance and early childhood interventions can enhance learning outcomes (Palik & Østby, 2023). Refugee-hosting countries in the SAARC region (Bangladesh, Pakistan and Nepal) require targeted support in the form of financing, technical assistance and international coordination to extend ECCE to children in refugee status. That necessitates approaches to humanitarian-development nexus which are underdeveloped.

6.7 Climate Vulnerability and ECCE Infrastructure

South Asia is one of the most vulnerable areas susceptible to climate change impacts with extreme weather events and climate change challenges like biodiversity loss and monsoon floods (Mbah et al., 2022) directly affecting ECCE infrastructure and child welfare. Floods in Bangladesh disrupt school life, the heat waves in Pakistan can be a health hazard, and landslides in Nepal can cut off communities. However, literature reviewed did not find ECCE-specific climate adaptation strategies in SAARC. This is an important gap – ECCE infrastructure should be constructed to be climate resilient.

6.8 The Marginalization of Minority Languages and Identities

Despite bilingual/multilingual practices having historically prevailed, English medium instruction has been dominating the language-in-education policies in South Asia and translanguaging practices in South Asian classrooms are not necessarily pedagogically planned but are also spontaneous practices that have been serving as a 'coping strategy' of English language domination (Sah & Kubota, 2022). This analysis suggests that the curriculum of ECCE in the SAARC countries may run the danger of neglecting children's home languages and cultural identity in favor of the dominant national/international languages. The developmental impact is troubling: Early childhood literacy is best in home language, and cultural negation contributes to identity development and emotional insecurity. However, research on ECCE specific language policy in SAARC countries is almost non-existent.

6.9 Maternal Employment, ECCE Access, and Child Welfare

An unexpected result is found: in South Asia, the probability of experiencing stunting and underweight rose by nearly 9.5% and 6.3% points, respectively, when mothers participated in the labor force (Hosen et al., 2022). This counterintuitive finding is not due to mothers' employment, but because of the lack of quality ECCE; without access to reliable and quality ECCE, children are left subject to neglect and malnutrition. By comparison, environments that have readily available ECCE have positive links between maternal employment and child welfare (due to an increase in family income). The answer lies not in discouraging women from working but in a pressing need to invest in quality and accessible ECCE, which is a public good that is currently underprovided through all the SAARC countries.



6.10 Fragmented Governance: A Structural Barrier

The Indian cases are an example of what may be a wider regional issue: ECCE governance is spread across several government departments (Education, Women and Child Development, Health, Social Welfare) and lacks coordination. Multisectoral coordination has been shown to be possible, as integration into government health clinics in Bangladesh resulted in substantial gains for children's development (Mehrin et al., 2022). However, such integration must be planned through institutional design, financing structures that promote co-operation and competent staff who can work across sectoral divides. There are few SAARC countries where such mechanism has been institutionalized.

6.11 The Role of Regional Cooperation

There is a potential to build the capacity of ECCE in member countries of SAARC which is underutilized. Potential South-South learning could be leveraged: Sri Lanka's high pre-primary enrolments rates (~70%) and relatively high gender parity could be used in other countries' approaches; Bangladesh's approach to scaling up parenting interventions could be adopted; India's ICDS is the largest early childhood programme in the world and offers both positive and cautionary lessons for other SAARC countries. However, harmonizing ECCE definitions, age ranges, quality standards and data collection across regions could facilitate the real comparative analysis and learning in policies that is not currently possible.

7 POLICY IMPLICATIONS AND RECOMMENDATIONS

7.1 For National Governments

1. **Public Financing:** Ensure that at least 6% of national education budgets are allocated to ECCE (currently 1-2%) and that by 2030, all children 3-6 years old have access to free ECCE for a minimum of 1 year, and that this ECCE is of quality.
2. **Improve Governance and Coordination:** ECCE has cross-ministerial representation with dedicated national ECCE authorities or commissions for coordination in policy, finance and service delivery.
3. **Expand Teacher Capacity:** Support pre-service education for ECCE teachers (at least two years of education or diploma courses), ongoing in-service professional development and better working conditions for ECCE teachers to attract and retain high quality teachers, especially in rural settings.
4. **Ensure Equitable Access:** Target investment for ECCE expansion to poor and rural areas; remove user fees for low-income families; use affirmative action for groups who are not included, such as girls, scheduled castes, ethnic minorities; link ECCE with health, nutrition, and social protection programmes.
5. **Develop Quality Standards:** Implement national ECCE quality standards, including minimum standards for infrastructure, safety, nutrition, health, curriculum and pedagogy; put in place regular quality assurance and monitoring mechanisms.
6. **Promote Inclusive and Culturally Responsive Pedagogy:** Develop curricula that reflect children's home languages, cultures and identities; prepare teachers for inclusive approaches that address children with disabilities and learning differences; include diversity of families and communities in learning materials.
7. **Establish Data Systems:** Invest in regular national household surveys (DHS/MICS) that gather comparable data on access to ECCE, disaggregated by poverty, gender, ethnicity,



disability, geography and monitor child developmental outcomes with standardized culturally appropriate assessment tools.

7.2 For SAARC as a Regional Organization

1. **Establish ECCE Coordination Mechanism:** To establish a regional platform of ECCE Ministers of Education, Health and Social Protection to enable policy dialogue and exchange of knowledge and experiences and collaborative efforts in ECCE in the region.
2. **Harmonize Definitions and Standards:** Build regional agreement on ECCE age bands, program types, criteria of quality and indicators of monitoring to allow for true comparative analysis and policy learning.
3. **Facilitate South-South Learning:** Document and disseminate good practices from high-performing SAARC countries (e.g., Sri Lanka's reception class integration with primary education; Bangladesh's parenting intervention model); promote technical exchanges among SAARC countries.
4. **Support Refugee and Displaced Children:** Create regional guidelines for ECCE services to refugee and displaced children; ensure humanitarian and development funding; create country coordination mechanisms for these services for refugee and displaced children.
5. **Climate Adaptation:** Create SAARC region guidelines for ECCE infrastructure and programming to be climate resilient; facilitate countries to include ECCE in national climate adaptation plans.
6. **Advocacy for Financing:** Make a collective presentation of evidence on the needs of SAARC ECCE to the development partners and multilateral banks to mobilise additional concessional financing for SAARC activities.

7.3 For Teacher Education Institutions

1. **Improve ECCE Teacher Training:** Improve pre-service teacher education in ECCE including child development theory, play-based teaching and learning, inclusive education, and integration of health and nutrition.
2. **Develop In-Service Capacity:** Create accessible, high quality in-service for the practicing ECCE teacher, parateacher and others in the health and social protection sector who interact with young children.
3. **Research and Evidence Generation:** Conduct applied research to document ECCE interventions, barriers to implementation, effectiveness of interventions in SAARC contexts, and publish research findings to support regional evidence base.

7.4 For International Development Partners

1. **Increase Financing:** Scaling of Concessional Financing of ECCE in SAARC Countries, especially for Equitable Access and Quality Improvement in the low income countries.
2. **Technical Support:** Deliver evidence-based technical support for ECCE policy development, quality frameworks, data systems and teacher training.
3. **Humanitarian-Development Nexus:** Facilitate integrated response to address ECCE in fragile and conflict-affected contexts, such as Afghanistan and refugee-hosting countries; harmonize humanitarian and development financing.
4. **Coordinate Support:** Minimize fragmentation of the support provided by various development partners through coordinated support in countries and joint SAARC regional activities.



7.5 For Researchers and Academics

1. **Augment ECCE Research:** Conduct rigorous research across SAARC context on various aspects of ECCE access, quality, effectiveness and barriers to inform evidence based policymaking and publish in easily accessible forums.
2. **Longitudinal Outcome Studies:** Develop longitudinal cohorts of young children's developmental trajectories through early childhood to school entry and beyond, with culturally appropriate assessments.
3. **Implementation Science:** Explore the feasibility, acceptability, cost, and sustainability of implementing effective ECCE interventions in the SAARC context.
4. **Vulnerable Populations:** research on inclusion of children with disabilities, minorities, refugees and conflict-affected populations in ECCE.

8 FUTURE RESEARCH DIRECTIONS

The review highlighted some key gaps in the evidence regarding ECCE policy and practice in the SAARC region:

1. **ECCE Outcome Data:** Longitudinal studies that follow children from early childhood through the primary school to measure cognitive, social-emotional, and physical outcomes using culturally appropriate tools and to look at long-term effects on educational attainment, employment and well-being.
2. **Quality Measurement:** Development and validation of tools to measure quality (beyond instruments developed in the west, e.g., CLASS); review of how different dimensions of quality are related to child outcomes across different cultural contexts.
3. **Cost-Effectiveness Analysis:** Systematic and rigorous cost-effectiveness and return-on-investment analyses of various ECCE models (centre-based, home-based, integrated with health services, private, public) for funding decisions.
4. **Inclusion of Children with Disabilities:** Disability prevalence and research on barriers and enablers to inclusion, and effectiveness of inclusive ECCE practices.
5. **Vulnerable Populations:** Research on ECCE access and outcomes of refugee children, migrant children, conflict-affected children, linguistic minorities and indigenous children from across SAARC.
6. **Climate Adaptation:** Documenting impacts of climate change on ECCE infrastructure and child welfare; assessing adaptation strategies; embedding ECCE into climate resilient development planning.
7. **Implementation Science:** Research on barriers and enablers of successful scale up of effective ECCE interventions in a SAARC context; the role of context in shaping implementation and outcomes.
8. **Language and Identity:** Analyzing the impact of language-in-education policies on multilingual children's literacy, identity formation and success in SAARC ECCE settings.
9. **Governance and Coordination:** Mapping of studies on multisectoral coordination between the education, health, and social protection sectors and their impact on improving ECCE provision; exploration of the potential of SAARC for regional coordination.
10. **Private Sector Engagement:** Private Sector ECCE Provision in SAARC, Quality, Equity and Affordability of private provision, Regulatory frameworks appropriate for the private sector.



9 LIMITATIONS

This review is subject to a number of important constraints:

1. **Lack of ECCE-Specific Research in SAARC:** There are limited number of peer-reviewed studies on ECCE in academic databases of SAARC countries. Many studies included concerned with issues of child health/nutrition outcomes as opposed to education per se. This is a real gap in research and not a research limitation.
2. **Uneven Country Representation:** Evidence is focused on India and Bangladesh and there is a lack of comparable data from Afghanistan, Bhutan, Maldives and limited data from Pakistan, Nepal and Sri Lanka. Comparative analysis is thus constrained.
3. **Definitional Inconsistency:** There are differences in definitions, age groups and program types across the countries and studies, making direct comparisons of access and enrollment statistics difficult.
4. **Outcome Measurement Heterogeneity:** Studies use different instruments and frameworks to measure child developmental outcomes, and this limits the ability to synthesize across studies and confidence in comparative conclusions.

Language Limitations: Only English-language publications are searched; evidence in national languages, especially in ministries and subnational governments, might not be collected.

Publication Bias: Positive program impacts or good outcomes may be overrepresented while null findings or program failures may be underrepresented.

Temporal Scope: Limited longitudinal data available, most evidence is for immediate postintervention outcomes and not long term life trajectories.

Data Access Constraints: There were some constraints in accessing data in fullness in some of the institutional reports from the national education ministries and SAARC member countries, which may affect the comprehensiveness of data.

10 CONCLUSION

In early childhood care and education, there are significant disparities between policy and practice, low funding and a high level of in-equity in the SAARC countries. Although all SAARC countries have formal ECCE policies nominally in line with SDG 4.2, access to ECCE is also inequitable, on the basis of poverty, gender, ethnicity, geography and disability status, and there is also significant variation in quality.

Evidence shows that quality ECCE can have significant developmental impacts on children, especially those in disadvantaged families. For example, integrated parenting interventions provided via government health services in rural Bangladesh resulted in cognitive, language and motor development gains of 0.52-0.85 standard deviations, which is equivalent to or larger than most large-scale early childhood interventions in low-income countries (Mehrin et al., 2022). These gains are fundamental and lay the groundwork for avoiding developmental delays, getting ready for school, and setting a course for life-long learning and social inclusion. The investment needed is also financially viable as a minimum package of 1 year of ECCE would cost less than 0.15% of the GDP of low-income countries and the cost of forgoing benefits if it is not implemented ranges between 8 and 19 times the investment cost (Nores et al., 2024).

However, in SAARC countries there is a lack of funding for ECCE, governance is limited, teachers' capacity is low, and quality assurance is weak. Particular concerns include:

1. Equity gaps of girls, poor children, scheduled castes/tribes, ethnic minorities, and children with disabilities and those who are displaced and refugee children.



2. A health-nutrition crisis, overlapping ECCE access, necessitates integrated interventions.
3. Threats to ECCE infrastructure and child welfare due to climate vulnerability, especially in Bangladesh, Nepal and Pakistan
4. The effects of conflict on ECCE in Afghanistan and in the context of displacement across the region are explored.
5. Language policy marginalisation of minority children's home language
6. Lack of inter-sectoral coordination in the implementation of education, health and social protection policies.

To overcome these challenges, coordinated action at several levels is needed that is based on evidence:

1. National governments need to significantly boost the public funding, improve the sectoral coordination, build teacher capacity, ensure equitable access and set up quality standards and monitoring mechanisms.
2. SAARC as a regional body will need to create specific coordination mechanisms for ECCE; harmonise definitions and standards so that policy learning can be real; allow for South-South knowledge sharing and exert a collective voice for more international funding.
3. Development partners have to provide more concessional financing on the basis of the needs of the countries in the SAARC region, and should offer technical assistance and coordinate their support to minimize fragmentation.
4. Researchers and academics need to build research on ECCE in the SAARC context, produce longitudinal outcome data, explore barriers and facilitators to implementation and give attention to vulnerable populations.

Evidence is clear: equitable, well financed, high quality ECCE is not a luxury, but an investment in human development, social justice and sustainable development of South Asia. Opportunities for influencing children's developmental pathways are narrow and once gone, never back. There is an ability in SAARC countries to move towards scaling up access to quality ECCE, as demonstrated through effective interventions and policy frameworks. What is needed, is the political will, sustainable financing, institutional coordination and regional cooperation. Without action, a vicious cycle of poverty and inequality continues to be passed down from generation to generation – missing out on the vast social and economic benefits of investing in early childhood. There is a real urgency and an evidence-based pathway. There is need for comprehensive ECCE reform in the SAARC region now.

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