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University of Sussex
International Professional Doctorate in Education (EdD)

Pre-primary education policy between formulation and implementation:
The case of Bangladesh

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I hereby declare that this thesis has not been and will not be, submitted in whole or in part to another University for the award of any other degree.

Signature:.....

Summary

Why does the implementation of policies for educational improvement often disappoint? The literature suggests that pitfalls in the formulation stage can hamper successful implementation. This research aims to develop insights into the process of policy formulation in order to establish how this may affect subsequent policy implementation using a case study of Pre-Primary Education in Bangladesh. Uniquely, I have been able to study the development of PPE policy when it was taking place since I was directly involved in the process as a professional advisor working for a donor.

The first research question investigated how the pre-primary policy was formed. This had two parts in terms of i) developing understanding of the phases of policy formulation and the stakeholders involved, and ii) analysing the discourses that informed the policy. The second research question enquired into the development of the implementation strategy and its feasibility, and compared expectations with the data available on the characteristics and impact of the initial implementation. This enabled the identification of aspects of policy formulation that shape current and future implementation. Special attention was given to the development of policy that prioritised underprivileged children throughout the process, because of the extent of unequal provision and because this was a high profile goal for educational development.

The analysis of policy development derived from relevant policy documents and key-informant interviews highlighted charismatic and politicised approaches to educational reform, which lacked the involvement of beneficiaries and those tasked with implementation. This has consequences for subsequent impact and the sustainability of the new policy. The initial implementation was generally considered inadequate and uneven by the respondents. It reflected aspirational planning linked to the EFA goals, with ambitious aims to provide a “quantitative breakthrough” in access and attainment without a realistic assessment of the resources available and the capacity to mobilise them.

When the implementation strategy was updated and included in the third national programme of primary education (PEDP III), a more phased and comprehensive approach to planning was introduced. However, reports on programme implementation have identified delays and difficulties in starting PEDP III, albeit improvements between year 1 and 2 have been noted. In particular, the implementation strategies identified were insufficiently detailed and different stakeholders’ needs were not properly assessed. More equitable delivery to underprivileged children remains poorly articulated. Part of the reason appears to be diminished political will and inconsistent leadership. Finally, opportunities to collaborate with the NGO service providers have not been fully exploited and the implementation planning for PEDP III appeared to have relied excessively on external expertise, with implications for the ownership and continuity of the policy on pre-school.

Based on these findings, suggestions are offered to the development partners, the Government and the NGOs to improve the integration of policy and implementation strategies to increase the probability of sustained improvements in Pre Primary provision.

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Abbreviations and acronyms

ADB	Asian Development Bank
AGK	Aga Khan
AL	Awami League
AOP	Annual Operation Plan
ARNEC	Asia-Pacific Regional Network for Early Childhood
ASC	Annual School Census
ASPR	Annual Sector Performance Report
BANBEIS	Bangladesh Bureau of Educational Information & Statistics
BBS	Bangladesh Bureau of Statistics
BC	Behavioural Change
BEN	Bangladesh Early Childhood Network
BNP	Bangladesh Nationalist Party
BRAC	Bangladesh Rural Advancement Committee
BSA	Bangladesh Shishu Academy
BU	BRAC University
CAMPE	Campaign for Popular Education
CAS	Critical Analytical Study
CGECCD	Consultative Group for Early Childhood Care and Development
CHT	Chittagong Hill Tracts
CIDA	Canadian International Development Agency
CRC	Convention on the Rights of the Child
CREATE	Consortium for Research on Access, Transition & Equity
CSO	Civil Society Organisation
DAM	Dhaka Ahsania Mission
DfID	Department for International Development
DLI	Disbursement Linked Indicator
DP	Development Partner
DPE	Department of Primary Education
ECCE	Early Childhood Care and Education

ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECDRC	Early Childhood Development Resource Centre
ECE	Early Childhood Education
EdD	Doctorate in Education
EFA	Education for All
EL	Elements
ELC	Early Learning Centre
ELDS	Early Learning Development Standards
EU	European Union
GO	Government
GOB	Government of Bangladesh
GoI	Government of India
GER	Gross Enrolment Rate
GMR	Global Monitoring Report
GPI	Gender Parity Index
GPS	Government Primary School
IAC	Infrastructure, Authority, Consensus
IED	Institute of Educational Development
JARM	Joint Annual Review Mission
JICA	Japan International Cooperation Agency
KPI	Key Performance Indicators
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MOE	Ministry of Education
MOPME	Ministry of Primary and Mass Education
MOU	Memorandum of Understanding
MOWCA	Ministry of Women and Children Affairs
NAR	Net Attendance Rate
NCTB	National Curriculum and Textbook Board
NEP	National Education Policy

NER	Net Enrolment Rate
NFE	Non-Formal Education
NGO	Non-Governmental Organisation
NPA	National Plan of Action
OECD	Organisation of Economic Development and Cooperation
PE	Pre-school Education
PEDP	Primary Education Development Programme
PBF	Performance Based Financing
PP	Pre-Primary
PPE	Pre-Primary Education
PRSP	Poverty Reduction Strategy Paper
PS	Pre-School
RNGPS	Registered Non-Government Primary Schools
RQ	Research Question
SEAMEO- INNOTECH	Southeast Asian Minister of Education, Organization, Innovation and Technology
SC	Save the Children
SFYP	Sixth Five-Year Plan
SIDA	Swedish International Development Agency
SWAp	Sector Wide Approach
TA	Technical Assistance
TU	Teacher Union
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UPE	Universal Primary Education
USD	United States Dollar
WB	World Bank
WIDE	World Inequality Database on Education

Chapter 1: Introduction

This introductory chapter is divided in three sections: Rationale and Context; Research Questions and Methodology; and Organisation of the thesis. The Rationale and Context section explains the problems identified and why the research has been undertaken embedded in the relevant context. The Questions and Methodology sections briefly discuss the research questions and the methodology applied. Finally, the last part describes the structure of the thesis and outlines the content of each chapter.

1.1 Rationale and context

The reason for investigating pre-primary education in Bangladesh

To introduce the topic, an explanation of the main terms related to pre-primary education in developing countries is due. Pre-school, pre-primary, early childhood care and education and early childhood development all refer to interventions in the early years. The terms “pre-primary” and “pre-school” education are often used interchangeably, but “pre-primary” specifically indicates the education provided before primary school. In the language of international development, pre-primary education (PPE) is usually considered in the category of the Early Childhood Care and Education (ECCE) services. In turn, ECCE is part of the wider group of the Early Childhood Development (ECD hereafter), which encompass interventions in the field of health, nutrition and education (UNESCO, 2006; UNESCO, et al., 2012). This research focuses on pre-primary education in Bangladesh, and hence on the education provided to children aged 3 to 5 years (MOPME, 2008; MOE, 2010).

In the education and development literature, pre-primary has gained importance especially because many studies have shown its potential positive influence on children’s later learning experiences and achievements and, more generally, on the child’s holistic development (UNESCO, 2006; ARNEC, 2011). The popular motto ‘Learning begins at

birth' (UNESCO, 2006, p.1) has constituted a powerful rationale for advocating pre-school education, as a result of recent discoveries in neuro-science that have shown the rapid development of the brain during the first years of a person's life (Save the Children, 2009). Some studies have also demonstrated the positive impact of pre-school education and ECCE programmes on cognitive development (UNESCO, 2004; Aboud, 2006; Montie et al, 2006; Moore et al., 2008; ARNEC and BEN, 2010).

In developing countries, the expansion of pre-primary education is advocated for the impact it may have on the life of underprivileged children, particularly its contribution to breaking the poverty cycle (Young, 2002; Rose, 2005; CGECCD, 2007; Naudeau et al., 2010), and for the potential positive effects on the achievement of several Millennium Development Goals (UNESCO, 2006). Some literature has also indicated a high rate of return in investing in Early Childhood Development (UNESCO, 2010a).

Hence, since the formulation of the Six Education For All (EFA) Goals in 1990 and particularly Goal number 1, which is the expansion of Early Childhood Care and Education (ECCE), developing countries and donors have increasingly devoted attention to that segment of education (UNESCO, 2006; UNESCO et al., 2012). This notwithstanding, although many countries now have commitments to expand it, the share of the education budget devoted to the preschool level is generally very low (UNESCO, 2012). Furthermore, much of the provision is still private and unaffordable to underprivileged children (Arnold et al., 2007; UNESCO, 2012), who would benefit more from those programmes (Young, 2002; CGECCD, 2007; Naudeau et al., 2010; UNESCO, 2012), and the quality of education provided to them remains an issue (UNESCO et al., 2012; ARNEC, 2011b).

Regarding participation in pre-schools in particular, the Gross Enrolment Rate (GER) into pre-primary worldwide reports a general increment from 1999 to 2010 from 32% to 48% (UNESCO, 2012). South Asia also shows remarkable improvements (UNESCO et al., 2012); however, as mentioned earlier, in many cases this increment does not seem to be accompanied by equitable access, and significant differences persist between the

richest and poorest children, as well as between rural and urban areas (UNESCO, 2010b; UNESCO et al., 2012).

The Bangladeshi participation in pre-school education is low, with a 23% Net Attendance Rate (NAR) of 3-5 years old children in 2009, according to BBS and UNICEF (2009), and 13% Net Enrolment Rate (NER) and Gross Enrolment Rate (GER) in the last EFA Global Monitoring Report (GMR hereafter) referring to year 2010 (UNESCO, 2012). The Government of Bangladesh (hereafter GOB) acknowledges that ‘...PPE is not well developed in Bangladesh’ (MOPME, 2012, p.59) and concerns about the quality of PPE provided are widespread.

Likewise, the number of supportive international and national policies has been growing (OECD, 2001; UNESCO, 2006; CGECCD, 2007). In the Asia Pacific region, several countries have developed ECD policies (UNESCO et al., 2012; Rao & Sun, 2010a; 2010b; Evans, 2008; SEAMEO INNOTECH, 2011; ARNEC and UNICEF, 2008) and the lively activity of the regional network for ECD ARNEC (Asia Regional Network for Early Childhood) demonstrates the progress and interest of governments and other actors in this field. The neighbor India has issued an ECD policy and quality standards as well (MoWCD India, 2012a, 2012b, Bandyopadhyay and Behera, 2010).

There is a momentum for PPE in Bangladesh. First, Bangladesh is a signatory to most of the relevant international declarations, such as the Convention on the Rights of the Child (CRC), the Millennium Development Goals (MDGs), and the Education For All (EFA) goals, and recently it has been engaged in the formulation of a number of policy documents pertinent to ECD and pre-primary education (MOPME, 2003; 2008; 2009; MOWCA 2009; MOWCA, 2010; MOE, 2010). In the PPE policy that is being developed, the Government has pledged to provide one year pre-primary schooling to each Government Primary School (hereafter GPS) by 2015/16, following the guidelines set out in the operational framework (MOPME, 2008; MOPME, 2011a). However, the history of Bangladesh of the last twenty years has been characterised by political instability, which can jeopardise the sustainability of PPE.

The significant engagement of the Government in pre-primary education seems to be motivated also by the low performance of some key indicators in primary education. In particular, Bangladesh still has a high drop-out rate of 26.2 % as an average for all grades over the five year primary cycle (DPE-GOB, 2013). Late enrolment to first grade is also an issue, as well as transition to secondary school for poor children (Cameron, 2010; CREATE Team, 2010; UNESCO, 2011; Hossain et al., 2010). This is reflected in the international literature, and particularly the reports on the expansion of access as defined within the EFA agenda, as such reports show often unsatisfactory levels of improvement in drop-out and completion rates (Lewin, 2007). Moreover, in Bangladesh the growing number of poor working women with children – especially in urban areas where the extended family is often absent – appears to be increasing the demand for pre-primary education (Profeta, 2010). Last but not least, the literature suggests that there is little research on pre-primary education in Bangladesh (Profeta, 2011), and therefore this study aims to contribute towards filling the gap.

The reasons for focusing on the processes of (PPE) policy development and educational innovation

Pre-primary education in Bangladesh provided a unique opportunity to undertake research on policy formulation and the development of an implementation strategy because the policy implementation was just started and I – the researcher – was directly involved in part of the process. As a professional working for one of the stakeholders (a donor) involved in the development of PPE in Bangladesh, I wanted to study a topic that related to my work and for which I could draw on my personal and professional experience. Later, I left my job before starting the analysis of the data, and this gave me more freedom to conduct the analysis and write-up of the thesis. Further reflections on my position and my multiple identities are given in Chapter 4.

The purpose of this thesis is to understand the process of policy formulation, design and implementation (Wolmer & Scoones, 2005; Little, 2008). This is important for several reasons:

First, within the cycle of policy formulation and development (Grindle, 2004; Haddad & Demsky, 1995) more attention is usually given to policy implementation than to the understanding of policy formulation. Second, the success or failure of a policy often depends on a robust diagnosis (Lewin, 2007, 2008; Havelock & Huberman, 1977). Third, since an effective policy is more than a statement of goals and objectives (Little, 2008), it is important to develop insights into how the different stakeholders understand policy (Stuart and Lewin, 1991), and indeed a focus on the *processes* means shedding light on the actors involved, their role in the policy formulation and their opinions (Vargas-Baron, 2005; Little, 2008; Lewin, 2007). Fourth, the study of the policy introduces a reform, which needs to be associated with theories educational innovation to be understood (Havelock & Huberman, 1977; Lewin & Stuart, 1991; Handy, 1993; Haddad & Demsky, 1995).

Moreover, since a policy that can be operationalised has to take into account the resources needed to achieve the policy goals, the implementation plan and the reports on the initial implementation of the policy have been investigated. However, a mainly prospective analysis was conducted, based on the findings of the initial implementation embedded in the national (sub)sectoral programme PEDP III. Indeed, at the time of the interviews PEDP III was in its first year of implementation, and during the time of the writing up of this thesis drafts of the reports of the second year of PEDP III were added.

Finally, I believe that this research on how the policy was developed – and given the fact that literature in this field is still limited - could provide useful information to policy makers and other stakeholders. It may also contribute towards increasing accountability, particularly downwards accountability (Chambers, 2005), and the Government's and development partners' mutual accountability (OECD, 2005).

1.2 Research questions and methodology

The aim of this research is to develop insights into the process of policy formulation and establish how this may affect subsequent policy implementation. To this end, the following research questions have been formulated based on the gaps identified in the relevant literature (Chapters 2 and 3), and supported by conversations held with the main stakeholders.

The first research question is on the policy formulation process:

1 How was the policy formed?

- a. What have been the stages of policy formulation followed?
- b. Who were the social, political and economic development partners involved in the policy formulation and what has been the role of the development partners and their contribution in comparison with national actors?
- c. What has been, if any, the involvement of the implementers (Government's officials, teachers, NGOs) and of the beneficiaries (community, parents) in the policy formulation?
- d. What discourses and identified needs informed the policy?
- e. Does the policy envisage any priority criteria or strategy to target underprivileged children?

The second question is on the implementation phase and the link between policy formulation and implementation:

2) What are the factors related to the formulation process that are likely to influence – constrain or facilitate - implementation?

- a. Is there an implementation strategy/plan? Does it seem to include the main features of viability (such as a realistic timeframe, allocation of adequate resources, feasible relation between principal and agent)? Does it incorporate any prioritisation strategy/criteria to deliver to the underprivileged children?
- b. Is the policy being implemented as planned? Is delivery to underprivileged children being implemented?

- c. What aspects of policy formulation seem to affect the current and future implementation?

A justification of the choice of each sub-question is provided in Section 4.1.

Regarding the research methods (see Section 4.2), interviews and documentary analysis have been used to develop a case study embedded in the international scenario of development assistance and Education for All. The analysis of the actors' opinions on the one hand, and what is "officially" reported in the policy documents and reports on the other, allowed for a reconstruction of the story of the policy formulation process up until the initial implementation, and provided insights on the likely next phases of implementation.

1.3 Organisation of the thesis

In Chapter 1, Section 1.1 has explained the reasons why research into the process of pre-primary education policy formulation in the Bangladeshi context has been undertaken. A second part (1.2) has introduced the research questions and the methods selected for this case study.

A section on the literature review follows. It starts with a chapter providing a theoretical framework on policy and educational innovation (Chapter 2). Here definitions of what a policy is and the stages of its development are offered (2.1), as well as theories and approaches to educational innovation in developing countries (2.2). Finally, the gaps in the literature that this thesis aimed to fill are presented (2.3). Chapter 3 starts with an overview of PPE in the international development scenario (3.1). In the second part of the chapter (3.2), the focus narrows down onto the Bangladeshi context. First the Bangladeshi primary education sector in particular is outlined (3.2.1), second the policy and practice (3.2.2) concerning PPE are explored, and third a specific section (3.2.3) on the fundamental role played by the NGOs in the sector is provided. The final part (3.3) identifies the gaps in the literature, which this thesis aimed to fill.

To explain how the research was performed, a chapter on the methods (Chapter 4) first presents a section on the research questions (4.1); then it describes the researcher's position, the methodology and the methods chosen (4.2); after that, the data analysis is explained (4.3) along with the research's credibility, reliability and validity (4.4); the chapter then concludes with ethical reflections (4.4).

Chapter 5 discusses the findings of this thesis extensively. A first part describes the documents selected for the documentary analysis (5.1). Then the core part (Section 5.2) is divided in three sub-sections, following the logic of the research questions: 5.2.1 is on the process of PPE policy formulation; 5.2.2 is on the initial implementation; and in Section 5.2.3 informative speculations on the factors related to the formulation process that are likely to influence – constrain or facilitate – implementation are made. A summary section (5.3) concludes the chapter.

The last chapter (Chapter 6) proposes a theoretical framework of educational innovation for the PPE policy in Bangladesh, adapting the IAC model developed by Havelock and Huberman (1977). Section 6.2 describes how the research questions were answered and Section 6.3 summarises the crucial points of the discussions that have emerged from this study. The following part presents the limitations of this research and suggests areas for further investigation (6.4). The thesis concludes with some policy recommendations (6.5).

Chapter 2: A theoretical framework for policy development and educational innovation

Chapters 2 and 3 are focused on the literature review conducted. Chapter 2 explores policy development and educational innovation in developing countries, while Chapter 3 focuses on PPE education in the development scenario and in the Bangladeshi context.

Therefore, in Chapter 2 the literature has been interrogated first on definitions of policy and the stages of policy formulation and development (2.1). Here the questions were:

1. What is a policy? 2. What are the stages of policy development? The second part of the chapter (2.2), explores the literature on educational innovation in developing countries, with the development of PPE policy in Bangladesh being a case of educational reform. Here, the questions used to interrogate the literature were: 1. What theories and approaches describe educational innovation/reform in developing countries? 2. What does the literature say about the possible reasons for policy failure or success? 3. What do the theories of change indicate in this respect?

Finally, the analysis of the literature has led to the identification of gaps (2.3) worth investigating in this case study.

2.1 Definitions of policy and the stages of policy development

What a policy is cannot easily be described, and several definitions can be cited. In simple terms, Wolmer and Scoones (2005, p.1) say that policy includes: ‘... written or stated declarations of intent or plans, and actions (...)’. Similarly, a policy can be defined as ‘broad statements of goals, objectives and means’ (Grindle, 1980, p.6 in Little, 2008), and it can have the form of a text, generally a written document. Little’s (2008, p.4) definition of policy seems to apply well to the Bangladeshi case of educational reform: ‘... a statement of goals, objectives, plans and resources ... usually embodied in ‘texts’,

whose content is intended by its authors to guide and change educational practices in the future.

However, policy can refer also to the discourses (Little, 2008) included in the texts and the debates surrounding them. In Ball's (1993, p.14) definition of 'policy as discourse' the actors' role is so described: 'Actors are making meaning, being influential, contesting, constructing responses, dealing with contradictions, attempting representations of policy'. Moreover, meanings and purposes can be altered as a result of the negotiations amongst them (Lewin & Stuart, 1991). Ball (1993, p.14) adds the dimension of power to the definition of policy, which is exerted '... through a *production* of "truth" and "knowledge", as discourses'. Haddad and Demsky (1995, in Little, 2008) highlight the role of the actors involved and the processes, specifically on the policy decision level. Finally, Ball (1993, p.12) stresses the linkage between policy and inequality: 'Policy is not exterior to inequalities, although it may change them, it is also affected, inflected and deflected by them'.

A policy goes through different stages, and the *process* of its formulation is the key to understanding the policy (Grindle & Thomas, 1989; Grindle, 2004; Wolmer & Scoones, 2005, Little, 2008). Grindle (2004, in Little, 2008), exemplifies the policy stages in this way – specifically on educational reform: Agenda setting; Design; Adoption; Implementation; Sustainability. Here, if the view of policy is purely a political act and an expression of values and preferences which converge in an agenda, the process tends to be top down, resource blind and aspirational, driven more by political wants rather than the needs of the beneficiaries (Lewin, 2007). This is the case of aspirational planning, which occurs when planning is linked, for instance, to the EFA goals and its deadline, and it can foresee unrealistic ways to reach the goals, which disregard structural and financial realities (Lewin, 2007). Moreover, the influence of external agendas has likely consequences for sustainability (King, 2004) and runs the risk of aid dependency (King, 2009). Externally financed reform programmes often have expectations higher than what they can realistically deliver (Lewin, 1985, in Little, 2008), Furthermore, the "locus of

control” of decision-making can be low, due to the external pressure (Lewin, 1987, in Little, 2008, p.33).

For Mingat et al. (2003, p. 15), the policy cycle starts with a diagnosis of the problem, including its locus in the education system; the second step is the assessment of potential policy options to address it; and the last step is represented by a translation of the analysis into a well-justified and locally appropriate implementation strategy. Indeed, if a policy has to go beyond a mere statement of goals, and therefore has to be implemented, it needs an implementation strategy to be realistically and accurately planned, with a time-bound plan and allocation of resources (Lewin, 2007). Literature on ECD policy in particular adds other important elements that a national policy should envisage: ‘Policy indicators, measures and targets; a policy research plan; a policy advocacy and communication plan; a donor and partnership coordination plan’ (Vargas-Baron, 2005, p. 7). However, the policy cycle and its stages should not be considered in a rigid sequential order (Evans et al., 1995).

Another model adds to the stages mentioned above the assessment of the policy impact and the possibility of starting a new cycle. The whole cycle authored by Haddad (1994 in Little, 2008, p.17) is:

- analysis of the situation
- formulation of policy options
- evaluations of the options
- adoption of the policy decision
- the planning of the policy implementation
- the implementation of the plan
- assessment of policy impact; adjustments and transition of new cycle

Therefore, it seems pivotal to start the process of policy formulation with the diagnosis of a problem and the current status of ‘what *is*, and not what *ought* to be’ (Lewin & Stuart, 1991, p.6, original emphasis), in order to set the agenda (Lewin 2007; Little 2008; Vargas-Baron 2005).

Moreover, the analysis of the status quo should include other interlinked policies and plans, such as the PRSP, Education Policy, EFA Action Plan and so on. This because education plans funded by international donors are increasingly integrated into macroeconomic plans (e.g. PRSP), and tend to take the form of sector programmes (in other words, the Sector Wide Approach or SWAp programme) (Little, 2008; Lewin, 2008). Therefore, to study the linkages between targets at sector level and with the PRSP seem fundamental when analysing education policies in development aid scenarios. Indeed, especially in the case of policies in developing countries, poverty-focused planning has been recommended (Chambers, 1983, in Lewin & Stuart, 1991), and it seems to apply well to EFA Goal no.1, which envisages the prioritisation of underprivileged children (UNESCO, 2000). Nevertheless, the tendency towards ‘homogenous policy and practice’ (Lewin, 2008, p. 9) entails the need to give more attention to the contexts and to diversify planning (Lewin, 2008).

Furthermore, it seems worth adding that planning has increasingly become both a political and technical activity (Lewin, 2008; Scoones and Wolmer, 2005; Little, 2008), and the choice between policy options can be led, at different times, by ‘technical advice, bureaucratic implications, political stability and support, and international pressure, (Grindle & Thomas, 1989 in Little, 2008, p.32). This seems to suggest how complex policy formulation can be nowadays, and what dimensions are worth exploring - political, international agencies (Leftwich, 2005; Verger et al., 2012), and so on.

In Bangladesh, there seems to be very little literature on how the PPE policy is being developed, and particularly on the crucial aspect of the *process* of policy formulation (and the actors involved) within the policy cycle. Moreover, as the above literature has suggested, it is important to investigate the still little-studied process of policy formulation (from the diagnosis stage to the implementation plan) as it can influence the implementation to be successful or otherwise (Lewin & Stuart, 1991; Lewin 2007; Little 2008; Vargas-Baron 2005).

2.2 Educational innovation: relevant conceptual frameworks

The PPE policy is introducing a reform into the Bangladeshi educational system and is therefore an example of educational innovation in developing countries. Indeed, it is the first time that the Government of Bangladesh has issued a national policy specifically on pre-primary education, which ultimately aims to make three years of PPE available to all the children of Bangladesh (MOPME, 2008).

Hence, having defined what a policy is and discussing the stages of its development, this section will explore theories of educational innovation/reform and change – namely, the approaches to innovation elaborated by Lewin and Stuart (1991) and the conceptual framework developed by Havelock and Huberman (1977) to analyse educational innovation in developing countries – and key issues related to a successful implementation.

2.2.1 Approaches to educational innovation/reform

In Lewin and Stuart (1991, p.283), six approaches to innovation are described:

- Systems
- Bureaucratic
- Scientific
- Problem-solving
- Diffusionist
- Charismatic

In the systems approach, the goals of innovation identified are external to the education system, such the political level, and the innovator plans and implements the programmes that are suitable for reaching those goals. Moreover, according to this approach innovation is a rational process and implementation is designed for the purpose and with good practice recommended to the system's client.

In the bureaucratic approach, innovation is led by directives, imposed by a hierarchical system. The power to influence policy depends heavily on the hierarchy (Grindle & Thomas, 1991 in Little, 2008). The policy process can also be a way to preserve the education hierarchy (Hoppers, 2007 in Little, 2008). The scientific approach is when innovation is “guided” by evidence provided by research. In the problem-solving approach, the leading factor is represented by problems to be solved in the sector, such as a low completion rate. The diffusionist approach focuses on the social networks and interactions of the actors involved, which give them access to relevant information and are pivotal for the innovation to be accepted.

Finally, the charismatic approach is when charismatic persons are able to influence decision - makers thanks to their personality and charisma (Havelock & Huberman, 1977), and this group of people may be defined as “beneficent modernizers”(Hoppers, 2007, in Little, 2008). This approach is linked to organisational theory and specifically to the model of personalised power culture (Handy, 1993), where faith seems to be given to a selected number of individuals who emanate power from a centre, with a structure similar to a web (Handy, 1993). However the issue here is that once these people move to other offices or jobs, or retire, ownership and sustainability of the reforms they have initiated are jeopardised, as in Handy’s (1993, p.184) words, ‘A web without a spider has no strength.’

Furthermore, the evolutionary approach (Lewin & Stuart, 1991) seems to identify key features of a feasible and sustainable innovation: ‘... evolutionary approaches with continuity and sensitive phasing sympathetic to the absorptive capacity of institutions and individuals for change, (Lewin & Stuart, 1991, p. 16-17). This also means starting with small demonstrations before going to scale (Lewin & Stuart, 1991, p. 16-17). Similarly, Sutton (1999, p. 30) talks about an incrementalist model of policy change: ‘what is feasible politically is only incrementally or marginally different from existing policies.’

To conclude, it is likely that real policy formulation processes do not follow just a single approach, but may have aspects of more than one (Lewin & Stuart 1991).

2.2.2 The IAC model to analyse educational innovation in developing countries

The IAC (Infrastructure, Authority and Consensus) model developed by Havelock and Huberman (1977) offers a relevant conceptual framework for analysing educational innovation in developing countries. In synthesis, the authors argue that for a successful reform:

... in order to achieve major results quickly, an education system needs smooth planning and administrative machinery, optimal political conditions and, often, major resources in the form of trained personnel and equipment (1977, p.76).

More in detail, Havelock and Huberman (1977) identify three main dimensions which include key conditions to fulfil. The three categories are: Infrastructure (I); Authority (A); and Consensus (C).

Infrastructure (I) includes (Havelock & Huberman, 1977, p.76):

- a. correct definition of needs
- b. correct analysis of the problem
- c. a solution that is appropriate and materially possible
- d. implementation that is rapid and reliable

Here the importance of a robust diagnosis is stressed (Havelock and Huberman, 1977; Lewin, 2007).

Authority (A) refers to the optimal political conditions mentioned above in the quotation. Finally, the last category of consensus (C) is also a component of the political conditions, and as the word suggests, it means that the people concerned (and the public in general) agree with the project's objectives and implementation.

The authors identified possible combinations, depending on the low versus high level of the three dimensions. The result is six potential cases:

I+ C+ A+

I- C+ A+

I+ A- C-

I+ A+ C-

I- A+ C-

I- A- C-

Different problems in the projects may arise when low levels (-) of the components occur. In the majority of the cases contemplated by the authors (Havelock & Huberman, 1977), the problems lie in a low Infrastructure. Moreover, the level of Authority can influence the Consensus.

The authors present hypothetical scenarios, which can follow the six cases. For instance, I-A+C+ can become either I-A+C- or I-A-C-. Improvement of I- towards I+ is possible if the scale is limited (Havelock & Huberman, 1977). Moreover, the model distinguishes projects by scale (large and small-scale projects), in terms of people (e.g. teachers, administrators, foreign and national experts and so on), material and other technical resources, and connections, which means: ‘... plans, communication, decisions and co-ordinating arrangements which connect the people with one another and with the materials’ (Havelock & Huberman, 1977, p.85). Linked to this, the authors argue that the projects can be large scale or small scale in elements (EL+ or EL-) and in behavioural change (BC+ or BC-). In many cases, there is the intention to produce a breakthrough that is quantitative (large-scale in people, materials and connexions) and qualitative (large-scale in people’s behaviour or attitudes) (Havelock & Huberman, 1977, p. 86).

Since the literature on educational innovation of the 1970s focused predominantly on the difficulties encountered in implementation (Little, 2008), the next section will analyse more recent contributions on successful reforms.

2.2.3 Features of the successful implementation of a reform

A first key feature of a successful implementation regards the actors involved in the policy development from its formulation. In general terms, Little (2008) mentions a list of actors, which includes development partners and their consultants (employed through the form of TA), NGOs, academic institutions, and the Ministries concerned (Little, 2008). More in detail, Lewin (2007, p. 13) talks about ‘...a core task group with technical capacity, which may be complemented with technical assistance’. On ECD specifically, Vargas-Baron discusses ‘planning and drafting teams, national review committee and national ECD forum’ (2005, p. 71-72).

In this regard, the central role played by *national* political and educational elites to bring the reforms forward has been highlighted (Grindle & Thomas, 1989; Haddad and Demsky, 1995). In the East Asian context, Lewin (2008, p.3) mentions the crucial role of ‘modernising elites’, and Roy (2005) recommends the support of the Bangladeshi local elites to the reforms. Finally, Fullan (1989, in Little, 2008) warns about the risk of overlooking local leaders and opinion-makers, and more generally King (2010, p.452) affirms that ‘local dynamics’ deserve as much attention as the international ones.

Other key actors in externally funded reforms are represented by the international agencies. The literature stresses the role of the international organisations, particularly the DPs, in highly aid-dependent countries and programmes, as explained by Little:

On the one hand, international agencies interact with the agencies of national and local policy formulation; on the other, international agencies interact among themselves and with states and non-governmental organisations to create international declarations, policies, frameworks, guidelines and requirements (2008, p.41).

She also points out that the role of the international community to determine policy formulation in education – and education agendas (Verger et al., 2012) - and to finance the implementation is increasing, particularly when related to EFA goals (Little, 2008).

Indeed, the aid modality of the Sector Wide Approach (SWAp) aims to increase policy dialogue between development partners and local governments (Little, 2008), but it has also been argued that the SWAp modality and the PRSPs alike:

... simply represent more subtle forms of control by donors over national policy agendas whilst others point out the limited success of these initiatives in meeting their objectives. (Robertson et al., 2007, p.xxii)

The growing tendency of both bilateral and multilateral donors to fund SWAp programmes is a controversial one. The switch from the project modality widespread in the 1970s and 1980s towards the SWAp in the 1990s was basically motivated by the need to reduce aid fragmentation and improve the efficient use of international aid (Buchert, 2000; Ahmed, 2011). However, Buchert (2000) argues that the years of inefficient aid delivered through the projects may have led to a weakening of national structures and capacities (for instance, the recipient Governments), which are preconditions for a SWAp. From this derives the importance of extensive capacity building when initiating a SWAp (Buchert, 2000).

Moreover, the aim of the SWAp is to support national (sectoral) policies, promoting local government ownership and leadership (Buchert, 2000; Ahmed, 2011), accountability to the stakeholders, and transparency throughout the process, requiring the donors to align themselves with the governments' procedures, and fostering the participation of other stakeholders, particularly civil society organisations and the private sector (Buchert, 2000; Ahmed, 2011). This is consistent with the principles of the Paris Declaration (OECD, 2005), the blueprint on donor coordination. However, key concepts of a SWAp like the government ownership and the partnership between donors and recipient governments comprise contradictions:

The situation also where one partner or set of partners has thought up or designed the concept [Swap], and the other is said to own it, is also suggestive of a sleeping partnership or a token partnership. (King, 1999)

McGinn (1999, in Buchert, 2000) suggests exploring alternative strategies to the SWAp, so that international aid ‘...makes a difference to the teaching and learning in the classroom’, hence giving more attention to quality education. Moreover, the SWAp seems to feature a standardised model with little sensitivity to the contexts (Buchert, 2000), and the need for more flexibility and adaptability to local circumstances have been claimed (Ahmed, 2011; Little, 2008). A critique to the potential risk of a centralised management system in a SWAp programme is provided by Ahmed (2011), who refers to the Bangladeshi experience of PEDP II to point the finger against the weak strategy of decentralisation.

The influencing power of the donors is also affirmed by aid conditionality (Little, 2008). This latter modality has been criticised, as it may adversely affect the relationship with the recipient government, can impinge on the government’s ownership, and donors may overestimate the government’s capacity to fulfil the conditions (Green & Curtis, 2005). In this respect, Performance Based Financing (PBF) is a modality where a certain level (annual targets) of some performance indicators (known as Disbursement Linked Indicators or DLIs) is required in order to trigger payments. This is likely to give the DPs a leveraging power towards the expected performance. However, the DLI-system can also affect implementation negatively; for instance, by focussing attention only on those indicators that trigger disbursement instead of looking at the expected outcomes of the whole sector.

On the other hand, the growing use of budget support modality by the donors should reduce the impact of the donor community on policy formulation, in accordance with the principles of the Paris Declaration (OECD, 2005), which are also pre-conditions for a SWAp (Buchert, 2000). Indeed, some contradictions seem to exist between measures that appear to go towards a more balanced (if not reversed) power between DPs and local government, and others that seem aimed at keeping control and influence by the funding partners. Moreover, the budget support modality has been criticised for ‘...the risk that international support may replace rather than supplement national funding or that national

governments may not act in the interest of the target groups of the programme, namely the poor' (Buchert, 2000, p. 4).

The heavy role played by the Technical Assistance has been criticised since the 70s, when it was suggested that: '... later and lesser (or at least more staggered and decentralised) expertise and finance from without make for a more effective formula., (Havelock and Huberman, 1977, p.94), but it seems to be often maintained (Leach in Lewin & Stuart, 1991), although with the tendency to favour national expertise.

Problems in implementing (large) programmes managed by DPs and local Government can arise due to the different accountability systems. In particular, it has been argued that donors are not accountable to recipient governments' electorate, but they are accountable to their own electorate, which is far away and cannot see the results of aid (Easterly, 2006); moreover, development staff are promoted on different incentives to national staff (especially Government's officials). This can create differences of priorities, which can affect implementation. Moreover, a question concerning the EFA goals seems pertinent here: 'Who is ultimately responsible if and when these targets are not met?' (King, 2005, p.366).

Furthermore, a new scenario of aid development sees the rising of new donors (Woods, 2008; Colclough et al., 2010), and the traditional power relations changing between DPs, local governments and large NGOs. In particular, the interaction and influence between international and national agencies (Drake, 2001 in Little, 2008) and between international and national discourses can be seen as a two-way process (Little, 2008), to the extent that it is not easy to understand whether a national policy reflects international requirements or national concerns more (Little, 2008). In this fashion, similar ideas and agendas can be pursued by international partners like the WB and national actors such as a large NGO.

In addition to policy elites and technical teams, the participation of main stakeholders – such as implementers and beneficiaries – is recommended for a sustainable innovation (Lewin & Stuart, 1991). However, Lewin (2007) warns about the difficulties of undertaking participatory planning, as the process can be very resource- and time-consuming; moreover, this does not always mean a democratic approach (Little, 2008). In any case, in policy-making many interests have to be balanced, mobilised and reconciled (Little, 2008). In this respect, consultation with the main stakeholder groups is advised at later stages of the planning process, before finalising the plan, in order to obtain consensus and ownership on the changes that are introduced (Lewin, 2007; Vargas-Baron, 2005); it can also create the basis for future accountability (Chambers, 2005). Looking more in detail, Grindle (2004, in Little 2008) stresses the importance of the relationship between government and unions to approve the implementation strategy and to sustain policies. Regarding this latter stakeholder group, Lewin & Stuart (1991) point out that the changes cannot work if practical solutions are not provided to the practitioners, who are supposed to deliver PPE and produce the expected results.

Further to the analysis of the actors' participation and decision-making power, the success of innovation depends on the implementers' capacity to implement the changes. Fullan (1989, in Little, 2008) focuses on teachers, and the understanding, skills and training required to implement the desired changes. Moreover, the administrative support (by managers, front-line implementers and mid-level bureaucrats) is considered a feature of a successful implementation (Little, 2008). Failing to properly include the implementers – and to attend to their capacity needs – may stop or overturn implementation (Evans et al., 1995 in Little, 2008). On the inclusion of the implementers or 'target getters', Lewin (2007, p. 31) specifies: 'Target setters have to identify target getters, communicate targets effectively, and gain consensus and commitment to their achievement'.

Therefore, when planning innovation, the implementers' capacity constraints – both financial and non-financial – are to be properly diagnosed and addressed, the responsibility chain clearly defined, and targets appropriate for the level of each different

group need to be set and should be able to evolve depending on the course of the implementation. Otherwise, a gap between target setters and target getters is likely to occur and hamper implementation (Lewin, 2007).

Similarly, organisational theory (Handy, 1993) identifies some variables which can explain how organisations function, and therefore should be considered when pursuing any change. These variables are, amongst others: motivation, the role of rewards and punishment, responsibilities, training and leadership (Handy, 1993). The importance of incentives in the relation principal-agent is highlighted in Braun (1993), where it is also stated that both parts expect a gain from the collaboration (Moe, 1984, in Braun, 1993). Milward and Provan (2000) refer specifically to the intermediaries in delivering public services, namely non-profit organisations and the private sector. Here, the importance of a clear principal-agent relationship, adequate resources (including incentives) and a certain level of stability of the system are mentioned as conditions for a sustainable and effective collaboration (Milward & Provan, 2000). Moreover, the authors Milward and Provan (2000) add that the more effective cases are when the principal (the State) produces some services instead of only governing.

Some literature warns about the possibility of a diminished quality of education when programmes of expansions are implemented (Colclough & Lewin, 1993). The concept is embedded in the theory of the ‘planner’s paradox’ formulated by Lewin, and synthesised by him here:

Innovation is needed in education systems that fail to deliver equitably an acceptable quality of service; innovation is disruptive, resource consuming, and unevenly implemented; as a result, in the short term it is likely to adversely affect the equitable delivery of a service at an acceptable level of quality (2007, p.6).

Moreover, remote and rural areas are likely to be the ones most affected by the disruption, where the teachers are usually less well informed about change or prepared for it (Lewin, 2007) and where the majority of underprivileged children live. The point

here is that a certain level of stability for a certain period of time is needed in order for the benefits of the reform to outweigh the initial inevitable costs. Otherwise, as Little explains:

If systems are too heavily stressed with a multiplicity of new practices, confusion and inconsistency may proliferate and initial enthusiasm evaporates in favour of apathy or resistance.’ (2008, p.24).

This is also due to the fact that education systems are affected by *inertia*; they tend to repeat the same mistake and hardly learn from past experiences (Lewin & Stuart, 1991). In other words, there is a tendency to carry on “politics as usual” (Grindle & Thomas, 1989, in Little, 2008).

Looking more in detail, a successful innovation needs feasible and detailed implementation strategies (Fullan, 1989, in Little, 2008) that can be monitored and adjusted accordingly. Furthermore, a process of iteration and updating is required, due to changing circumstances that can alter the initial assumptions (Lewin, 2008).

However, it is important to take into account that the surrounding social, economic and political systems may need a transformation in order for the desired education innovation to happen and for it to be durable (Lewin & Stuart, 1991).

2.3 Conclusions: relevant findings and gaps in the literature

In conclusion, the literature provided a workable framework for understanding the Bangladeshi PPE policy development from formulation to implementation, and for analysing this case of educational innovation with the aid of relevant organisational and innovation theories - in particular, the IAC model elaborated by Havelock and Huberman (1977) and the approaches to educational innovation (Lewin & Stuart, 1991).

It has highlighted topical issues and identified gaps in the literature which seemed worth addressing in this thesis, as detailed here below:

1. It seems that the *process* of policy formulation in relation to its implementation has been little investigated, despite the fact that the literature stresses the importance of studying the process so as to eventually identify the weaknesses and strengths pertaining to the formulation process, which seem to affect a successful and sustainable implementation, particularly the type of diagnosis and planning.
2. As the literature affirmed, the key aspects of the process to investigate are the stages and the actors involved, especially national actors and the international community. This is consistent with a definition of policy as *discourse(s)*. Here the approaches to educational innovation developed by Lewin & Stuart (1991) provide relevant categories for depicting the Bangladeshi case.
3. The literature stresses the importance to involve the implementers in policy formulation for a successful implementation, and a gap on this issue was found.
4. Literature has highlighted the influence of national and international discourses on the reforms, especially the EFA goals, and the risk of aspirational planning.
5. Since policy and inequality are interlinked, and innovation seems to initially affect equitable delivery negatively, it seemed important to fill a gap concerning the existence of any priority criteria or a strategy to target the underprivileged children, as well as looking at what actions have been planned and how, compared to what has been implemented so far.
6. As the literature stressed the importance of a realistic implementation strategy, it seemed worthwhile to fill a gap in the literature on the PPE implementation plan embedded in PEDP III, and to compare it with what has actually been implemented so far. Here, the IAC framework (Havelock and Huberman, 1977) seems still highly relevant, especially with its focus on the Infrastructure (and the planning phase in particular)
7. Since PE policy introduces a reform, the literature on theories of change and educational innovation provided insights for building a framework to understand the key feature of this case study, towards a successful implementation of the policy.

8. The approaches to educational innovation helped depict this case of educational innovation and interpret the main features of the process of policy formulation in respect to its implementation, endorsing a concept of a policy cycle as a flexible sequence of stages

The next chapter explores the literature on PPE in the international development scenario and in the Bangladeshi context. The gaps in the literature which were identified in Chapters 2 and 3 will lead to the research questions, as explained in Chapter 4 on the methodology.

Chapter 3: Pre-Primary Education (PPE) in the international development scenario and in the Bangladeshi context

This chapter represents the second part of the literature review on PPE at both the international and national level. The first section (3.1) explores Pre-Primary Education (PPE) in the international development scenario. After the first definition of terms, the literature is interrogated by these questions: 1. What are the main features of PPE (or ECD more in general) in the international development scenario? 2. What are the main issues?

The second section (3.2) narrows down the focus onto the Bangladeshi case. First, it gives an overview of PPE in the primary education sector (3.2.1). Here the questions were: 1. What is the current situation of PPE in Bangladesh and what are its main issues, embedded in the primary education sector? 2. What is the background of PPE policy and practice? (3.2.2). The answer to the question on PPE practice in Bangladesh triggered another sub-section on the specific role of the NGOs (3.2.3), as they were found to be a main service provider of PPE/ECD. Here, the literature was interrogated by this question: 1. What are the main features of the NGOs' experience in the PPE/ECD sector, and what is the role played by the NGOs in the PPE sector in general?

Finally, the analysis of the literature led to the identification of gaps (3.3), which were worth investigating in this case study.

3.1 Pre-primary education in the international development scenario

First, a brief reminder of the key terms is given here. “Pre-primary” and “pre-school” education are often considered synonymous, and are usually included in the wider categories of Early Childhood Development (ECD) interventions or within the Early Childhood Care and Education (ECCE) services, in both cases as a sub-category. This literature review has focussed on PPE – since it is the topic of the thesis – which

encompasses the education provided to 3 to 5 year old children before they enter primary school, as it is also in the Bangladeshi policies (MOPME, 2008). However, the field of research has sometimes been extended to ECCE and ECD, because some literature is not on PPE specifically.

A growing amount of international literature deals with Early Childhood Care and Education (ECCE) or the larger field of Early Childhood Development (ECD). The Six EFA Goals (see Annex 9) and particularly Goal no. 1¹, and subsequently the World Education Forum and establishment of the Dakar Framework (UNESCO 2000), constitute landmarks on the progress of ECCE in development aid. A few years later, UNESCO (2006) dedicated the annual report on EFA – the Global Monitoring Report (GMR) - to ECCE, where several examples of programmes implemented in low-income countries showed an increasing commitment by Governments and donors in this sector.

The Gross Enrolment Rate (GER) into pre-primary worldwide reports a general increment from 1999 to 2010 from 32% to 48% (UNESCO, 2012).. However, although many countries now have commitments to expand it (UNESCO, 2012) and policies are being developed (OECD, 2001; Bella and Loizillon, 2010; UNESCO, 2006; CGEECD, 2007; ARNEC, 2011a), much of the provision is still private and unaffordable to underprivileged children (Arnold et al., 2007; UNESCO, 2012), and in many countries the share of the education budget devoted to the preschool level is still low (UNESCO, 2012). Indeed, the role played by the private sector in PPE seems significant, particularly in developing countries for ‘A large share of pre-school enrolment in many low and lower middle income countries is in private institutions’ (UNESCO, 2012, p.52), and considering the fact that in countries like Bangladesh the middle class is expanding. Therefore, lack of equitable access for the most vulnerable children (Arnold et al., 2007; UNESCO, 2012), seems to have become one of the reasons supporting the expansion of pre-schools and more generally ECCE in developing countries.

¹ ‘Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.’

Moreover, research-based evidence, although complex, shows the benefits that the pre-school experience can have on pupils' later academic achievements, particularly for children living in underprivileged conditions (Arnold et al., 2007; UNESCO, 2006; Save the Children, 2009; ARNEC, 2011b; Young, 2002, CGECCD, 2007, Naudeau et al., 2010; UNESCO, 2012). This is supported by research in neuro-science on the brain development of a child, which shows rapid growth in the first years of life (Engle et al., 2007).

Therefore, an argument has been made for an expansion of PPE, affirming that it can help reach Universal Primary Education (UPE hereafter), improve the performance of primary education, and in particular contribute to tackling the high drop-out rate (Hunt, 2009), which still affect many developing countries (UNESCO, 2006; Hunt, 2009; Lewin, 2011). Again, the greatest benefits seem to be for the underprivileged children, as PPE can compensate for the lack of learning support which those children may experience at home (UNESCO, 2006; Hossain et al., 2010). This links to the purpose attached to PPE to facilitate transition to primary schools.

The importance of transition seems especially valid for low-income countries where some key performance indicators of primary education are still unsatisfactory, such as drop-out and completion rates, and learning outcomes (CAMPE, 2009; BBS & UNICEF, 2009; Flimer et al., 2006). On the other hand, there is a risk that pre-school can merely replicate the type of education offered in the first grade of primary school but just one year earlier, instead of providing a different, distinct learning experience, where play is one of the main features (Myers, 2006; Choi, 2008). However, the “weight” attributed to the transition purpose and particularly to the academic component over the play-based learning and attention to the socio-emotional development may differ widely, often depending on the socio-cultural and economic contexts and the category of the stakeholders (Profeta, 2011), like the case of the parents in Malawi described by Rose and Kholowa (2007).

Health and nutrition are important components of the more general ECD programmes and policies in developing countries (UNESCO 2006; UNESCO & UNICEF 2012), and the EFA Goal no. 1 on ECCE is supposed to address health issues as well as educational ones (Lewin, 2007). The relevance of those two components is also because it has been demonstrated that nutritional factors affect children's cognitive development and therefore interventions in this sector – especially if they address the needs of undernourished and malnourished children – can positively influence present and future educational attainments (Engle et al., 2007; UNESCO, 2012; Buxton, 2011). Moreover, as child development encompasses cognitive, physical, social and emotional aspects (Berk, 2005), ECD programmes are intended to promote the child's holistic development (Penn, 2008; MOWCA, 2010), in an integrated manner (ARNEC 2011a; UNESCO 2006, 2012). This is also explicitly foreseen for ECCE in the Dakar Framework (UNESCO, 2000).

Linked to the concept that PPE can help children perform better in their future education, some literature has made a case for ECCE for disadvantaged children, affirming that it can contribute to improving children's present and future living conditions (UNESCO, 2006, 2012), and therefore contribute to achieving other Millennium Development Goals (see Annex 9) in addition to the one on UPE (Mingat et al., 2003). This leads to the argument that interventions in the early years can break the poverty cycle (CGECCD, 2007; Naudeau et al., 2010), and that investments in ECD have a potentially high rate of return (Young, 2002).

However, the quality of PPE is an important variable to consider, for there can be a vicious circle where the poverty conditions of some children influences the quality of education they can afford, and the poor quality education they receive then influences – or reinforces – their underprivileged situation (Rose and Dyer, 2008). Indeed, as said above inequitable access to quality PPE/ECCE is generally claimed in low-income countries (UNESCO, 2006, 2012), including the Asia-Pacific region (UNESCO & UNICEF, 2012; Profeta, 2012).

Finally, another crucial feature of PPE (and more in general ECD) seems to be the level of flexibility of the programmes (UNESCO, 2000, 2006; Woodhead, 2010; Profeta, 2011, 2012). This is because flexibility allows the programmes to meet the families' different needs and the context-specific characteristics, especially the diverse resources and constraints. From this point derives the importance of the stakeholders' participation in PPE, especially at community and school level, to find context-relevant solutions and to promote ownership and sustainability, as well as downwards accountability (Chambers, 2005).

3.2 Pre-primary education in Bangladesh

3.2.1 PPE and the primary education sector

The Bangladeshi primary education sector is large and complex. In 2009 it catered for about 16,500,000 children in 10 different types of schools, of which the Government Primary Schools (GPSs) catered for about 9,750,000 children, and the Registered Non-Government Primary Schools (RNGPS) for about 3,500,000 (MOPME, 2011a). The third type of school with a high number of children is represented by the religious schools (Madrasas).

Additionally, non-formal primary education is well-rooted in Bangladesh, and it caters mainly for the children 'who never enrolled in or who had dropped out from the government and non-government primary schools' (MOPME, 2011a, p.52), and as a recent study evidenced, 'learners are generally from poor households, many in the category of extreme poverty' (MOPME, 2011a, p.53).

In Bangladesh there are two Ministries which are responsible for the education sector: the Ministry of Education (MOE) and the Ministry of Primary and Mass Education (MOPME). This latter covers only the segment of primary and pre-primary level,

including non-formal education. The MOE is considered a more powerful Ministry than the MOPME.

Primary education in Bangladesh has seen a steady improvement in the net enrolment rate (NER hereafter) from the year 2000 onwards (World Bank, 2008), and has now reached 96.8%, as reported in the recent government data (DPE-GOB, 2013). Moreover, Bangladesh is proud to have reached gender parity (GPI) in terms of net attendance rates for primary education (BBS and UNICEF, 2010), although it acknowledges the many inequalities that Bangladeshi girls still have to face in their daily life (MOE, 2010).

Despite the achievements in the NER, some key performance indicators pertinent to primary education remain unsatisfactory, namely the survival rate to grade V at 75.3% and completion rate of 73.8% (DPE-GOB, 2013). Drop-out is a topical issue of primary education in Bangladesh (Cameron, 2010; Hossain et al., 2010; Haque et al., 2013), although the rate is decreasing over the years from 47.2% in 2005 to 26.2% in 2012 (DPE-GOB, 2013). The transition rate to grade VI is 97.5% from a report dating 2008 (DPE-GOB, 2013), but it seems much lower for the poor children (Cameron, 2010). However, it is important to highlight that data reliability is an issue still affecting many figures (DPE-GOB, 2012, 2013; UNICEF, 2012).

Therefore, pre-primary education has been considered one of the possible interventions to improve these indicators and in particular to lower the drop-out rate (MOPME, 2008; Hunt, 2009). As mentioned in the previous section (3.1), this is supported by research that shows the positive effects deriving from the pre-school experience, especially in the early years of primary school and for underprivileged children (Chawla-Duggan et al., 2010; UNESCO, 2006; Penn, 2004).

On the number of PPE eligible children, ‘...the total number of children aged 5-6 in 2008 was estimated to be 3,200,000, (MOPME, 2011a, p.53). The attendance rate of children aged 3-5 years was 15% in 2006 and 23% in 2009 (BBS and UNICEF, 2009), therefore leaving out nearly 80% of the age cohort. The statistical tables of EFA GMR 2012

(UNESCO, 2012) report the same data of GER and NER² in pre-primary education (for 3 to 5 year old children) of 13%, referring to the year 2010. The last Annual Sector Performance Reports (ASPRs) issued by the GOB in 2012 and 2013 show a significant increment in the number (not percentage) of children enrolled in the Government's pre-primary classes; moreover, an estimation – although not very reliable - of the grade 1 students with pre-primary education³ is given in the last report, with a round figure of 50% in 2012. Nonetheless, the GOB itself states that 'PPE is not well developed in Bangladesh' (DPE-GOB, 2012, p.59).

Indeed, the differences in the data show the difficulties of obtaining reliable and comparable data on the actual situation in Bangladesh. In other words, in some cases it is the NER, but in others the GER or the Net Attendance Rate (NAR), and they refer to children of different year groups. In this respect, the GOB (MOPME, 2011a, p.53) acknowledges: 'Due to differences in definitions of PPE and absence of age-wise breakdowns on PPE enrolments, data on the number of 5-6 year olds currently participating in some form of PPE is unclear.' The difficulties lie also in the fact that in Bangladesh the data on the actual coverage should include all types of preschool classes, which are: preschool classes attached to Government Primary Schools (GPSs hereafter), preschool classes attached to Registered Non-Government Primary Schools (RNGPS), private kindergarten and community preschools run by NGOs. On the issue of the availability and reliability of the relevant data, the Government has planned to improve the Annual School Census (ASC) – the main source for data on education – and to prepare a new integrated database to map participation in pre-primary education (MOPME, 2011a). The preparation of the database is part of the PPE implementation strategy, which will be analysed in Chapter 5.2.

Finally, although specific data on pre-school participation disaggregated by the economic status of the families was not found in the retrieved literature, the UNESCO (n.d.) database on inequalities (WIDE) reports that in Bangladesh the pre-primary attendance

² Gross Enrolment Rate (GER) , Net Enrolment Rate (NER).

³ In the Government Schools (GPSs) and Registered Non-Government Schools (RNGPs)

rate in 2006 is 18% for the poorest quintile, and 28% for the richest one. GOB data show that only 22.4% of the poorest children attending Grade I went to a pre-primary programme in the previous year, while that number jumps to 49 per cent of the least poor children (MOPME, 2011a). In synthesis, access to PPE is inversely correlated with poverty (Hossain & Zeitlyn, 2010), and is higher in urban areas than rural ones (especially remote places) (Nath & Sylva, 2007; Hossain & Zeitlyn, 2010). Therefore, a situation of inequitable access to PPE seems to be a major issue, discussed at the ministerial meeting of South Asia countries on EFA with focus on the “un-reached”, in 2009 (MOPME, 2009).

3.2.2 PPE between policy and practice

This section aims to give an overview of the background of PPE in Bangladesh in terms of the relevant policies that have been developed and the programmes implemented, and to identify gaps in the literature to be filled by this research project. The policy documents on PPE are here just outlined for they have been extensively analysed as part of this research (see Chapter 5).

At the international level, Bangladesh has committed itself to most of the relevant international declarations, including the United Nations Convention on the Rights of the Child (UNHCHR, 1989), the EFA Goals (1990) and the Millennium Development Goals (2000) (see Annexes 8 and 9).

At the national level, amongst the most important policies issued in the following years and related to PPE are: the National Children’s Policy in 1994; the National Plan for Children 2005-10; and more generally, the Sixth Five-Year Plan (SFYP hereafter) (GOB, 2008), which is part of the poverty reduction strategy (PRSP) for the period 2011-2015. Another major national policy document on education is the National Plan of Action for EFA II (2003-2015), which is purposely conceived as a pro-poor plan (MOPME, 2003), and meant to complement the Poverty Reduction Strategy Paper of the country. Expanding ECCE at the national level is one of its four main objectives, and Chapter 6 in

particular is dedicated to ECCE. Here ECCE comprises both formal and non-formal initiatives, with a focus on ‘family and community based programmes’ (UNICEF, 2009, p.60).

The policy on PPE in Bangladesh seems to reflect a favourable regional scenario. Indeed, in the Asia Pacific region several countries have recently developed ECD policies (UNESCO & UNICEF, 2012; Rao & Sun, 2010a,b; Evans, 2008; SEAMEO INNOTECH, 2011; ARNEC & UNICEF, 2008), and an authoritative regional network on early childhood (ARNEC⁴) has been created, with the support of UNICEF and UNESCO.

Moreover, the PPE policy seems to have important antecedents in the past history of Bangladesh. In the 1970s and 1980s, the Education Commission acknowledged the importance of early childhood education in the country and “baby classes” were introduced to government schools (Quamruzzaman, n.d.). The “baby classes” consisted of one year pre-school preceding the first primary school class, and were mainly informal and not run systematically. In addition to these “baby classes”, private initiatives such as kindergartens, religious pre-schools attached to Madrasas, day care centres, nursery schools and other early learning opportunities offered by NGOs have been increasing over time (Quamruzzaman, n.d.; Nath and Sylva, 2007).

A proper policy on pre-primary education came only in 2008 with the 'Operational Framework for Pre-Primary Education' issued by the Ministry of Primary and Mass Education (MOPME, 2008). This is a comprehensive policy document which provides guidelines on the curriculum and material to be developed, operational strategies and capacity building. Regarding the implementation strategy, the long term plan is that pre-primary education will be provided to all 3 to 5 year old children, and in the short term only one year of PPE will be set up for all 5 year old children, with priority given to those who are poor (MOPME, 2008).

⁴ Asia-Pacific Regional Network for Early Childhood, webpage: www.arnecc.net/

Therefore, the educational reform introduced by the policy consists in officially adding PPE to the educational mandate of the Government, in a phased manner. However, for the time being PPE is not yet a right guaranteed by law, which is the same situation as in India, for instance (Bandyopadhyay and Behera, 2010). Indeed this is a big change, and in a highly populated country like Bangladesh it requires a considerable increase in resources (for instance, for teachers' salaries, staff training and curriculum, infrastructure, materials and so on), and the current scenario of multiple providers mentioned above (NGOs; private and religious institutions; communities and state for the baby classes) seems to entail a way forward that is far from easy.

As to the policy implementation, only two years after the Framework the GOB declared to have already started the recruitment of 37,000 PS teachers for the 37,672 GPSs (Habib, 2010). Soon afterwards a report from the Government (DPE-GOB, 2012) stated that about 80% of primary schools had pre-primary classes, and a national newspaper affirmed that:

‘... the prime minister said her government has introduced pre-primary sections in about 57,000 schools and there is a target to introduce it in all schools by this year.’
(The Daily Star-Agencies, 2013, p. n.a.) .

This fast implementation raised concerns about the quality of PPE provided, confirmed by information on the real situation in the field collected by SIDA:

Some GPS schools have opened “*choto* one” classes which are supposed to prepare pre-school children for Class 1. Most schools in our areas say that they neither have the space or staff to be able to manage this despite a Government directive to do this. (SIDA, 2010, p.69)

Generally, PPE seems to be unevenly implemented, and insufficiently equipped, with an overstretching of the existing resources (Aktar, 2013). This therefore raises the issue of quality PPE as well as equitable delivery.

A more comprehensive policy implementation strategy seems to have come with the Primary Education Development Programme (PEDP) III, where PPE has become one of its components.

PEDP III is one the largest programmes in the world for primary education, targeting nearly 17 million children, with a five-year budget of USD 8.3 billion (MOPME, 2011a). According to the World Bank (2012), the total budget estimated for the first four years was USD 5.89 billion. It is a sub-Sector Wide Approach (SWAp) programme (see Chapter 2.2 for a discussion on the aid modality of the SWAp), aiming to support the National Education Policy (NEP hereafter) and specifically the primary (and pre-primary) education sector. The programme is externally co-funded by a pool of nine bilateral and multilateral donors, as detailed here below:

Table 3-1 Development Partner Disbursement (USD millions)

Development Partner	Total	Percent
ADB	320.0	30.32 %
World Bank	300.0	28.42 %
DfID	190.0	18.00 %
EU	70.0	6.63 %
CIDA	65.0	6.16 %
Sida	45.0	4.26 %
AusAID	35.0	3.32 %
JICA	30.0	2.84 %
<u>UNICEF</u>	<u>0.5</u>	<u>0.05 %</u>
Total	1,055.5	100.0 %

(adapted by the author from MOPME, 2011a, p.25)

Ahmed (2011) discusses the SWAp modality from the PEDP II experience, to offer some lessons learnt in view of the new PEDP III. In synthesis, the main argument is that the SWAp option might not be the most suitable solution for Bangladesh, and a more flexible approach is suggested (Ahmed, 2011). Going into more detail, he identifies three points to look at for better management of the programme: an increase in and better management of the resources; the need for an effective decentralisation strategy; and the need for a regulatory framework for the multiple providers (Ahmed, 2011).

In this literature review, the PPE component of PEDP III is not included because it has been thoroughly analysed in this thesis as part of the documentary analysis (see Chapter 4 on Methods), and the findings are discussed in Chapter 5. Likewise, other PPE policy-related documents issued in the country are only mentioned here below with the purpose of completing the policy background, whereas a longer description is provided in Section 5.1 and the findings of the analysis are in Section 5.2.

Indeed the second half of the 2000s saw the development of a number of policies concerning education, and in particular ECD/PPE. In 2010 a new National Education Policy (NEP) was issued by the Ministry of Education (MOE, 2010). This was the first time in Bangladesh that a national education policy had been implemented without being compromised by political instability (MOE, 2010). The national policy includes PP too.

Concerning ECD, the Ministry of Women and Children Affairs (MOWCA) has recently formulated a ‘Comprehensive Early Childhood Care and Development (ECCD) Policy Framework’ (MOWCA, 2009). This document represents a fundamental step in the history of early childhood policy in Bangladesh. It deals with PPE too, and has been developed within the global initiative, aiming at formulating a framework on ‘what young children should know and are able to do at different stages in their lives’ (MOWCA, 2009, p.2) and it has been followed by a related document on the ‘Early Learning and Development Standards (ELDS)’ for Bangladesh (MOWCA, 2010).

3.2.3 PPE and the role of NGOs

There is an impressive number of NGOs in Bangladesh, and they play a pivotal role in development aid. One of the world's largest NGOs, the Bangladesh Rural Advancement Committee (BRAC)⁵ is from this developing country. Research has investigated the relation between the NGOs and the GOB, and a change of the power balance towards the latter has been recently argued (Haque, 2002).

For many years, pre-primary education “practice” was the domain of the NGOs, where several initiatives flourished. A Bangladeshi ECD Network (BEN) gathers many of the actors involved in ECD in the country. BEN has issued a directory on the organisations working in the ECD sector, and its website⁶ shows that 260 organisations are active in 2013. Probably, there are many other smaller organisations which have not been reported, and which provide ECD services to the communities at field level.

Based on a previous edition of the ECD directory prepared by BEN, van Ravens (2008) created a list of the main ECCE providers. For the age group 3-6 year olds, the main providers were: the BRAC Education Programme (BEP); the Bangladesh Shishu Academy (BSA); the national NGO Integrated Community Development Project II (ICDP); and three large NGOs such as Save the Children US, Plan Bangladesh and Care International. To give an idea of the main NGOs' coverage, van Ravens (2008) reports that a total of about 1,300,000 of 3-6 year old children are catered for by the NGOs (data from BEN's directory of 2007). This notwithstanding, it is not clear how much of this information is reliable or whether the numbers are linked to funds, and as the GOB (MOPME, 2011a, p.53) affirms, ‘Due to differences in definitions of PPE and absence of age-wise breakdowns on PPE enrolments, data on the number of 5 -6 year olds currently participating in some form of PPE is unclear....’. However, according to the PEDP III main document, an updated map of the actual provision of PPE (called an integrated database) is due in the first year of PEDP III.

⁵ Website: (<http://www.brac.net/content/who-we-are-0>),

⁶ <http://www.ecd-bangladesh.net/>

Regarding the type of PPE provided by the NGOs (sometimes in collaboration with UN agencies and/or the Government) in general it is considered more structured and of higher quality compared to the Government's initiative of the "baby classes" mentioned earlier. This also because some organisations (especially the large ones) are often engaged in other ECD/PPE activities on top of service delivery, such as teacher training, material and curriculum development and community mobilisation. Furthermore, the NGOs have been lobbying for ECD/PPE with the Government for many years, both as individual agencies and organised in networks such as CAMPE.

Some of the NGOs' programmes have been evaluated and in particular the impact of pre-primary education on primary schools has been assessed (Nath and Shahjamal, 2008; Moore et al., 2008; Aboud & Hossain, 2010). This includes programmes run by the Government in collaboration with UN agencies such as UNICEF and UNDP (Mitra and Associates, 2005; UNICEF, 2010). Generally, the findings show a positive correlation between the preschool experience, enrolment to grade 1 and the children's academic performance at least in the first year of the primary. The duration of the positive effects of PPE beyond grade 1 is controversial (Nath and Shahjamal, 2008; Moore et al., 2008; Aboud and Hossain, 2010).

Therefore, it seems that role played by the NGOs in PPE is a significant one, especially in remote areas and in general with the underprivileged children. Collaboration between the GOB and the NGOs is foreseen in the policy, and incorporated in the PEDP III.

3.3 Conclusions: relevant findings and gaps in the literature

This overview of the literature explored PPE in the international development scenario, to finally focus on PPE in Bangladesh.

The gaps and issues identified are:

1. PPE in Bangladesh is a topic still little investigated, despite the momentum it has gathered in recent years.
2. More specifically, the PPE policy that is being developed is little investigated, especially the process of policy formulation in relation to its implementation.
3. Other related policy documents (such as NPA, ECD policy, and the like) apparently have not been studied much as a comprehensive analysis of the PPE policy.
3. PPE policy implementation through PEDP III (both the plan and the outputs from the first year(s) of implementation) has been little investigated, especially in relation to policy formulation.
4. As the literature has demonstrated, there is a lingering situation of unequal access to PPE, both internationally and in Bangladesh, and this seems to be a topic also little investigated.
5. As the literature has illustrated, the quality of PPE accessible to the underprivileged children is an issue both internationally and in Bangladesh, and this seems a topic little investigated in the country.
6. PPE/ECD policies are being developed in developing countries and the South East Asian region. Here, there seems to be an influence of international discourses, particularly in relation to the EFA goals, which seems to have been little investigated in the case of PPE policy in Bangladesh.
7. The literature on PPE/ECD has shown the importance of involving the beneficiaries (community, parents) in this sector for the PPE programmes (and therefore policy implementation) to succeed. The involvement of the beneficiaries of PPE policy in Bangladesh seems little investigated.
9. The important role played by the NGOs with regards to the PPE policy formulation and implementation seems also not much explored.

In the next chapter, on the methods of data collection and analysis, the first section will explain how the gaps in the literature identified in Chapters 2 and 3 led to the research questions. Then the second part will describe the methodology and methods applied for this research, and how the analysis of the data has been conducted. Finally, fourth section

will offer ethical reflections on the role of the researcher and some aspects of this specific investigation.

Chapter 4: Methods of data collection and analysis

4.1 Research questions

As stated in the introduction, the aim of this research is to develop new insights into the process of policy formulation and to establish how this may affect subsequent policy implementation. Hence the focus is on the link between formulation and implementation, as the title of the research indicates.

The research questions have been formulated based on the gaps identified in the relevant literature (Chapters 2 and 3). Moreover, a number of conversations with some of the main stakeholders helped to clarify what the topical issues were, from their privileged positions and particularly their daily involvement in the field of pre- and primary education in Bangladesh. More in detail, here below I explain how the research questions address the gaps identified in the literature (Chapters 2 and 3).

The Research Question (RQ hereafter) no.1 addresses specifically the policy formulation process: RQ 1. How was the policy formed? Indeed, the literature stresses the importance of studying the process of policy formulation (Little, 2008) so as to eventually identify the weaknesses and strengths pertaining to the formulation process, which seem to affect a successful and sustainable implementation, particularly the type of diagnosis and planning required (Havelock & Huberman, 1977; Stuart & Lewin, 1991; Vargas-Baron, 2005; Lewin, 2007, 2008). Moreover, there still seems to be little investigation of the process of policy formulation in relation to its implementation.

The main research question is divided in five sub-questions, to focus on relevant aspects of the process:

RQ 1 a. What have been the stages of policy formulation followed?

RQ 1 b. Who were the social, political and economic development partners involved in the policy formulation and what has been the role of the development partners and their contribution in comparison with the national actors?

RQ 1c. What has been, if any, the involvement of the implementers (Government officials, teachers, NGOs) and of the beneficiaries (community, parents) in the policy formulation?

RQ 1 d. What discourses and identified needs informed the policy?

RQ 1e. Does the policy envisage any priority criteria or strategy to target the underprivileged children?

As the literature has affirmed (Chapter 2), the key aspects of the process to be investigated are the stages (Haddad, 1994 in Little, 2008; Mingat, 2003; Grindle 2004; Wolmer et al. 2005) and the actors involved, especially the national actors and the international community (Lewin & Stuart, 1991; Haddad and Demsky, 1995; Little, 2008). Likewise, the literature stresses the importance of involving the implementers and the beneficiaries in policy formulation for a successful implementation (Fullan, 1989 in Little, 2008; Lewin & Stuart, 1991; Evans et al., 1995 in Little, 2008; Vargas-Baron, 2005; UNESCO & UNICEF, 2012). Moreover, the literature has highlighted the influence of national and international discourses on the reforms, especially the EFA goals (Lewin, 2007; Little, 2008), and the importance of an adequate needs analysis has also been pointed out (Havelock and Huberman, 1977; Lewin, 2007).

In Chapter 3, a lingering situation of unequal access to PPE/ECCE both internationally (UNESCO, 2012; UNESCO & UNICEF, 2012) and in Bangladesh (MOPME, 2011a, UNESCO, n.d.) has been reported. It therefore seems worthwhile investigating the existence in the policy of any priority criteria or a strategy to target the underprivileged children, and comparing it with the actions planned and implemented so far.

Again, the importance of focusing on the policy formulation lies in the fact that significant features of the process (especially diagnosis and planning) can influence implementation (assuming that policies should be implemented). Therefore, the second main research question specifically aims to investigate the link between formulation and implementation:

RQ 2. What are the factors related to the formulation process that are likely to influence – constrain or facilitate – implementation?

To do so, the first sub-question is on the implementation plan and its principal characteristics of feasibility, for the literature has stressed the importance of realistic and feasible implementation plans for a successful innovation (Havelock and Huberman, 1997; Lewin, 2007), and suggested focussing on the relation between principal and agent (Moe, 1984; Braun, 1993; Handy, 1993; Milward & Provan, 2000). It also includes a specific question on delivery to the underprivileged children:

RQ 2 a. Is there an implementation strategy/plan? Does it seem to include the main features of viability (such as a realistic timeframe, allocation of adequate resources, feasible relations between principal and agent)? Does it incorporate any prioritisation strategy/criteria to deliver to underprivileged children?

The second sub-question analyses the implementation conducted so far, compared to the plan, and again has a specific question on delivery to underprivileged children:

RQ 2 b. Is the policy being implemented as planned? Is delivery to underprivileged children being implemented?

The last question focusses on the links between policy formulation (RQ1) and execution (RQ 2 a and b) to eventually offer informative speculation on the next phases of implementation:

RQ 2 c. What aspects of the policy formulation seem to affect current and future implementation?

4.2 Methodology and methods

The epistemological approach that underpins this study is interpretivist, in the sense that the process of policy formulation has been analysed from different perspectives and interpreted by the researcher (Dunne et al., 2005; Cohen et al., 2007; Bryman, 2008). This seems to apply well to the topic of this research, as policy can be considered as discourses (Little, 2008), the dimension of the actors involved in the process is pivotal

(Haddad and Demsky, 1995, in Little, 2008), and the negotiations between actors can change the meanings and purposes of the reform that is being put forward (Lewin & Stuart, 1991).

In particular, I have tried to capture the multiple meanings embedded in the actors on the policy formulation and the potential implications for implementation, in order to identify areas of consensus and minority views. The aim is to finally create a consistent narrative of the PPE policy formulation and development in Bangladesh that has tried to resolve some of the differences in perspective. The ‘emergent issues’ (Cohen, 2007, p.85) consisted of issues above the level of the individual as well as those sometimes at the level of the individual.

The methodological framework of this study has been partly informed by inductive theory (Bryman, 2008), as I made an analytic description of the data using categories relevant to my research questions and then I generated hypotheses that have a certain explanatory power and can feed into the theory. However, I also had hunches deriving from the theory (literature review) that guided the formulation of the research questions and the data collection. Therefore, the research process conducted seems to confirm that: ‘... just as deduction entails an element of induction, the inductive process is likely to entail a modicum of deduction’ (Bryman, 2008, p.11).

Likewise, the research process undertaken seems to show both a positivist approach - for the deduction from initial hunches and the search for validity and reliability in research (Section 4.4) - and an interpretivist view of the reality - proven by the acknowledgement that the data have been interpreted, as well as by the attempt to capture multiple perspectives embedded in the different respondents and to keep an open attitude towards un-expected findings throughout the research process (Bryman, 2008). Indeed, interpretivist and positivist stances may co-exist in the practical conducting of research, as ‘... particular epistemological principles and research practices do not necessarily go hand in hand in a neat unambiguous manner.’ (Bryman, 2008, p. 17).

Regarding the research strategy, since the implementation of the policy is at an initial stage the study of qualitative data seemed more appropriate; the findings may eventually identify areas for a subsequent quantitative investigation (Vulliamy et al., 1990). However, where relevant and available, secondary quantitative data have been used to complement the qualitative component, such as statistical data (e.g. number of pre-schools and children), and budget figures.

Therefore, I used predominantly qualitative data to understand and interpret a series of events that led to the development of pre-primary policy. In particular, I sought to understand the roles of various actors, their actions and omissions, and the consequences that followed the process of policy formulation. To that end, corroboration and deduction, as much as induction, were the analytical methods utilised.

Furthermore, this study is an illustrative case study (Stake, 1995, 2005; Ragin & Becker ed., 1992; Flyberg, 2006) of pre-primary education policy development (from formulation to early implementation) in a developing country. Hence the case is a specific one and does not aim at generalisation, albeit the researcher knows that this case will be compared to other similar situations (Stake, 2005), and the reader may find elements relevant to other policies and cases. Therefore it aimed to depict the complexity and situatedness of the case, and although it cannot generalise, it tried to find out 'What can be learned from the particular' (Cohen et al., 2007, p.85).

As to the methods, they can be defined thus:

By methods, we mean that range of approaches used in educational research to gather data which are to be used as a basis for inference and interpretation, for explanation and prediction (Cohen et al., 2007, p.47).

I chose the methods based on the topic, the aim of the research, and the type of research questions, in consistency with the methodological approach and taking into consideration the context and research conditions. These latter include the time availability and job

constraints (which, for instance did not allow me to go to remote places) and my then approaching departure from Bangladesh.

In the end, interview and document analysis were chosen as the main methods, as detailed in the sub-sections below (4.2.1 and 4.2.2). In Annex 4 is a table showing the main research questions, the methods and tools utilised, the source(s) of data (sample) and the sampling criteria, and the unit and level of analysis.

As mentioned in Chapter 1, as the researcher I have been personally involved in part of the process, as a professional working for a donor supporting the policy implementation in 2011 and 2012; for this reason, I excluded the use of the participant observation technique because of the conflict of interest between my position as a researcher and my job. This was also to protect the confidential relationship with the key informants, who might have felt threatened by being observed during working meetings. However, my personal involvement in part of the process has increased my capacity to ‘... catch the subjective meanings placed on situations by participants, defined as the *emic* approach (Cohen, 2007, p.169), although with significant limitations, as discussed later (Section 6.4).

4.2.1 Key-informant interviews and participant selection

An interview can be defined as ‘... a *conversation* in which two people talk about a theme of mutual interest’ (Kvale, 1996, p.36, emphasis added). Therefore, interviews can capture the actor’s multiple perspectives (Cohen et al., 2007; Kvale, 1996) by engaging in a conversation with the participants (Silverman, 2006), guided by a method (Kvale, 1996). The image of the researcher-interviewer entails important ethical considerations, which are described in Section 4.5.

Operationally, I formulated a semi-structured interview schedule (Dunne et al., 2005; Kvale, 2006; Cohen et al., 2007; Bryman, 2008) to address the research questions and aim, in a way that was consistent with the methodological approach. A first list of

questions (Annex 3) was then piloted and adjusted accordingly. For instance, I reformulated one question, as I discovered that it was not clear to the respondents.

I purposely included some open questions to allow ‘... a new perspective on issues that they usually take for granted’ (Silverman, 2006, p.351) to surface. For instance, question no. 15: ‘What do you think about the implementation plan?’ (Annex 3), allowed for some relevant aspects of the plan to emerge, which a semi-closed or closed question would not have permitted, such as the feeling of shared responsibility for the delays, which was expressed by a DP. Question 16 is followed by two different sets of questions, and the choice between the two depended on whether the respondent knew about the ongoing implementation or not.

Generally, the order of the interview questions followed the sequence of the research questions, hence investigating first the formulation then the implementation. In most cases, a first more general question was asked on a topic and then more specific questions followed. As stated above, open questions were asked, so as to allow for unanticipated issues to emerge (e.g. ‘How do you think the policy will be implemented?’), whereas the more specific questions were intended to investigate particular issues (e.g. ‘What is the implementation plan that the Government has formulated?’).

Flexibility seems a crucial feature of an interview (Kvale, 1996). Practically speaking, this meant slightly changing the order of the questions so as to adapt the interview protocol to the specific case (Kvale, 1996), and in particular, to follow the flow of the interview and avoid asking a question if the answer had already been given. In some cases, the question was rephrased to make its content clearer; this links with the limitations of the language gap (see Section 6.4). This required the researcher’s robust knowledge of and confidence in the interview protocol, as well as genuine trust in the participants’ skills and knowledge (Kvale, 1996; Dunne et al., 2005). This notwithstanding, the same questions were addressed to all the participants for corroboration purposes.

Moreover, a flexible attitude instead of a rigid approach was also very useful for creating a relaxing atmosphere, and to cope with the inevitable recurring disruptions of some interviews (i.e. with the Directors in the MOPME).

However, issues of power between the researcher and the participants emerged (Cohen et al., 2007), and these have therefore been addressed in Section 4.5, as well as other ethical concerns pertaining to the method of the interview.

In one case I conducted a group interview with teachers' union members. This technique allows for discussions to develop as results of the interactions amongst the participants, but can also limit the emergence of minority views and hinder timid people from speaking. In this respect, therefore, I encouraged the respondents to expand, when different opinions surfaced, and I explicitly asked questions to everyone in the group, so as to give all the participants the chance to speak (Cohen et al., 2007).

Regarding the list of people to interview, I first sought the participation of the people who were involved in the pre-primary policy development (initial implementation) and, as far as possible, the people who had been involved in the formulation process previously. Identification and selection of these participants was based first on my knowledge of their involvement in the process and as reported in the documents reviewed (Chapter 3.2), hence a purposive sampling criterion (Silverman, 2006; Cohen et al., 2007; Bryman, 2008). Then "Snowball sampling" (Bryman, 2008) was used to a degree, as new people were added to the list (see Annex 1), according to the information provided by the interview participants themselves, who mentioned the names of people who were or are involved in PPE formulation and implementation.

Moreover, I tried to balance the number of participants from the social, economic and political organisations, which were involved in PPE policy formulation and development. The final list included 23 respondents (see Annex 1 for the detailed list): 4 people from development organisations (called DP respondents in the text), both multilateral and bilateral, consisting of one UN agency, two donors and one bank; 6 people from civil

society organisations (called CSO respondents in the text), which were three NGOs, one ECD network organisation, one NGO umbrella organisation and one ECD resource centre affiliated with the Institute of Education Development (IED) of the BRAC University (BU); 5 people from the Government of Bangladesh (called GOB respondents in the text); and 8 members of four teachers' unions (called TU members in the text). One interview per participant was undertaken, for a total of 16 interviews and 23 participants, hence including the group interview with 8 participants (see Annex 1 for the list of the coded interviews).

As stated before, within each category I selected the organisations and Government departments that were more involved in PPE, during the time of the interview and/or previously in the policy formulation period, and specifically the people who were more involved in PPE in the organisation. This included those in charge of PEDP III in their organisations (DP category); those responsible for PEDP III in the GOB (MOPME-DPE), and those specifically in charge of the PPE component and at the head of the PPE Unit (GOB category). In the CSO category, the people who were more involved were either the programme managers/advisors, or the directors. The choice between the former or the latter depended on their involvement in the process.

As regards the teachers' unions, I was given the chance to conduct a group interview with four unions, which seemed to be the biggest and most representative in the country, and each union decided who to send to the interview as a spokesperson.

It is worth mentioning here that during the interview I discovered that around 60% of the respondents had worked for more than one participating agency in the previous 5-10 years: working for one agency during the policy formulation period and for a different one by the time of the interview. For instance, a DP respondent who, during the period of the formulation of the policy (the PPE Operational Framework), had been working for an important NGO involved in PPE/ECCE, was working for UNICEF by the time of the interview. In another case, a respondent working for an NGO network had collaborated with the Government at the time of the formulation of the policy. This was a datum

supporting the theory of an elite of experts, which will be extensively discussed in Chapter 5.

Regarding the number of respondents selected, this was based on the research scope and questions, keeping the balance between categories, and allowing for an in-depth qualitative analysis of the data. Moreover, the data saturation criterion (Cohen et al., 2007) guided the number of interviews.

Participants were recruited at meso-level, which is intended to be the national, central level, because it was not possible for me to investigate the micro-level too, due to job and time constraints. To be more specific, my temporary contract did not allow me to visit projects in the field; furthermore due to time constraints, I was unable to organise visits to the pre-schools by myself because I had to leave Bangladesh in June 2012 for family reasons. The micro-level was therefore researched only indirectly, with the particular aim of seeking to understand how and to what extent national actors drew on knowledge from the micro-level (beneficiaries and implementers at field level) in their approach to policy formulation (needs diagnosis).

It should be noted that the respondents held different hierarchical positions in their agencies (e.g. the MOPME DPE Director and the PPE Cell Director). Their positional status is important in relation to the significance of their views, and the agencies themselves may well differ in weight in the scenario of development aid (e.g. the banks compared to other minor donors); therefore, although they all participated in the policy process, they are likely to have contributed to the policy (formulation and implementation) in a different manner due to their different levels of decision-making power (Dunne et al., 2005). To take it into account for analytical purposes without violating the right to anonymity and confidentiality established at the outset (see Section 4.5), a list of the agencies and positions of the respondents is provided in Annex 2, but in the text the statements of the respondents have not been linked to an individual agency or person. This was in order to provide the reader with information that would be useful in understanding the power relations amongst the respondents, and at the same time to

protect both the persons and the agencies, otherwise easily identifiable. Moreover, each agency put forward its own agenda and different accountabilities (especially between the national and international actors), which were likely to play a role. This latter point is the object of discussion in Chapter 5.

Finally, Section 4.3 explains how the analysis of the data from the interviews was conducted.

4.2.2 Document analysis and document selection

The definitions and perspectives of the different stakeholders, captured through the interviews, have been linked to the relevant documents to illustrate the process of policy formulation and how this seems to impact on different aspects of implementation. Indeed, the documents contain information which the sole method of interviews cannot provide, especially those documents in the public domain which are often written by professionals (Cohen, 2007), and show ‘... what participants are actually doing in the world – without being dependent on being asked by researchers ...’ (Silverman, 2006, p.157).

Regarding the document selection, I have chosen first the key policy documents (listed in Annex 2) and reports (by relevance criterion), being the milestones for pre-primary education in Bangladesh, which I have become familiar with thanks to my previous University assignments on PPE in Bangladesh and the region (Profeta, 2010; 2011), the literature review conducted (Chapter 3), and my job (convenience criterion) (Cohen et al., 2007). Further documents have been added to an initial tentative list because I knew about them thanks to the analysis of the first set of documents, or through the interviews, hence following the snowball sampling criterion (Cohen et al., 2007). Moreover, new documents made available after the first year of PEDP III have been added, although in draft version (namely the draft Aide Memoire 2013 and the draft ASPR 2013). Finally, ethical considerations on the use of documents, which may be confidential, are included in Section 4.5.

The final list (Annex 2) includes both documents specifically on PPE (namely, the PPE Operational Framework and PPE component of PEDP III) and others that contain provisions for PPE (e.g. the ECCD Framework, the national education policy (NEP), and the national plan of action for EFA II (NPA II). In Section 5.1 there is a scheme (Figure 5-1) showing the documents in the light of their relevance. At the lower level of relevance there is, for instance, the Poverty Reduction Strategy Paper (PRSP). The importance of linking education policies with PRSPs is highlighted in the literature (Little, 2008).

A description of the documents in terms of their nature, provenance and focus (Cohen et al., 2007), is included in Section 5.1. Furthermore, for the reader's further reference, a classification is provided in Annex 7 of the type of documents, based on the binary categories: Formal/Official-Informal/Lay; Published-Unpublished; Public/Private domain; Professional/Lay; For circulation/Not for circulation (Cohen et al., 2007). Eventually, 15 documents were analysed (Annex 2): some in depth, some in less detail, depending on the information contained in relation to the research questions and the analysis flow, using the method of content analysis (Cohen et al., 2007). A description of how the analysis was performed is provided in Section 4.3.

Therefore, the findings derived from the analysis of the interviews and the documents were used to construct a narrative by combining new information, perspectives and issues with my initial knowledge and hunches.

4.2.3 Stake's programme evaluation matrix

In the paper entitled 'The countenance of educational evaluation', Stake (1967) elaborates a matrix for formally evaluating educational programmes (see Annex 10). The data matrices include antecedents, transactions and outcomes of an educational programme, and Stake stresses the importance of considering the antecedent and transaction data, and of focusing on the relationship between the categories (Annex 10).

Stake's (1967) matrix seemed particularly suitable for assessing the implementation of PPE embedded in the Primary Education Development Programme III (PEDP III). Indeed, the tool allows for a comparison between antecedents, transaction and outcomes of an educational programme, in terms of what the intents were; the observations made by the evaluator; the standards for similar cases; and the final judgements of the evaluator (Stake, 1967).

In the case of this research, the antecedents were the implementation plan and the establishing of 37,000 PP classes; the transaction was represented by the first two years of the PEDP III-PPE component; and the outcomes corresponded to what had been achieved so far. This was in terms of what the intentions of the plan were; the observations that the researcher-evaluator made, based on the analysis of documents and interviews; the standards reported in the literature review about a successful programme of educational innovation (Chapter 2); and the judgements made by the researcher in view of the future steps of the implementation (Section 5.2, Table 5-3).

In this manner, the matrix allowed for a comparison between the implementation plan (antecedent) and the initial implementation (transaction). In so doing, the findings answered Research Question 2 b: Is the policy being implemented as planned?

Moreover, the judgements based on the differences or otherwise from the relevant theories for a successful implementation (standards) and the available evidence of two years of the programme (transactions), provided information in order to build a theoretical framework for this case of educational innovation (Chapter 6).

4.3 Data analysis

Overall, the data were collected through 16 interviews and 15 documents (in 2011 and 2012), as described in Sections 4.2.1 and 4.2.2 above. I started the data interpretation very early, as soon as I had obtained the data (by taking notes immediately after the interview or after reading the document), and this continued throughout the whole duration of the research (Cohen et al., 2007). In the analysis, I aimed to

‘...portray...interpret...discover patterns...generate themes...raise issues’ (Cohen et al., 2007, p.461), and eventually to give a holistic sense to all the pieces.

More specifically, the documents were then analysed with the technique of content analysis. This procedure was selected taking into account the fact that the research questions had been informed by the researcher’s familiarity with the context and with the key documents (Bryman, 2008). Cohen et al. (2008, p.475) define content analysis as ‘... the process of summarizing and reporting written data...’, and it includes ‘Making speculative inferences... It requires the researcher, on the basis of the evidence, to posit some explanations for the situation, some key elements and possibly even their causes’. (Cohen et al., 2008, p.483).

Therefore, after the selection process (Section 4.2.2) the documents were described (Cohen et al, 2007) as mentioned in Section 4.2.2, and then a systematic analysis based on the framework of the research questions was conducted (Bryman, 2008; Cohen et al., 2007).

Practically speaking, the analysis of both the transcribed interviews and the documents followed this sequenced process:

- Step 1. Data were coded by source (category of participant or title of the document)
- Step 2. Data were sorted by research (sub)-question (the categories)
- Step 3. Topics were identified and listed
- Step 4. Issues were identified within and across the topics
- Step 5. The generated issues were divided into groups (the themes)
- Step 6. The themes were then linked to the literature, commented on and reviewed
- Step 7. A coherent informed discussion was formulated

(Adapted by the author from Roberts-Holmes, 2005; Cohen et al, 2007; Bryman, 2008).

The analysis of the diverse perspectives allowed the identification of elements of consensus and differences of opinion. As a final result, a narrative (based on the ideas where there was consensus and including minority views) telling the story of the

Bangladeshi PPE policy development from formulation to early implementation and likely next phases was created, and the case study of educational innovation in Bangladesh was depicted (Chapters 5 and 6).

Since implementation of the Government's pre-primary programme had just started when this research was being conducted (in 2011 and 2012), only a preliminary analysis was possible, which looked for the implications deriving from the analysis of the formulation process and findings from the first two years of implementation (in particular, the first year of PEDP III from June 2011 to May 2012 reports and the interviews, and draft reports on the second year from June 2012 to May 2013).

Therefore, the process was judged against what it "should" include, involve and so forth, based on the theoretical framework (Chapters 2 and 3), and whether the assumptions revealed in interviews and documents seemed to be valid. More specifically, the literature argued that policies need to be developed with enough attention paid to their assumptions, such as the participation of key stakeholders, resource implications, and modes of implementation and the like, in order to lead to a sustainable implementation (Havelock and Huberman, 1977; Vargas-Baron, 2005; Lewin, 2007; Little, 2008).

The outcomes of the analysis can be summarised as follows. This research led to an understanding of policy formulation in relation to PPE in Bangladesh, offering insights into the interfaces between policy and implementation that determine how intentions are reflected in action. It provided insights into what aspects and issues can be considered relevant, with the aim of reducing the gap between policy formulation and implementation, as seen from different perspectives. Despite the situation of political instability for the last 20 years in Bangladesh, the research did not focus on the internal politics of the country because of the shared commitment of all political parties to the education policy (hence including PPE). Finally, the study showed innovative practices (e.g. the collaboration with the NGOs and elite of experts) and pitfalls (e.g. inadequate assessment of the implementers' capacity) that might provide insights or inspiration for

other countries (Ward, 2011). In so doing, the research has contributed to knowledge in a field little explored so far.

4.4 The credibility, reliability and validity of the research

Regarding qualitative research, Silverman (2006) mentions several criteria for evaluating the credibility and reliability of a piece of research. Here below I explain how I addressed them.

Regarding the appropriateness of the methods for the questions, content analysis of the documents is appropriate, as the policy documents and reports are a main source for the investigation of a policy and its implementation; interviewing is appropriate for investigating the process of policy formulation from different perspectives, especially given the importance of the actors when studying policies (Little, 2008). My theoretical and methodological assumptions are made clear in the dedicated Chapters 2, 3 and 4. As for the connection to the theoretical framework, in Section 4.1 I have explained how the research questions are intended to fill the gaps identified in the literature review; in the discussion Chapters 5 and 6, the references to the theoretical framework are explicitly shown. The criteria for selecting this case are explained in the rationale (Section 1.2). The process and the procedures for data collection (including sampling and related power issues) and systematic analysis have been extensively described in the previous sections (4.2 and 4.3), where I also stated that I started the data analysis and interpretation from the outset (Section 4.3). Here, the steps followed have been also listed, including the formulation of themes and categories. Furthermore, all the intermediary files from the tabulation of the raw data to the discussions (Chapter 5) are available, so as to allow a comparison between data and interpretation, and to understand how themes and issues have been identified from the data (texts and transcribed interviews). A detailed discussion of the findings is provided in Chapter 5, with extracts of the data when appropriate (Silverman, 2006). The final narrative was formed by ‘... matching one participant’s view with another and/or with the documents, and by pursuing internal

consistency' (Silverman, 2006, p.46), as proven by the opportune reference to the data made in the discussion (Chapter 5).

Validity can be achieved by comparing different kinds of data, in other words by triangulating different sources, methods and type of data (Cohen et al., 2007; Bryman, 2008), to the extent appropriate in qualitative research (Silverman, 2006). In my case, I have constantly compared the information given by different sources and the judgements of multiple stakeholders (multi-judge reliability), in order to better understand an issue and to have different perspectives on the topic. In the discussion (Chapter 5), minority views have been also included, as mentioned in Section 4.3 above. Furthermore, the reflections made by the researcher and the trusting relationship with the participants (see Section 4.5 below) have corroborated the validity, reliability and authenticity of this research (Bryman, 2008; Cohen et al., 2007; Silverman, 2006; Kvale, 1996).

On respondent validation, Silverman (2006) affirms that it can be considered *inappropriate* to qualitative research. Moreover, in my case it is not possible, because I am not in Bangladesh any longer, and since the number of respondents is quite high, it would be very difficult to reach all of them via Skype and discuss all the findings in an equal manner. Some individual respondents have been contacted by e-mail with queries, when gaps in information and understanding arose, but without response. Perhaps this was due to the fact that I am no longer in Bangladesh and the relationship with the respondents has become less confidential over the time. However, new documents were made available to me (namely, the draft Aide Memoire 2013 and the ASPR 2013), which provided answers to some of the queries.

Finally, included in the "bias" that can occur, there are the "Halo" and Hawthorne effects. The "halo" effect is when the respondents are seen with a positive prejudice, as if they had a "halo" on their heads. This perhaps happened when I interviewed senior nationals, whom I considered very experienced. By acknowledging this, I tried to mitigate it and I took it into consideration when interviewing respondents and analysing data. The Hawthorne effect is when people know that they are participating in research and they

therefore act differently to the way they would in a more usual situation (Cohen, 2007). This certainly applies to the interviews in general. In this respect, I tried to minimise this effect by explaining to each respondent their right to confidentiality and anonymity, and by trying to create an intimate and informal relationship with the respondents, as well as by taking it into consideration during the data analysis.

In the sections below, ethical considerations and the limitations of this study are presented, for a complete description of the methodological stances.

4.5 Ethical considerations

Ethical stances in research (Dunne et al., 2005) have been considered as part of the methodology, following this principle:

... an *appropriate* methodology ... requires that individuals involved in it be treated with sensitivity and respect, and *that there be no division between this ethical requirement and other requirements of the method* (Oakley, 2005, p.243).

Therefore, several measures have been put in place, especially concerning the interviews. First, at the outset of each interview a consent form and information sheet were given to the respondents (Roberts-Holmes, 2005). Second, the right to confidentiality and anonymity was guaranteed to protect the respondents, especially from the risk of possible repercussions from their organisation or their government. This meant that the actual names of the interviewees have not been disclosed and therefore the statements have remained confidential. Third, to protect the respondents and their agencies, I did not link the statements with the agency (see also Section 4.1 on the list of participants). Fourth, the option to withdraw from the research at any time was explained at the outset. Fifth, I explicitly stated my availability in case of any request for further clarification or any other issues, and my permanent e-mail address was on the information sheets. Moreover,

it was made clear that a summary of the findings would be made available to any research participants who might request it.

Consent to audio-record the interview was also explicitly asked, and in only one case was denied – the interview with the MOPME DPE Director. In that case, detailed notes were taken instead.

As for the reciprocity issue in conducting interviews (Kvale, 1996), I explained to the participants what benefits they and their job could receive from offering their opinions, and this was reiterated in the information sheet and consent form too.

Asymmetry of power (Dunne et al., 2005) between the researcher and the respondents was considered as well. Indeed, my identity as a professional person working for a development partner (DP), and especially a donor agency, has influenced the research in several ways. In particular, it is likely that some of the respondents considered my position to be powerful and this may have influenced their answers. My identity as a researcher or an “expert” in education may have also intimidated and influenced the respondents. However, I believe that being aware of these risks, reflecting on the interview conversations held (Kvale, 1996) and taking it into account during the analysis was an effective way to mitigate this. Furthermore I gave particular attention to the “factors concerning the researcher” (Cohen et al., 2007, p.145), such as attitude and behaviour: for example, to be respectful, patient and empathic, and to use appropriate questioning techniques (Cohen et al., 2007, p.145). This notwithstanding, I think that there is no way of cancelling the power relations between interviewer and interviewee (Lather, 1991; Kvale, 1996) and that anyone can have multiple identities which inevitably influence any social encounter.

Regarding the document analysis, one of the advantages of analysing documents is that: ‘Texts are usually readily accessible and not always dependent on access or ethical constraints’ (Silverman, 2006, p.157). However, the use of some documents might be confidential; in this respect, the documents selected for this research are official policy

documents and reports produced by DPs and the GOB, which are normally available to the public. They were either available on the Internet or made available to me by the PEDP III partners for the purpose of this thesis.

Finally, reflexivity is considered a crucial feature of conducting research. This statement describes well the role of reflexivity endorsed here: ‘Reflexivity works to allow us to make informed interpretations of what we experience...’ (Dunne et al., 2005, p.87). More specifically, as a reflexive researcher (Dunne et al., 2005) I have reflected on myself, my multiple identities, and how it could affect my research (Lather, 1991), and consequently how to deal with issues that may arise.

As mentioned previously, during the time of the data collection (2011-2012) I was a development practitioner working in the Education section of a donor agency supporting PEDPIII in Bangladesh⁷. Hence, to some extent, I was an insider. My position as such had positive and negative aspects. First, it gave me easier access to both documents and people. Second, I was able to interpret the findings from a privileged position – from “inside” the process. This meant being able to understand and embed my analysis in a familiar socio-cultural context (I lived in Bangladesh for nearly five years, from 2008 to 2012), and to intersect discourses in text and interviews with the dynamics I personally experienced in my daily work with the actors (I was directly involved in the implementation of PEDP III).

On the other hand, my involvement in the process and with the actors may have influenced my interpretation of the data, as well as my relationship with the respondents during the interviews. The way I addressed this concern was twofold. First, I systematically followed a clear and robust methodology, as described in the previous sections. Second, a reflexive attitude throughout the process made me aware of the possible *bias*, which I tried to mitigate on the spot. For instance, I tried to maintain a low profile during the interviews, especially with the GOB respondents; and I cross-checked

⁷ I worked for the EC in 2011 and 2012.

information between respondents and with the documents. Moreover, I left my job and Bangladesh before starting the analysis of the data; this gave me more freedom and perhaps more objectivity in conducting the analysis.

At the same time I was also an outsider, because I did not participate to the formulation of the policy directly; I was not an implementer; and I was a foreigner temporarily living in Bangladesh. These can be considered limitations as well as opportunities (see Section 6.4 below).

Lastly, in addition to the identity of development practitioner and colleague of the actors, I am also a researcher in International Education. This may have created issues of power during the interviews, as discussed above.

Chapter 5: Findings of the research questions

This chapter reports the findings from the interviews with key stakeholders and from relevant documents around the research questions. It generates data from the analysis of policy documents, implementation plans and reports, as well as interview accounts (see Chapter 4 on methods). In more detail, Section 5.1 provides a description of the selected policy documents and reports. Section 5.2 discusses the findings following the logic of the research questions. Therefore, Section 5.2.1 describes the process of policy formulation; Section 5.2.2 is on the early implementation; and the Section 5.2.3 focuses on the linkages between formulation and implementation. The last part (5.3) provides a summary of the whole chapter.

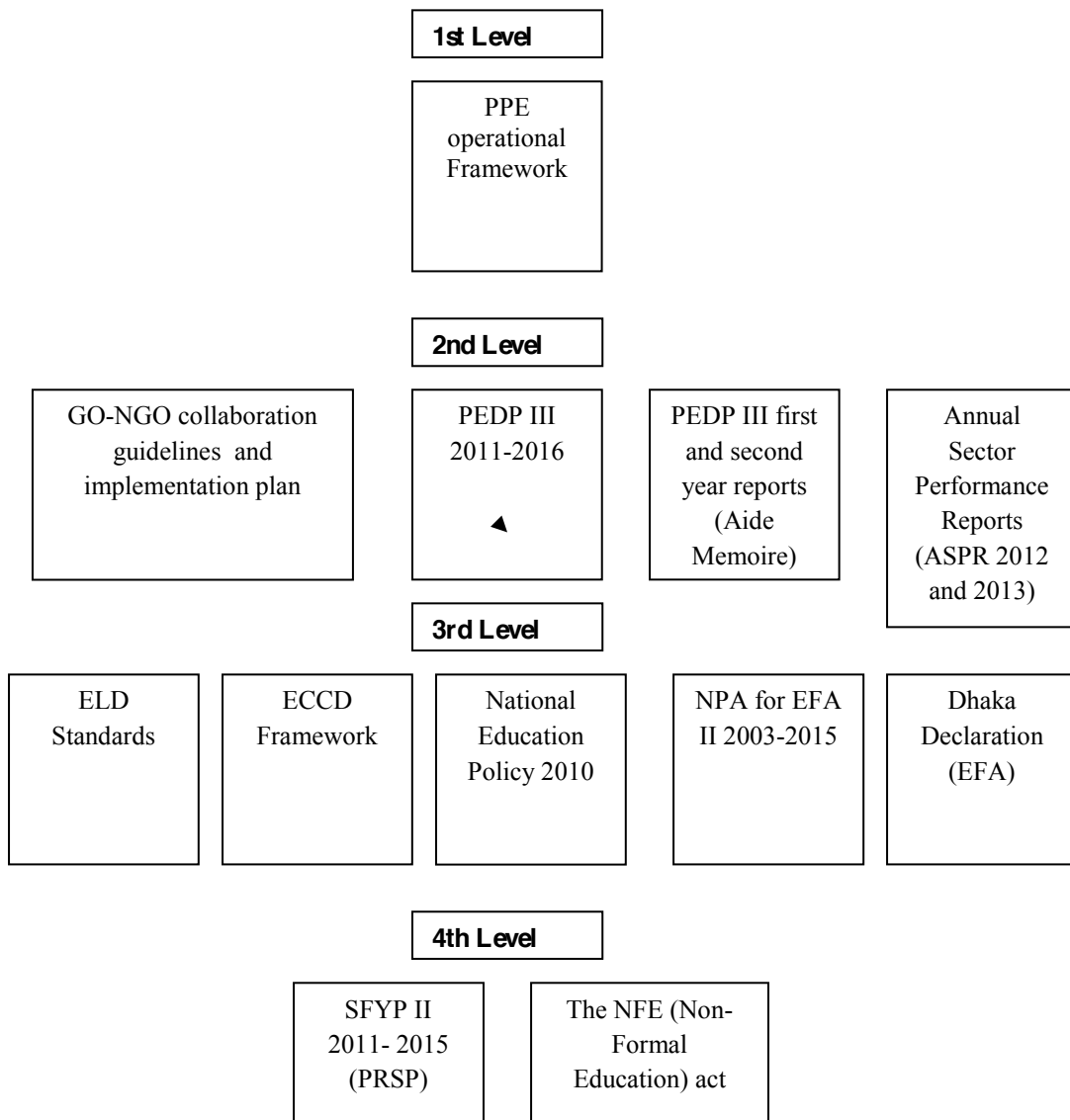
5.1 Description of the selected documents

As explained in Section 4.2.2, fifteen documents have been selected, between policy documents relating to PPE and reports on the initial implementation (Annex 2). Only the Operational Framework on PPE deals specifically and comprehensively with PPE. Indeed, most of the respondents referred to the operational framework when asked about the PPE policy. However, some of them talked about the National Education Policy (NEP) as a proper (education) policy, which includes PPE too, and the operational framework is given a “lower” political and legal status. Others mentioned the PPE curriculum, and the GO-NGO guidelines and implementation plan as part of the documents regulating the implementation of the PPE policy, although some of these documents were still under preparation during the data collection and not many respondents were aware of the content. One respondent mentioned the National Plan of Action (NPA) II for EFA 2003-2015 as part of the PPE policy. All the policy documents mentioned above that were available (for instance, not the curriculum) have been analysed in this research. A description of the selected documents is provided below.

Fifteen policy documents and programme reports have been analysed, following the selection criteria described in Chapter 4.

Below is a scheme showing the documents in the light of their relevance to PPE, where the most relevant ones are placed on the top (1st level). First is the PPE operational framework, which is the only one specifically on PPE. On the second level are the documents on the implementation of the PPE policy, which are all documents produced under the PEDP III programme. The documents placed on the third and fourth levels deal with PPE secondarily, as only a part of the whole document talks about PPE:

Figure 5-1: The documents on PPE in Bangladesh, on four levels of relevance



In Annex 2, the documents are listed in chronological order. In the section below I shall discuss each document in terms of its nature, provenance and focus. More details are provided for the six documents that deal principally with PPE, and a less rich description is given for the seven documents that refer to PPE only marginally.

1. The ‘Operational Framework for pre-primary education’ (MOPME, 2008) is considered the main policy document for PPE. It is an official document, published in 2008 and authored by the Ministry of Primary and Mass Education (MOPME) in partnership with UNICEF. The document is specifically on the “operationalisation” of PPE in Bangladesh, hence on PPE in practical terms, and contains guidelines, visions, goals and operational strategies, including a curricular framework.

2. The third Primary Education Development Programme (PEDP III) (MOPME, 2011a) is the official document of the third national programme of primary education of Bangladesh, covering the period 2011-2016. It follows the first and second PEDP. The document is dated June 2011 and is authored by the GOB, Ministry of Primary and Mass Education (MOPME), DPE (Department of Primary Education). It is a vast text (nearly 400 pages), divided into a programme document and an implementation guide, including budget sheets. PEDP III contains provisions to implement the PPE policy, hence it includes *de facto* the PPE implementation plan. Pre-primary education is a new component of the national programme, which states that mainstreaming PPE is an educational reform implemented through PEDP III. The programme is co-funded by 9 development partners: (ADB, AusAid, EU, DfID, SIDA, CIDA, JICA, UNICEF and the World Bank), and is a sub-sector programme (covering the section from pre-primary to grade V) which adopts a sector-wide approach (SWAp) (see Chapter 2.2 on the SWAp modality, and Chapter 3.2 and 3.2.2 on PEDP III specifically).

3. Another seminal document for PPE is represented by the Government (GO)-Non-Government (NGO) collaboration guidelines (MOPME, n.d.). It provides guidelines for the implementation of the collaboration between the Government and the NGOs to deliver PPE, as foreseen in the implementation plan. The document was prepared by the

MOPME, Department of Primary Education (DPE) with a group of technical experts from the NGOs, and support from UNICEF and other DPs involved in PEDP III. There is no date, but it seems from the interviews that they were approved already in 2010 and in any case it is a document, which was to be produced and approved in PEDP III Year 0, hence by June 2011.

4. The previous guidelines are followed by an action plan entitled: ‘Implementation plan of GO-NGO collaboration guidelines for universal PPE in Bangladesh’. On the cover page, the author is shown as the MOPME-DPE, but it seems that it was prepared in collaboration with UNICEF and perhaps other DPs involved in PEDP III as well. It is dated November 2011. As to the content, it mentions the constraints faced by the Government in providing universal quality PPE by 2015, hence the need to work together with the NGOs, and it also states that outsourcing delivery would increase efficiency and quality. The NGOs interested in collaborating have to submit the Memorandum of Understanding (MOU) form provided. The guidelines and action plan indicate major directions for collaboration and can be therefore considered part of the policy implementation strategy/plan.

5, 6. To date, PEDP III has produced two annual reports (Aide Memoire 2011-2012 and draft 2012-2013). The Aide Memoire is a document drafted by the MOPME-DPE in collaboration with the PEDP III consortium (the group of DPs supporting PEDP III). It concludes the annual review of the programme, usually held in May of each year, called the Joint Annual Review Meeting (JARM). It contains information on the progress of the programme, particularly the status of the Disbursement Linked Indicators (DLIs)⁸ (see Chapter 2 and 3 on the DLI system, as a “tool” of Performance Based Financing). Finally, the analysis of the budget is quite limited.

⁸ The DLIs are indicators with a baseline and annual targets, which are intended to trigger the disbursement of the *variable* tranches of the donors’ funds. The adjective ‘variable’ means that the amount disbursed varies depending on whether the target has been successfully achieved or not.

7, 8. As the main evidence of PEDP III outcomes, an Annual Sector Performance Report (ASPR) is produced each year. It represents the annual report on the performance of the primary sector in Bangladesh. The ASPR 2012 is dated November 2012 on the cover page; to date, the ASPR 2013 is available only in draft form. The reports are authored by the DPE, GOB. It is produced by the M&E division of the DPE, working in collaboration with the Bangladesh Bureau of Statistics (BBS) and the Bangladesh Bureau of Educational Information and Statistics (BANBEIS) and the other line divisions of DPE. The ASPR is the main source of data to measure the outcomes of PEDP III.

A short description follows of the seven secondary documents:

9. The ‘National Education Policy 2010’ is certainly the main policy document on education in Bangladesh (MOE, 2010). It is the first national education policy that is being implemented, thanks to the situation of political stability. It is authored by the Ministry of Education (MOE) of the GOB, with the contribution of UNESCO. It deals with PPE in some parts.

10. The ‘National Plan of Action (NPA) for EFA II 2003-2015’ relates to PPE as this latter is part of the EFA goal number 1 on Early Childhood Care and Education (ECCE). It is dated May 2003, and authored by the MOE (GOB). It is the second plan of action, which refers to all the EFA goals and ends with the deadline for EFA goals in 2015.

11. The ‘Comprehensive Early Childhood Care and Development (ECCD) Policy Framework’ is a milestone in the development of an Early Childhood Development policy in Bangladesh. The last draft available on the Internet is dated 2009 and authored by the Ministry of Women and Children Affairs (MOWCA). As in the case of ELDS, this document partially affects PPE, because PPE is part of the ECCD wider sector. Here again, the policy framework was developed by a working group and a core team, some of which have been involved in the PPE policy formulation too (MOPME, 2008). This group of professionals are referred to as “elite of experts” (see Chapter 2) in the next sections, and is a crucial feature of this case of educational innovation.

12. ‘The Early Learning and Development Standards (ELDS)’ are dated 2010 (last draft) and authored by the Ministry of Women and Children Affairs (MOWCA). This document partially affects PPE, because, as explained in Chapter 3, PPE is included in the wider group of ECD/ECCD, and some of the standards apply to pre-primary education. It was developed by a working group and a core team, whose members are indicated in the Appendix. Some of the members are also part of the group of experts involved in the PPE Operational Framework formulation (MOPME, 2008). It was part of a UNICEF programme to develop ELDS in the region, and the Columbia University was a partner for the preparation. The ELDS are a main component of the Early Childhood Development policy framework described below.

13. The ‘Second Ministerial Meeting of South Asia EFA Forum on Reaching the Un-Reached with focus on decentralization. Dhaka Declaration on EFA’ is dated 2009. It is not authored, but is a declaration signed by the countries and NGOs participating in the meeting (the MOPME for Bangladesh). It focuses on EFA goals and particularly on the urgency of reaching underprivileged children, since this seems to be a weak point common to many countries of the South Asian region. As it is concerned with EFA goals, it relates to PPE too.

14. The ‘Sixth Five Year Plan (SFYP) II 2011 - 2015’ is dated 2011 and authored by the Government of Bangladesh, Ministry of Planning, Planning Commission. This is the five-year plan of what is usually called the national poverty reduction strategy paper (PRSP), which in Bangladesh is called Vision 2021. It contains the GOB's strategy to reduce poverty and promote development, including education. As the literature suggests (see Chapter 2), the educational policy in developing countries should be linked to the PRSP (Lewin, 2008; Little 2008).

15. PPE can be delivered in several ways and relates to both the formal and non-formal education sector, especially in a country like Bangladesh (see Chapter 3.2.). Therefore, the last document included in the list is the NFE (Non-Formal Education) Act, which was

recently developed (the draft is from 2012). The cover page is not authored, but the end of the document is intended to be signed by the Secretary of the MOPME, and its preparation was supported by UNESCO. PPE is part of its scope, and as an act regulating NFE, it is intended to be enforced immediately after approval. This is an important difference between the NFE policy and the PPE policy, as the latter is only an operational framework for the time being, not an act.

Finally, a classification of the documents in binary categories (see Chapter 4) is provided in Annex 7, for the reader's further reference.

5.2 Discussion of the findings by research question

The first part (5.2.1) of this section tells the story of PPE policy formulation, as it emerged from the documents and according to the respondents' point of view. This corresponds to research question number 1 (see Section 4.1). In the second part (5.2.2), the focus shifts to the implementation level, to finally relate it to the formulation process. It therefore discusses the findings from research question number 2 (see Section 4.1). Here, after a first analysis of the implementation plan and its main features of viability (5.2.2.1), and of the evidence of what has been implemented so far (5.2.2.2), the third section synthesises what aspects of policy formulation are likely to affect the current and future implementation (5.2.2.3). Under each sub-question, a specific part will deal with provision to underprivileged children; hence it will investigate whether the implementation plan includes strategies to prioritise provision to underprivileged children as acknowledged in the policy, and after analysing if/what is being implemented in this regard, the last part of each sub-question will discuss what might be the reasons for the delays, if any, and what can be linked to the policy formulation process.

5.2.1 How was the policy formed

5.2.1.1 What have been the stages of policy formulation followed?

The process of the policy formulation is described below in stages:

Initiation of the policy

When asked about the story of PPE in Bangladesh, most of the respondents referred back to the so-called baby classes. These were a form of preschool classes organised by the primary schools and the community, with minimal regulation, without systematic funding from the Government, and sometimes with volunteer teachers (see also Section 3.2). The baby classes are also mentioned in the documents, particularly the Operational Framework (MOPME, 2008). Therefore, what seems to be common view is that PPE is not new in the country, and long before the *formulation* of the Operational Framework, and therefore of a policy on pre-primary education, preschool classes of this type existed in some Government Primary Schools (GPSs): a sort of practice preceding the policy.

However, pre-school classes were not only in the state schools (GPSs). Indeed the NGOs have been providing pre-primary education in the country for many years, with a variety of programmes (such as preschools and teacher training) and in different areas of Bangladesh, as outlined in Chapter 3 (Section 3.2.3). A respondent affirmed that the positive preschool experience of the NGOs ‘... showed workable models to the GOB... so that the Government realized the need ...’, (Interview 7, CSO 4, 12 April 2012).

Moreover, some NGOs were already collaborating with the GOB on the school premises. A common form of collaboration of the NGOs with the Government was in the Registered Non-formal Government Primary Schools (RNGPS). Furthermore, some pre-primary schools were also run by the private sector (kindergarten), and the experience from an ECD project run by the Ministry of Women and Children Affairs (MOWCA) with UNICEF and some NGO partners constituted the background for the development of the policy as well. However, for some CSO respondents the policy did not take sufficient account of the NGOs’ experience, as in this statement: ‘Where is the

mechanism of sharing experiences on Pre-primary?’ (Interview 5, CSO 2, 29 February 2012).

In addition to PPE service delivery, the NGOs in Bangladesh have long been advocating ECD and PPE, and their rationale was also supported by what was described by a respondent as a ‘... sort of vigorous research and development ...’ (Interview 1, DP 1, 1 February 2012), which provided evidence of the benefits of PPE on later school achievement and on reducing the dropout rate in primary schools.

In tandem, at the international level ECD has been a subject of advocacy by several international organisations for years, in particular by UNICEF. A CSO respondent previously working for UNICEF Bangladesh affirmed that the UN agency was aiming for ‘... a formal way of PPE ...’ (Interview 10, CSO 5, 25 March 2012)

The increasing interest in ECD demonstrated by national and international actors was tangibly evidenced by the creation of the Bangladesh Early Childhood Network (BEN) between 2005-2007, within the BRAC University’s auspices and with the participation of the GOB. Initially supported by UNICEF and some main NGOs involved in ECD/PPE like Plan Bangladesh and SC USA (as reported by the respondents), its membership rapidly expanded to a great numbers of NGOs (see Chapter 3.2.3 for more information on BEN). In the first years of this century, the civil society’s advocacy combined positively with a momentum for ECD in the country and found a more receptive Government, as a respondent affirmed:

A good lesson for advocacy: What momentum you are using to send the message to the Government’s high level (Interview 1, DP 1, 1 February 2012)..

The momentum of ECD and PPE was international, as just mentioned, but also national. On the one hand, one respondent affirmed that the ‘GOB wanted very much to open PP in all schools’ (Interview 16, GOB 5, 15 May 2012), and on the other, the GOB started to ask for guidelines and standards to regulate a fragmented sector. More specifically, for

several respondents at the time of the caretaker government (2006-2008) there was a political push from a high level. The favourable political will was facilitated by the leadership of two persons in the GOB, who were advisers to the MOPME (and other Ministries), when Fakhruddin Ahmed was chief adviser to the President: Rasheda Choudury, a historical member of the civil society, and Prof. Al Uddin. This latter was described by a respondent as an ‘eminent educationist’ (Interview 1, DP 1, 1 February 2012).

In the same period, the operational framework was drafted. A DP (Interview 14, DP 4, 8 May 2012) also concluded that without the caretaker Government the framework might not have been developed, and the role of the NGOs should continue in the implementation too.

Formulation of the PPE Operational Framework

The MOPME formally initiated the formulation (see MOPME 2008, p.18 for a description of the process of development of the framework) by constituting a working group, also called a technical committee, with the task of drafting the document, as the Secretary states:

The operational framework was developed by a working group comprising members from MOPME, MOWCA, NCTB, DPE, Institute of Education Research (IER) of Dhaka University, DAM, ECDRC of BU-IED and UNICEF. (MOPME, 2008, p.3).

Likewise, the interviews’ accounts refer to a collaboration between the Government (MOPME), the civil society (particularly BEN and some main NGOs like Save the Children USA, CAMPE and Plan) and the UN agencies (UNICEF with a leading role and UNESCO marginally). Moreover, it emerged that BEN consulted with international experts and, after receiving feedback from the Ministries concerned, the framework was finalised.

Therefore, here what seems to have been crucial was the role played by a group of experts supported by the MOPME Secretary, who undertook a process of formulation that involved the civil society through some representatives. This seems to recall the national political and educational elites described by Haddad and Demsky (1995) and by Lewin in the Asian context (Lewin, 2008), and the role of the otherwise called policy elites to push for the achievement of the EFA goals (Little, 2008). A more detailed analysis of the national actors is provided later under question b.

After the draft was prepared, it was shared in a national workshop to receive comments (MOPME, 2008), then another workshop was organised to finalise it according to the interviews. A respondent added that the draft was on the website for a certain amount of time, but she pointed out that this is not a very effective way to involve the Bangladeshi people, probably because most of them do not use the internet:

It was also online for remarks for a while, also on Shishu Academy website. But this does not work in Bangladesh... (Interview 11, CSO 6, 3 April 2012).

Regarding the possibility of having wider consultations with the stakeholders, a GOB respondent affirmed that: ‘That time it was difficult because we were in a hurry to have something in hand’ (Interview 16, GOB 5, 15 May 2012). This seems to confirm the thesis of a political push, perhaps linked to the elections then approaching in 2008.

Afterwards, the recommendations from the workshop(s) were reviewed by the committee and incorporated (MOPME, 2008), and the framework was approved in 2008. Several respondents highlighted the leadership of the Secretary MOPME (M. Hossain Bhuiyan) to bring PPE policy forward and to approve it in a short time. However, a CSO and a GOB respondent pointed out (Interview 10, CSO 5, 25 March 2012 and Interview 15, GOB 4, 24 April 2012) that the operational framework was approved by MOPME only, not by other ministries, and it did not pass through the cabinet. For some respondents, this makes the policy “weak”, in terms of being enforced and implemented, whereas others

consider that it may speed up the process of implementation, avoiding lengthy bureaucratic steps.

The introduction of PPE in PEDP III

The third Primary Education Development Programme (PEDP III) was formulated in 2009-2010, before the end of PEDP II. Despite the formulation process is not described in the document itself, it generally emerged that it involved the relevant Ministries of the GOB, particularly the MOPME, the DPs that were supporting PEDP II, and with the participation of the NGOs (particularly CAMPE, as it emerged from the interviews). An international consultant (Fred Munger) collaborated with the GOB to produce PEDP III document, seemingly as part of the Technical Assistance (TA) provided by ADB.

As to PPE in PEDP III (2011-2015), it seems that the DPs were questioning the advisability of the introduction of pre-primary education after the PEDP II monitoring missions, around 2000, as there was no such provision in PEDP II. At the same time, a DP (Interview 2, DP 2, 5 February 2012) affirmed that the MOPME did not have enough funds to provide pre-primary to all schools, and therefore it was decided to introduce it in PEDP III. It is likely that the MOPME DPE worked with the assistance of UNICEF on the PPE component, because of UNICEF's mandate on PPE and for its role to technically support local governments. Indeed, at that time UNICEF engaged a pre-primary consultant (Wendy Rich-Orloff).

Once PPE was included in PEDP III the implementation strategy assumed a slightly different shape from that in the policy (Operational Framework and NEP), as a result of the negotiation between the MOPME and the DPs, arguably with the participation of the civil society. Although an analysis of the implementation plan will come later, what is worth mentioning here is that ambitions apparently lessened, for in PEDP III direct provision is foreseen only of 1 PP class per GPS, whereas universal coverage is delegated to a little defined collaboration with the NGOs.

Indeed, the PPE component of PEDP III foresees the formulation of two secondary documents, the GO-NGO guidelines and their implementation plan. These are the main documents concerning the collaboration with the NGOs for the implementation of PPE, which therefore will be analysed in Section 5.2.2.1. Generally, the guidelines have been developed by the MOPME-DPE with some representatives of the NGOs (especially BEN, as per Interview 2, DP 2, 5 February 2012) and with support from UNICEF (Interview 1, DP 1, 1 February 2012). Other DPs involved in PEDP gave feedback to an initial draft, then the last version was approved by the MOPME and finally by PEDP III consortium. Hence the process here seems to show an increasing role of the DPs supporting PEDP III.

Formulation of other relevant policy documents pertaining to PPE

Regarding the National Education Policy (NEP), CSO respondents affirmed that *they* (the NGOs) pushed for PPE to be included and the Government agreed to it. Therefore, it seems that of the civil society influenced the formulation of the NEP, and selected committees and groups of experts seem to have played a pivotal role, as they did in the operational framework. In contrast, the role of the DPs did not emerge. Moreover, the process of formulation of the NEP is described as being longer and involving wider consultations with the stakeholders, compared to the Operational Framework.

The World Declaration on EFA in 1990 included early education, and ECCE became one EFA goal (UNESCO, 2000). As said earlier (Section 3.2) Bangladesh signed the EFA goals, and as part of the commitment the country issued two National Plan of Actions (NPAs). The NPA I was prepared after the World Conference on Education for All held in 1990 to confirm the country's commitment to improve the situation of basic education. The process is described in the NPA document (MOE, 2003). It mentions the use of the UNESCO guidelines on preparation of national plans, and an EFA Technical Committee (TC) comprising representatives of the government, academia, education specialists and civil society. It reports that outlines were reviewed in a workshop with the participation of stakeholder representatives and finalised on the basis of recommendations of a second

workshop. Fifth versions/drafts are mentioned, and the final approval by the Prime Minister. The NPA II seems to be a continuation of the first plan. Therefore, the use of technical committees to draft the documents is similar to the PPE Operational Framework, whereas here it seems that the process was longer, as five drafts are mentioned, and the approval of the Prime Minister is likely to give this policy document a higher status.

The Early Childhood Care and Development (ECCD) policy framework and the Early Learning Development Standards (ELDS) were formulated in a similar manner to that of the Operational Framework, with committees assigned to that purpose (a working group, a core team and a technical committee). The technical team included members of the GOB (MOPME and MOWCA), academic and research institutions, NGOs, and development partners. In more detail, it is reported that the ELDS final draft was reviewed and edited by international experts, and it was shared with a team of national experts to confirm and validate its relevance to national values. The process for the formulation of these two documents was apparently longer, with more steps and involving more actors. This was perhaps because ECD is a bigger sector, which encompasses PPE, and because it is part of a large regional programme of developing ECCD policy frameworks and early learning standards promoted by UNICEF.

Finally, the Non-Formal Education (NFE) Act includes PPE as part of some non-formal education programmes. Regarding the process of formulation of the act, the data did not provide specific information, but only the concept note talks about field studies, and consultations with NFE experts, UNESCO and ADB, in a general way.

Conclusions

The main stages of PPE policy formulation are summarised below, in chronological order:

Table 5-1: The stages of PPE policy formulation in chronological order

Stage	Time
<p>NGO pre-schools and ECD programmes; and Madrasas Preschools</p> <p>NGOs and academies advocating for ECD and PPE, also supported by national and international research on the benefits of PPE, particularly to tackle drop-out</p> <p>Advocacy by international agencies, e.g. UNICEF and some INGOs</p> <p>Political situation: Awami League Government (1996-2001)</p>	From 1980s to early 2000s
<p>Baby classes</p> <p>Baby classes become more structured pre-schools</p> <p>Political situation: BNP Government (2001-2006)</p>	<p>From 1990s</p> <p>2003-2005</p>
Interest from the GOB in PPE	2000s
Official launch of the Bangladesh Early Childhood Network (BEN) with members of the CSOs and GOB	2007
Operational framework drafted and shared in workshops	2006-2007
<p>Political will at PM's level and favourable influence of two advisors during caretaker Government</p> <p>Political situation: Caretaker Government (2006-2008)</p>	2006-2008
<p>Operational framework approved by MOPME</p> <p>Political situation: Awami League Government (2008-2013)</p> <p><i>Research Timeline: I arrived in Bangladesh in February 2008 and at the end of the year the political elections were held</i></p>	2008
Formulation of PEDP III (particularly PPE	2009-2010

component-implementation plan)	
Formulation of other documents containing PPE policy on a secondary level Political situation: Awami League Government (2014-present)	2003-2011
First year of PEDP III and first Joint Annual Review (JARM) <i>Research Timeline: I left Bangladesh in June 2012</i>	2011-2012

As to the *process* of policy formulation, from the findings it seems that the formulation of the policy (embodied in the operational framework) was led by charismatic initiators who pushed the reform through at the beginning. It was possible to identify, in particular, two advisors in the GOB (Rasheda Choudury and Prof. Al Uddin) and the MOPME Secretary (M. Hossain Bhuiyan).

Hence, there seem to be aspects of a charismatic approach (Lewin & Stuart, 1991) to educational innovation. Here the issue from the innovation theory is what happens next, especially when the instigator moves on to a different job or retires (Havelock and Huberman, 1977; Lewin & Stuart, 1991; Handy, 1993), as is the case of many officials of the GOB (see also Sections 5.2.2 and 5.2.3 on the issue). A problem of ownership is likely to occur, as well as of sustainability – an important phase of the policy process (Grindle, 2004, in Little 2008) – unless resources are guaranteed into the future and a feasible implementation strategy is envisaged (Fullan, 1989, in Little, 2008).

Moreover, it seems that a positive political will at Prime Ministerial level, perhaps also influenced by the forthcoming elections, played an important role. This seems to confirm the role of politics in influencing planning (Wolmer & Scoones, 2005; Lewin, 2008; Little, 2008), and the choice of policy options (Grindle and Thomas in Little, 2008). However, reforms led by political will may lead to aspirational planning (Lewin, 2007).

The seminal role of groups of experts organised in a working group (Lewin, 2007; Little, 2008), especially with drafting tasks (Vargas-Baron, 2005), seems to be common to

several documents, particularly the PPE Operational Framework (MOPME, 2008), the ECCD Policy Framework (MOWCA, 2009) and the ELDS (MOWCA, 2010). In many cases they are the same Bangladeshi professionals who also hold important positions in civil society, academia and developing agencies; this seems to confirm the pivotal role of national elites in introducing reforms (Haddad & Demsky, 1995), common to some East Asian countries (Lewin, 2008).

Furthermore, the participation of the DPs in the formulation process seems to increase with the introduction of PPE in PEDP III, when implementation was externally co-funded,, whereas the involvement of the civil society (NGOs) seems to diminish in parallel. The next section will discuss specifically the role of the DPs compared to national actors, and in the last chapter the likely effects on implementation are discussed, especially in relation with the SWAp modality adopted.

The formulation process of the various policy documents presents differences compared to the Operational Framework, particularly as regards duration and consultation with the stakeholders, which seemed to have been less in the case of the main policy document: the operational framework. The participation of beneficiaries and implementers is recommended for a successful implementation (Lewin & Stuart, 1991; Grindle, 2004; Vargas-Baron, 2005; Lewin, 2007), and this issue will be specifically discussed in this Chapter under question 5.2.1.3.

5.2.1.2 Who were the social, political and economic development partners involved in the policy formulation and what has been the role of the development partners and their contribution in comparison with national actors?

This section provides a description of the DPs' role and their contribution to the policy formulation (including implementation plans) compared to the role of national actors over time; in particular, it focuses on some agencies and actors that seemed to have played a more significant role in influencing the policy and its implementation, as emerged principally from the interview accounts, and also from the documents.

The DPs and their contribution

The main development partners involved in the policy formulation and initial implementation (hence including the formulation of the implementation plans) were international aid agencies (particularly UNICEF and marginally UNESCO); bilateral donors supporting PEDP II and III (AusAid, EU, DfID, SIDA, CIDA, JICA) and the international banks ADB and the World Bank, (MOPME, 2011a)

These are economic and political partners, who financially supported the implementation of the policy through PEDP III, and some were also involved in the formulation of the policy and implementation plans.

Most of all, it seems that UNICEF has played a crucial role since the very beginning (in the 1990s and early 2000s), as seen previously (Section 5.2.1.1), by arguing for ECD/PPE in the country before the formulation of the operational framework, and in promoting UNICEF's agenda in South Asia and beyond, as a respondent affirmed:

So it was easier to start with pre-primary because it was part of EFA Dakar declaration, and UNICEF is one of the agencies responsible for this. (Interview 7, CSO 4, 12 April 2012)

The contribution of UNICEF has encompassed all the stages of policy formulation till the current implementation, and the Technical Assistance (TA) provided by UNICEF seemed crucial for the implementation to be launched through PEDP III. However, the support of the DPs may be also negative, if it requires a fast implementation and if it is directed more by international discourses than by national priorities and beneficiaries' needs (Lewin, 2007), as a respondent stated:

...periodically agencies like UNESCO are mandated to promote particular sub-sectors, for example for adult literacy, and to have it as quickly as possible. (Interview 2, DP 2, 5 February 2012)

In this case, it seems that PPE generally found the consensus of national civil and political elites, although the timeframes did not always match, as will be seen in the chapters on the policy implementation (research question 2).

Apart from UNICEF, which has been clearly involved since the initial formulation of the policy, it seems that the other DPs' role started significantly with PEDP III, since its formulation, and increased over time, hence when implementation was externally co-funded. The DPs contributed to PEDP III with different shares, as reported in Chapter 3, and amongst them ADB was the leading agency in PEDP II. According to PEDP III's architecture, the driving position should be gradually taken by the Government, and DPs '... will rely on Government's own management systems' (MOPME, 2011a, p. 20.)

Therefore, with PEDP III the implementation of PPE policy depends heavily on the collaboration between the DPs and the GOB.

In more detail, at the time of the formulation of PEDP III, the DPs and the MOPME discussed the introduction of PPE. A DP (Interview 2, DP 2, 5 February 2012) recalled that the MOPME wanted PPE in PEDP III, allegedly because it did not have funds to provide pre-primary to all schools, and that some DPs were not much convinced of the involvement of the GOB in this sector, but believed that the NGOs would run it alone better. However, in the end PPE was introduced into PEDP III, and the PPE implementation plan was slightly changed compared to what was foreseen in the operational framework and the NEP, as a result of the negotiations between the DPs and the GOB. The differences are analysed in Section 5.2.2.1 on the implementation strategy.

Once PEDP III started, the role of the DPs increased. This is especially due to the DLI⁹ system adopted by PEDP III (see Chapter 2) - which attaches annual payments to some indicators pertaining to key reform areas, including PPE – which potentially gives a

⁹ DLI means that the achievement of the annual targets triggers the corresponding disbursement

leveraging power to the DPs. Indeed, PEDP III applies the principle of Performance Based Financing (PBF) (see Chapter 2), which may have consequences on the relations between DPs and the recipient government (Little, 2008). On the one hand, the DPs have the possibility to push for the implementation of PPE towards the expected outcomes (their leveraging power); on the other hand this may negatively affect the Government's ownership, and all the partners (DPs and the GOB) may focus attention on only those indicators that trigger disbursement instead of looking at the whole sector's performance.

An important role played by the DPs during PPE implementation through PEDP III is in relation to Monitoring and Evaluation. PEDP III produces an annual report called JARM (Joint Annual Review Meeting) Aide Memoire. As mentioned earlier (5.1), it is a document produced by the PEDP partners at the end of each year of PEDP III, which reports on the Joint Annual Review Mission (JARM). It is compiled by members of the MOPME-DPE with the support of the funding DPs, with a small representation of civil society (usually from the NGOs' umbrella CAMPE). During the JARMs, the role of the DPs seems even greater, because the annual disbursements depend on these annual evaluations. In contrast, the presence and role of the members of civil society at this stage seems further decreased; despite the fact that the civil society participation in the monitoring and evaluation of a SWAp is recommended, as literature suggests (Buchert, 2000; Ahmed, 2011), and as a CSO respondent pointed out.

At the end of each year of PEDP III, the ASPR is produced by the GOB, and the M&E Division of DPE in particular is responsible for this. Therefore, it seems that the main role for the formulation of the report is held by the Government; however, this document is presented and discussed with the PEDP partners every year during the JARM, and therefore the final version might be influenced by the meetings with the DPs.

Therefore, it is clear that once PPE was externally co-funded (in 2011) the role of the DPs to influence the reform increased. The problems that can arise here depend on the fact that donors are not accountable to recipient governments' electorate, but they are accountable to their own electorate (Easterly, 2006), and that development staffs are

promoted on different incentives to national staff (see Chapter 2). This can create differences of priorities in managing PEDP III, which will be seen when the first two years of PEDP III are discussed (Section 5.2.2.2).

The national actors and their contribution

Civil society

The national actors involved in the policy formulation were social and political. From civil society, NGOs historically involved in PPE such as the Bangladesh Rural Advancement Committee (BRAC), Plan Bangladesh, SC USA, Dhaka Ahsania Mission (DAM), and the NGO umbrella CAMPE somehow participated from the early formulation stage, though each with different intensity. Moreover, academic institutions and research centres also had a key role, especially the Bangladeshi Early Childhood Network (BEN), the Early Childhood Development Resource Centre (ECDRC) within the BRAC University Institute of Education and Development (IED), and the Dhaka University, Institute of Education Research (IER) (MOPME, 2008). The data show cooperation with partner universities abroad too, particularly with some fellow professionals affiliated with BEN such as Cassie Landers and Frances Aboud (Interview 11, CSO 6, 3 April 2012).

Therefore, not all the NGOs contributed to the formulation in the same manner, and only some during the designing phase whereas others gave feedback on the drafts. A DP argued that this is necessary in a country with a huge number of NGOs: ‘It’s important to activate those who know the job; if you engage all NGOs it will not work’ (Interview 1, DP 1, 1 February 2012). He also recalled events in the past when this had happened, with unsuccessful end results.

Their contribution to the policy was mainly professional-technical, but also political. In more detail, it seems that they showed evidence from research supporting ECD/PPE to the GOB (including PPE to address the problem of high drop-out rates in primary schools), as the scientific approach to education innovation envisages (Lewin & Stuart,

1991), to advocate a major involvement of the GOB in the sector. However, it is not clear whether the research findings triggered the reform, or whether the EFA goals – and hence international and national political agendas – were backed by data from research, or, in other words, that evidence may have been used as an argument to favour special interests.

When the GOB decided to develop a policy on PPE, four committees were formed to work on its formulation, as reported in the Operational Framework¹⁰ (MOPME, 2008). They were mixed committees, with members from the CSOs, the GOB and the DPs (UNICEF). A respondent commented positively:

They have involved NGOs which have been involved for many years, the right experts with field experience instead of so-called experts from the universities with no field experience, with UNICEF facilitating.’ (Interview 2, DP 2, 5 February 2012)

This seems to be supported by the literature, where Fullan (1989, in Little, 2008 p.11) stresses the importance of involving ‘local leaders and opinion makers’, and the role of elite of experts to bring about reform has been previously pointed out (Lewin & Stuart, 1991; Lewin, 2007, 2008; Little, 2008).

Therefore, the role played by these national actors was very important during the formulation of the policy and explicitly so in the formulation of the policy document(s), as some experts participated in the formulation of other related policy documents, as previously stated, but apparently they were somehow left out and bypassed once it was decided to introduce PPE into PEDP III. Indeed, the CSO respondents did not know much about the implementation:

¹⁰ The operational framework document states that it was prepared by a working group under the leadership of the MOPME Secretary. Some members of the group are mentioned in the document itself.

I don't know if there is an implementation plan, because in the formulation of PEDP III was not discussed the specific operational modalities of pre-primary, more on primary (sic) (Interview 6, CSO 3, 9 March 2012)

Another CSO respondent pointed out:

They plan to have 37,000 pre-primary teachers in 37,000 pre-schools. That's it. We don't know what will be the criteria to set up the pre-primary unit in the primary school ... What will be the monitoring system. (Interview 5, CSO 2, 29 February 2012)

Therefore, it might be that when the implementation created opportunities for the allocation of resources, PEDP III architecture introduced a centralised management, which prevailed over the participation of the NGOs.

Finally, during the caretaker Government (2006-2008), it seems that two people coming from important positions in the civil society were in the Government, one working closely with the PM as an advisor (Rasheda Choudury) and a well-regarded University Professor and educationist (A.K. Jalal Uddin). These change initiators (Lewin & Stuart, 1991) seem to have played a key role in putting PPE forward on the political agenda, as mentioned in Section 5.2.1.2.

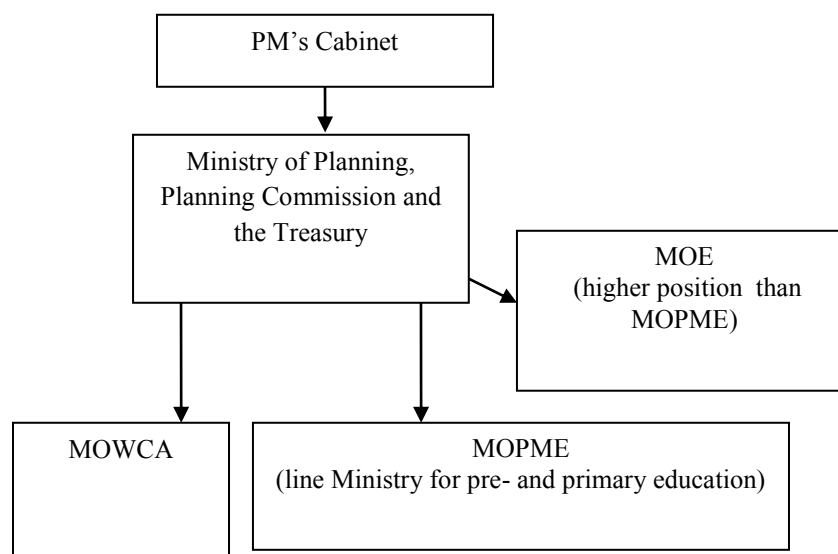
The Government of Bangladesh

The other national actors are the politicians, and the Ministries concerned are:

1. the MOPME (the line Ministry for PPE and PEDP III)
2. the MOWCA (and the affiliated Shishu Academy)
3. the PM's Cabinet
4. Marginally, the MOE (for the NEP), the Ministry of Planning and the Planning Commission (for PEDP III in general)

The chart below depicts the Government's actors according to their likely power level. The arrows show the hierarchy and power distribution.

Figure 5-2: The actors from the GOB and the power distribution



As seen under the question on the stages of policy formulation (Section 5.2.1.1), the PM's Cabinet, the MOPME and the MOWCA played an important role at the time of the formulation of the policy, and therefore their role is described below in greater detail. The planning commission was involved in the implementation phase, for the approval of PEDP III. The Ministry of Education is not directly involved in pre- and primary education, but it is supposed to “supervise” the whole education sector, and it seems important to notice that it is a more powerful Ministry compared to the MOPME.

The PM during the caretaker government in 2006-2008¹¹ and the advisor(s) for education seem to have played a decisive role in making PPE a priority on the political agenda, as mentioned previously. A Bangladeshi DP representative with long experience in the sector said: ‘[The] PM understood the importance of PPE and she wanted it in two months.’ (Interview 1, DP 1, 1 February 2012).

¹¹ Fakhruddin Ahmed was the Chief adviser and Head of Government during the interim caretaker Government. Mukhles Chowdury was de facto PM from 2006-2007.

Another respondent explicitly stated:

It came from the Prime Minister's office ... '[The] MOPME did not particularly want to do it but if [the] PM tells you they are going to do it, you cannot really question it at all. (Interview 2, DP 2, 5 February 2012)

In addition to the operational framework, it also seems that the decision to introduce one PP class into each GPS (in order to implement the policy) was mostly political, as there was an "order" to provide each GPS with one PPE in a short time, effective from 2010. Hence the influence of politics, in this case on educational reform (Wolmer & Scoones, 2005; Leftwich, 2005; Robertson et al., 2007; Lewin, 2007, 2008; Little, 2008; Verger et al., 2012) seems confirmed, with a likely influence on future implementation, as will be discussed in Section 5.2.2.3.

One respondent affirmed that the leadership to bring PPE forward initially came from the MOWCA, and at the second stage was taken on by the MOPME, the line Ministry for PPE. However, once on board, the MOPME took the leadership and formed the working groups for the drafting of the framework, with the active participation of members of the Ministry itself. The framework was then approved by a supportive MOPME Secretary (M. Hossain Bhuiyan), who is no longer in that position, along with other Directors and officials. As mentioned earlier, the issue relating to innovation theory is what happens when the charismatic innovator who initiates a change moves on to a different job or department, or retires (Havelock & Huberman, 1977; Lewin & Stuart, 1991; Handy, 1993). In this regard, a respondent stated: 'At the Ministry I cannot see anyone now that was there at that time' (Interview 6, CSO 3, 9 March 2012).

A DP (Interview 1, DP 1, 1 February 2012) sees the situation in the MOPME as having deteriorated, with little commitment by the current officials, as well as their lack of capacity, to implement PPE.

Hence, it seems that the new staff in the MOPME does not support PPE in the same manner. This is perhaps because PP is no longer a priority for the current Government (at the time of the interviews in 2011-2012), despite a national DP respondent (with previous experience with the NGOs) argued that PPE is an agenda shared by all political parties in Bangladesh. However, the politicians during the caretaker Government (2006-2008) may have pushed for the fast progress of PPE (operational framework and new pre-schools), in the attempt to show results before the end of their tenure, and/or knowing that today's priority may be forgotten by the next Government. Another reason might be that the capacities in the MOPME are technically not adequate. Therefore, along with the political aspects, issues of capacity seem to affect this reform too. This may be due to insufficient capacity development activities and/or an inadequate incentives plan for the MOPME staff to bring forward the reform and achieve the expected outcomes, again with likely negative consequences for implementation (see Section 5.2.2).

The private kindergartens

Finally, although the respondents did not specifically mention it, the private kindergartens already have a stake in the current provision of PPE in Bangladesh (see Section 3.2) and are likely to have an interest in developing the sector. Moreover, collaboration between the GOB and the private sector (PPP) is foreseen in the policy documents (as we will see later in this Chapter).

Conclusions

In conclusion, both national and international actors have been involved in the PPE policy formulation, in different ways depending on the phase (from formulation to early implementation and then monitoring and evaluation), and on the agency (for instance, UNICEF has played a central role amongst the international community, as well as national groups of experts coming from big NGOs within the civil society). Amongst the PEDP III partners, the DPs and the GOB officials have different electorates and incentive systems, which may create differences in priorities and attitudes in taking the PPE reform forward.

The data seem to suggest that some DPs may have pushed for PPE policy adoption because it matches their agendas (especially UNICEF and the World Bank), which are presumably linked to the EFA goals. In addition, it seems that their participation, compared with national actors, increased from the implementation stage. This seems to confirm the tendency by the international community to finance the implementation of EFA goals (Little, 2008), and to influence reforms linked to it.

Along with the increasing role of the DPs in the implementation phase, the role of the committees formed to follow-up PPE seems to have lessened, and a generally low level of enthusiasm and optimism towards PPE seems to pervade both CSO respondents and DP respondents. This is perhaps because when the implementation created opportunities for the allocation of resources, PEDP III's architecture introduced a centralised management which prevailed over the participation of the NGOs.

However, the power relation between national and international actors is not one-way (Little, 2008), as we have seen the leading role of Bangladeshi charismatic politicians and elites of experts, and some international agencies, appearing to bring forward the same discourses on some national subjects. One CSO respondent affirmed that EFA goals backed up national priorities, not the other way round.

Finally, several actors from the Government participated in the policy formulation, at different levels. The MOPME, the line Ministry, apparently came on board during the time of the caretaker Government, led by the political intentions of the PM and the support of the Secretary, corroborated by the advice of change initiators coming from the civil society. Hence elements of a charismatic approach to educational innovation seem to characterise this case study, along with the influence of political agendas. This yields likely consequences on the implementation and sustainability of the policy, which will be discussed in Section 5.2.2.

5.2.1.3 What, if any, has been the involvement of the implementers (Government officials, teachers, NGOs) and of the beneficiaries (community, parents) in the policy formulation?

The main categories of PPE policy implementers are:

1. The Government's officials in the MOPME at central level and local officers at field level
3. The implementing NGOs
3. The teachers

As the literature suggests (Chapter 2), the involvement of the implementers in policy formulation is crucial for a successful implementation of the policy (Lewin & Stuart, 1991; Lewin, 2007; Little, 2008). If the involvement was low, the implementers may have little knowledge about the policy, they may not own the policy, and in the end they may not collaborate by working towards the expected results (or may even stop it or overturn its course) (Grindle, 2004; Evans et al., 1995 in Little, 2008; Little, 2008). Moreover, it can create the basis for future accountability (Chambers, 2005).

This seems particularly the case of the teachers, as reported by the respondents from the teachers' union (TU hereafter). First, they talked about general support by the teachers for the introduction of PPE in the GPSs, acknowledging the benefits it can yield to the primary teachers. However, the TU respondents (Interview 13, TU, 3 March 2012) also explained that they came to know about the policy only when they received the "order" to set up the new PP classes. They also commented that their organisations are not normally involved in decision-making, and since they are often ignored, they do not own the policy. For example, they argued that the intention to set-up of 37,000 pre-school classes did not work because there were no consultations on the initiative, and hence there was no ownership by the implementers/teachers. Indeed, reforms have to provide "doable" solutions to the practitioners, who are supposed to deliver PPE and achieve the expected results.

As to the Operational Framework, it emerged previously that two workshops were organised to share the draft of the forthcoming policy with the stakeholders and receive feedback, whereas other, wider types of consultations were not mentioned. In contrast, a CSO respondent (Interview 5, CSO 2, 29 February 2012) stated that CAMPE organised many consultations for the NEP, but for the Operational Framework the GOB did not give them enough time to organise it. A sort of consultation at field level apparently happened for the ECCD framework too. However, participatory planning can be cumbersome (Lewin, 2007) and is not always a guarantee of a democratic approach (Little, 2008). The choice of wider consultations would have to assess what is practicable and what to do with inconsistent or conflicting positions (Lewin, 2007).

Regarding the implementers in the GOB, particularly the MOPME officials in charge of PPE, it seems that they have been little involved in the formulation. Indeed, it seems that the change was little understood, or owned, by many government officials who were meant to implement the innovation (basically mainstreaming PPE). This may be partially explained by the fact that many of them, as mentioned earlier, were not in the MOPME at the time of the Operational Framework formulation.

One DP respondent explained:

In MOPME and DPE there are people who don't understand pre-primary. The problems are the directors ... and others in [the] PPE cell, are all new. Very difficult that they understand and agree. (Interview 1, DP 1, 1 February 2012)

Moreover, the involvement of the GOB officers at field level in the policy formulation did not emerge from the data. In the GO-NGO implementation plan, education field offices and local training centres are mentioned, but it seems that they are meant to implement by following orders from the central level, and '... merge these additional activities to their regular mainstream activities.' (MOPME, n.d., p.10)

Therefore, due to the minimal involvement (and apparently inadequate knowledge and capacity) of the implementers a situation of mismatch between policy setters and policy

getters may occur (Lewin, 2007), and have consequences for the implementation phase. Moreover, due to the *inertia* of government systems (Lewin, 2007), a tendency to carry on “business as usual” may prevail in Bangladesh, and the reform may not bring about the changes that policy makers expected.

The NGOs are considered implementers, for both the policy and the implementation plan (PEDP III) entails collaboration with the NGOs for universal PPE, as referred to earlier. For the formulation of the policy document (Operational Framework), the NGOs were involved mainly through the representatives of big NGOs historically involved in PPE, and BEN as main interlocutor for ECD/PPE in the country, as mentioned in Section 5.2.1.1. A GOB official commented: ‘That time we looked for the experts who did it earlier, [who were] the implementers’. Therefore, the group of experts involved in the formulation might be considered representative of the implementing NGOs. However, a CSO respondent described this as involvement of people at individual level: ‘...not as institutions but individually... is the person invited ... they (GOB) want THE expert... (sic) (Interview 5, CSO 2, 29 February 2012).

This seems to depict a case of personalised power culture (Handy, 1993, p.184), where there is ‘...lot of faith in the individual, and power emanates from a centre ... ’ like a web. And this type of power culture may apply to the charismatic people in the MOPME mentioned earlier too. Here, the issue of turnover emerges again.

Finally, community involvement is a key aspect of delivering successful ECD/PPE, and finding solutions that are flexible, and thus able to meet the beneficiaries’ needs (UNESCO, 2000, 2006; Woodhead, 2010; Profeta, 2011, 2012). This notwithstanding, the data seems to show little involvement of the beneficiaries in the policy formulation. As explained above, two national workshops were organised to share the operational framework draft with main stakeholders, and the draft was on the internet for a certain period of time; however, it is likely that beneficiaries do not participate in such events because most of the Bangladeshi population do not have or use internet often, as a

respondent commented: ‘This does not work in Bangladesh’ (Interview 11, CSO 6, 3 April 2012).

Further to that, a GOB respondent talked about a sort of dissemination of the policy at school, in general terms. This again seems to differ from the several consultations organised at local level for the NEP.

The involvement of beneficiaries can promote downwards accountability (Chambers, 2005) and if a policy is not based on real needs it will be difficult for it to succeed (Lewin, 2007).

Conclusions

Generally, the data seem to show little involvement of the implementers (especially at field level) and the beneficiaries in the policy formulation. The teachers’ union respondents claimed that many teachers came to know about the policy only when they were “ordered” to set up the new PP classes. The two workshops organised at central level to receive feedback and the policy draft posted online apparently did not involve them very much.

The implementers in the GOB (MOPME) seem to have had little involvement either, because most of them were not in the MOPME at the time of the policy formulation. This can in part explain why they may not fully understand and own the policy. Despite the difficulties in undertaking participatory planning, this low involvement of the implementers may well have negative consequences on its implementation, especially due to a likely mismatch between policy setters and policy getters.

The NGOs are meant to implement the policy, in collaboration with the GOB. It appears that they were mainly involved in the process through their representatives, groups of experts whose participation arguably happened “at individual level”.

Finally, the data seem to be silent on the involvement of the beneficiary community, although the literature stresses the importance of involving parents and other stakeholders at local level for ECD/PPE interventions to succeed, and for a policy to be able to meet their needs.

5.2.1.4 What discourses and identified needs informed the policy?

This section will look at the discourses (including identified needs) that informed the policy during its formulation, to eventually speculate on their influence on the policy implementation (Section 5.2.2.3). These discourses are listed below.

A main international discourse is represented by the Education For All initiative and the formal commitment of Bangladesh in the early 1990s to the goals (see Chapter 3.2.1). Many respondents acknowledged the influence of EFA goal number 1 (regarding ECCE more in general¹²) on the development of PPE, and it is mentioned in the Operational Framework (MOPME, 2008) and most of the other educational policy documents alike. Moreover, the National Plan of Action (NPA) for EFA II (MOE, 2003) deals specifically with PPE. Therefore it is apparent that the PPE policy and its implementation plan aim to contribute to fulfil Bangladesh's commitment to EFA goals, particularly goal number 1.

A CSO respondent (Interview 7, CSO 4, 12 April 2012) considered the EFA goal number 1 to be a “back-up” of discourses initiated by the NGOs. In any case, the EFA discourse was put forward by UNICEF too, for it is part of its mandate worldwide, as explicitly reported by a respondent: ‘During the preparation of [the] UNICEF country programme 2005-2010 there was a focus on PPE globally.’ (Interview 8, GOB 1, 30 March 2012). Moreover, the deadline for the EFA goals in 2015 was approaching, and Bangladesh was

¹² Goal 1 Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

not performing well on the first one on ECCE, either in terms of access to ECCE services or the level of commitment by the Government (see Section 3.2.1).

In this respect, the literature gives information about several cases of policies in developing countries designed in view of the EFA goals (Lewin, 2008), where the introduction of a reform was highly influenced by a political agenda (Leftwich, 2005; Robertson et al., 2007; Little, 2008; Verger et al., 2012). However, this may lead to aspirational planning, uncoupled from the actual situation of the country and its real needs, and disregarding the local capacity and resources to implement it (Lewin, 2007). This will be further analysed in the section dedicated to implementation (5.2.2). Moreover, the influence of the EFA agenda has likely consequences for sustainability (King, 2004; 2009), and accountability, for it is not stated ‘who is ultimately responsible if and when these targets are not met...’ (King, 2005, p. 366). A respondent (Interview 14, DP 4, 8 May 2012) said that DPs and the GOB are both responsible, but the consequences for failures are not clear.

Back in the 1980s and 1990s, the access campaign (all children go to school) was endorsed by the GOB who took it as a public mandate; hence it became a public obligation (see Section 3.2.1). In recent years, the enrolment rate for primary education reached the expected level, but the completion rate is still unsatisfactory, with high drop-out rates in the elementary cycle (see Section 3.3.1). These latter seem to represent the identified needs that the PPE policy ultimately is intended to address, by endorsing discourses on the role of PP education to retain children at elementary school.

Indeed, the literature claims that PPE is able to prepare children for school and may have positive effects on later school performance (OECD, 2001; Penn, 2004; UNESCO, 2006; Chawla-Duggan et al., 2010; UNESCO, 2012), and this emerged both in the interviews and in the policy documents. In particular, the discourse seems to be acknowledged by the teachers, as emerged in the interviews with the TU respondents:

When they come to school, children are very afraid ...[they] are very attracted especially to pre-primary education, their learning attitude is transforming from an early age, very positive...pre- primary level in Bangladesh has much benefits for primary... in first grade the children can communicate, they are advance learner in first grade, otherwise cannot recover the situation. Very much benefits for us....most guardians are illiterate so they are very happy to see the children are learning something. (Interview 13, TU, 3 March 2012).

However, the data seem silent on the consideration of other policy options to address the drop-out problem, and the reasons for selecting PPE policy over other possibilities.

The so-called transition role (UNESCO, 2006; Arnold, 2007) attributed to pre-primary is combined with another discourse concerning the quality of PPE. More specifically, some respondents were concerned about the risk that PPE will become a downward extension of primary, without much space for play. It appears that the quality discourse was somehow included in the policy, but not well addressed in the early implementation, as will be seen later (5.2.2).

A discourse that emerged from the interviews with the education professionals, and which apparently was mentioned in the policy document (operational framework) but largely ignored in the implementation plan was the insertion of PPE into a ECD continuum for children from 5 to 8 years old, and between concerned policies and Ministries. This again may show the role of policy makers prevailing over that of educational planners (Little, 2008).

Finally, a discourse that seems to be included both in the policy documents (in almost all the documents selected) and the implementation strategy was the collaboration between the Government and other non-state actors, often called the Public-Private Partnership (PPP). In the implementation plan it refers to the GO-NGO collaboration (MOPME, 2011b). However, the collaboration with the NGOs is a sensitive topic in Bangladesh, due to its past history (see Section 3.2.3) and the current situation of powerful NGOs

(Haque, 2002), and gaps seem to be emerging already between what the policy intended and what is being implemented, as will be seen in Section 5.2.2.

Conclusions

The following discourses have emerged from the analysis of the data:

1. EFA goals represent a main international discourse, especially the first one on E CCE, which was mentioned by the respondents several times. The risk here is that the policy is driven by a political agenda and that aspirational planning takes place, with consequences for sustainability and accountability.
2. Linked to the access campaign of the 80s years, another discourse is the role of PPE to help retain children in primary school, hence to tackle the drop out issue and help achieving a full completion rate to grade V.
3. The quality of primary education is another discourse mentioned by some of the respondents. This seems to represent a concern shared by the educationists, which was not properly considered by the policy, especially the implementation strategy.
4. The importance of integrating PPE in a ECD continuum, where the concerned ministries work in a coordinated manner, has emerged as a discourse pertaining international ECD/PPE felt by the professionals, that could have been better addressed by the policy (especially the implementation plan). This again seems to show differences between policy makers and education planners.
5. Finally, Public Private Partnership (PPP) is a theme concerning the education strategy of Bangladesh and PPE as well, which in the policy encompasses the collaboration with the NGOs in the first place, but it also involves private kindergartens. This discourse yields a question on the type of relationship between the state and the NGOs and private providers (agent), which apparently is not clearly spelled out.

5.2.1.5 Does the policy envisage any priority criteria or strategy to target underprivileged children?

As discussed in the previous section, the main discourse refers to the EFA goal no.1 in ECCE, which foresees prioritisation being given to the most vulnerable and disadvantaged children. The inequitable provision of ECCE/ECD in developing countries and particularly in Asia is widely reported (UNESCO & UNICEF, 2012; Profeta, 2012). The main PPE policy documents analysed seem to acknowledge the relevance of the issue, as detailed below.

The EFA NPA II talks about equitable preparation for all children in general. Among its guiding principles, therefore, it includes:

Ensuring availability of all necessary facilities for comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. (MOPME, 2003, 5. A).

The Chapter 8 on the Budget for the National Plan of Action (NPA II, 2003-2015) for EFA declares that it is a ‘... pro-poor plan and fits fully into the framework of the PRS¹³ document of GOB’ (MOPME, 2003, 8. A).

Moreover, the Dhaka Declaration on EFA 2009 reiterates the South Asia countries’ commitment towards the “unreached children”.

In this respect, this seems to be consistent with the PRSP, when the GOB declares that ‘quality education is critical to poverty reduction and economic development’ (GOB, 2011, p.111) and acknowledges the gaps in educational attainments between rich and poor children, as well as the challenges of reaching the most disadvantaged children living in remote locations, as well as ethnic minorities and the disabled. In part 2, on PPE

¹³ Poverty Reduction Strategy.

and ECE it is stated that: ‘Children from poor families, especially the first generation learners, can benefit greatly from early childhood programs’ (GOB, 2011, p.310).

It also mentions the issue of enrolling the disadvantaged children only nominally, without ensuring their effective learning. Hence the issue of unequal access and achievement is manifestly acknowledged, but the strategy to overcome it is very general, guided by principles rather than measurable actions.

In the ECCD policy framework, priority is envisaged for

...children of poor families, disadvantaged communities, ethnic minorities, children with special needs and children living in remote geographical areas (MOWCA, 2009, p.13).

But again only as a principle.

As mentioned earlier, in the Operational Framework the long-term vision is universal coverage, and the current target is all children aged 5 to 6 years old. Only in one small part in the document does it say that ‘priority is given to children of poor families.’ (MOPME, 2008, p. 20).

Finally, from the interview accounts, it seems that equity is an issue valued by most of the respondents, and is part of the mandate of some agencies (for example, UNICEF). This notwithstanding, it does not seem that a proper strategy has been spelled out.

Conclusions

A situation of unequal access to quality ECCE is reported in Bangladesh, reflecting the scenario in South Asia, as discussed in Sections 3.1 and 3.2. Despite the GOB’s commitment to the EFA Goal number 1 – included in the policy documents pertaining to both education and poverty strategies – and a lingering situation of unequal access to

PPE/ECCE, it seems that principles are not accompanied by a proper strategy to prioritise underprivileged children.

In the next Section 5.2.2 devoted to the PPE implementation, this point will be specifically investigated and discussed.

5.2.2. The PPE policy implementation

In this section the findings on research question no. 2 are discussed, following the order of the sub-questions, as reported here below:

- 2) What are the factors related to the formulation process that are likely to influence – constrain or facilitate – implementation?
 - a. Is there an implementation strategy/plan? Does it seem to include the main features of viability (such as realistic timeframe, adequate resources allocated, feasible relation principal/agent)? Does it incorporate any prioritisation strategy/criteria to deliver to the underprivileged children?
 - b. Is the policy being implemented as planned? Is delivery to underprivileged children being implemented?
 - c. What aspects of the policy formulation seem to affect the current and future implementation?

Thus, first the implementation plan (Section 5.2.2.1) is analysed, as reported in the documents and complemented by the interview accounts, with a focus on its feasibility features. In more detail, the focus will be on the main components of the plan (in other words, training, teachers, material, curriculum, and so on), the resourcing model (budget), the time frame, and the implementing agents or “target getters” (Lewin, 2007). As a source of evidence, the reports on the initial implementation through PEDP III are analysed (5.2.2.2). This includes the reports from year 1 of PEDP III and the preliminary reports on the second year. The last part (5.2.2.3) will discuss what aspects of policy

formulation seem to have affected current implementation and may have implications for future steps of implementation.

5.2.2.1 Is there an implementation strategy/plan? Does it seem to include the main features of viability (such as realistic timeframe, adequate resources allocated, feasible relation principal/agent)? Does it incorporate any prioritisation strategy/criteria to deliver to the underprivileged children?

Antecedent experiences

As seen previously (Sections 3.2.3 and 5.2.1.1), PPE was developed years before a specific policy was issued, through the NGO-run PP classes, the private kindergartens and the baby classes in the GPSs. They were mainly scattered initiatives without formal coordination mechanisms and standards at national level, as reported in the Operational Framework:

Currently a good number of organizations have been offering pre-primary education in a scattered way, without following any national standard' (MOPME, 2008, p.2)

Data on those schools were also not much reliable.

Implementation strategy in the policy documents

When the PPE operational framework (MOPME, 2008) was issued an implementation strategy was outlined in the policy document itself. The general outcome foreseen in the policy is:

The long-term vision of pre-primary education includes ensuring access to pre-school programmes for all the children of 3-5 years and the current target is to

provide pre-school education to all children aged 5 to below 6 years' (MOPME, 2008, p.8).

The National Education Policy (MOE, 2010) foresees first one-year pre-primary for 5+ children. Later, this will be extended up to 4+ children, hence PPE for two years. This seems consistent with the Operational Framework, apart from the fact that the Framework long term vision is PPE for 3+ to 5+ children instead of only 4+ and 5+, hence three years of PPE.

The EFA NPA II (MOPME, 2003) provides a list of activities, sometimes specific to PPE, and others regarding ECCE in general. As to PPE in the GPSs, it explicitly talks about formalising the existing baby classes by phases so as to reach 80% by 2015. Moreover, the plan mentions the establishment of an ECCE unit or cell in the Department of Primary Education (now there is a PPE unit in DPE-MOPME), to involve the School Management Committees (SMCs), the local community and the parents in the planning and managing of the pre-school classes, and to ensure access of pre-primary class children to nutrition, health and other services. The costs foreseen are for ECCE in general and only presented in lump sums.

In the ECCD policy framework (MOWCA, 2009), PPE responsibility is given to DPE and NCTB, and particularly to the new PPE unit's Director. Both the EFA NPA II and the ECCD policy framework envisage collaboration with other agencies in the government which are involved, and especially with non-government service providers.

In 2010, the GOB declared that it had already started the recruitment of 37,000 pre-school teachers in order to open approximately one PP class per each Government Primary School (Habib, 2010). Hence operationally the ambitions seem here lessened from all 5 year old children to only one class per GPS. This means approximately 1,110,000 children (37,000 multiplied by 30 children per class) compared to the

estimated number of 3,000,000¹⁴ (van Ravens, 2008) or 3,200,000 children aged 5-6 in 2008 estimated by MOPME (2011a).

Therefore, directions on PPE implementation are given in the documents above, with a certain consistency. There are some differences in terms of the age of the children to be catered for according to the deadlines; hence the phases are slightly diverse. Moreover, community participation, integration with health and nutrition and coordination between the Ministries and other agencies concerned (especially NGOs) are more emphasised in some documents than in others.

However, a proper implementation plan came only with PEDP III. Indeed, when the respondents talked about the implementation plan of PPE policy, they referred to PEDP III and not to the 37,000 pre-school teachers appointed before PEDP III. In particular, DP and CSO respondents were sceptical about the quality of PP delivered in those classes, and some hypothesised that these were mostly the pre-existing baby classes, without much improvement.

The PPE implementation in PEDP III

PEDP has been previously described (Sections 3.2.2 and 5.1). Here, it is worth recalling that it is a SWAp (sub-Sector Wide Approach) programme, where 9 DPs disburse to a recipient Government, the national counterpart. The third edition of the programme (PEDP number III) started officially in June 2011 and will last for 5 years (2011-2016). The main objective of the programme is to provide all Bangladeshi children with pre-primary and primary education until grade V (MOPME, 2011a). Hence it incorporates the implementation of the PPE policy by mainstreaming¹⁵ pre-primary education for the first time.

¹⁴ 3-5 year old children per age cohort.

¹⁵ Meaning to introduce PP in the public schools.

The PP implementation plan in PEDP III is described in the Results and Programme matrix (see Annex 5), which represents the logical framework of the programme. PPE falls under Component 2, called Participation and Disparities, and specifically under the results area Participation, whose objective is for all children to participate in pre- and primary education in all types of schools. The table in Annex 5 reports the indicators and baselines, and the activities and expected results per year (from Year 0 to Year 5).

At first sight, by reading the PEDP III programme document it seems that a comprehensive plan is foreseen for PPE, including new teachers and training, new materials and curriculum, to make it operational through collaboration with the NGOs. Compared to the policy (MOPME, 2008; MOE, 2010), the plan somehow lowered the initial ambitions from providing PPE to all five 5 old children to start with one PP class per GPS (as direct provision), and at a slower pace compared to the initial declarations made by the GOB (Habib, 2010). Moreover, the plan seems to have little detail, in terms of the description of the activities, the timeframe, and monitoring and evaluation. This seems to show a lack of thorough planning.

The likely gaps of the plan are explained below by topic.

a. The PPE expansion plan in the GPSs

The PPE implementation plan in PEDP III starts with a mapping exercise and foresees the execution of the expansion plan from year 2. The expansion plan consists in providing PP education in each GPS by 2016 (see Annex 5). The children not covered by the plan are meant to be catered for by other providers, namely the NGOs and other private institutions. This raises issues of equal access and prioritisation, which will be discussed in section (g) below.

As to the expansion plan, it seems not very detailed and depends on the definition of previous documents:

The expansion plan, based on needs identified through the database, standards for PPE and the role of NGOs/private sector defines the pace of recruitment and training, the type and duration of training, timing of classes, and expansion pace (MOPME, 2011a, p. 63).

On the one hand, it may be seen as a way to allow for flexibility and adaptability to changing circumstances, but on the other, it may also allow for little accountability, for it is difficult to monitor and evaluate what has been done and how, and whether deadlines are being respected, especially in terms of results for the beneficiaries. This point will be discussed further later on, in section (f) on Monitoring and Evaluation.

Moreover, the sequence of activities seems somewhat unrealistic. For instance, the database, and the expansion plan based on the database are due to be finished the same year. Similarly, the teacher training is to be approved in the same year in which the teachers are supposed to be trained (Annex 5). A likely mismatch between activities and budget appears too, as discussed in the next section.

b. The budget

PEDP III entails a five-year budget and rolling, annual, operational plans (AOPs). The annual budget (AOP) is expected to be reviewed and adjusted every year. The programme document (MOPME, 2011a) reports a total budget allocated to PPE in PEDP III of 319,107,570 (USD), which corresponds to about 4% of total PEDPIII budget. If we divide the budget for PPE of 319,107,570 USD by 5 years of PEDP III and by the number of 5 year old children of 3,200,000 in 2008 (MOPME, 2011a), we roughly obtain the spending per child for PPE: 20 USD, or about 60 USD if we consider only one PP class of 30 children per GPS (1,110,000). If we now want to compare it with the spending per child for primary education in PEDP III, we can estimate it by deducting PPE budget

to the total budget of PEDP III $8,300,000,000 - 319,107,570 = 7,980,892,430$ and then dividing the result by five years and by the number of children in the primary schools of 13,291,000 in 2009 (MOPME, 2011a); the estimated cost per child is 120 USD per year, which is at least double the one estimated for PPE alone.

Furthermore, as said above the policy (MOPME, 2008) intends to extend PPE from one to three years on the long term. This would mean two more grades, which roughly implies to multiply the actual budget allocated to PPE by three, or even more because PPE in PEDP III does not cater for all five-year children, as just explained.

However, in the next section on what has been done in year one and two, we will see that the current issues seem to lie more with absorptive capacity, budget execution and Government's disbursements compared to committed amounts, than with the quantity of budget foreseen for PPE.

Another issue already anticipated above, is that there seem to be some inconsistencies between the activities described in the DLI¹⁶ matrix (or results and programme matrix, in Annex 5) and the budget (MOPME, 2011a); in particular:

1. Sometimes the activity does not have a corresponding budget line
2. In some cases, the budget is foreseen in a different year compared to the activity
3. Some items (e.g. textbooks for children) are foreseen for one year only

The table below shows some of the likely inconsistencies:

¹⁶ Disbursement Linked Indicator. See note 1, section 5.1 for an explanation of DLI.

Table 5-2: Comparison between ‘PPE results and programme matrix’ and the budget

	PPE results and programme matrix	Budget
Year1	<ul style="list-style-type: none"> • Integrated database, by type of provider completed. • Plan for PPE expansion approved by MOPME. • The protocol specifies that the expansion plan defines the pace of recruitment and training, type and duration of training, timing of classes, and expansion pace 	<ul style="list-style-type: none"> • Budget for ca. 18,800 teachers (based on data from 2010). This seems to disregard the 37,000 teachers declared already recruited by the GOB (Interview 8, GOB 1, 30 March 2012). • Budget for reading material for the teachers. • Teacher guide. Only in Year 1. • A lump sum for curriculum dev. • GPS fund/consumables for only 18,000 schools. • One lump sum for printing, dissemination and ToT. • Apparently there is no budget for preparation of database and expansion plan. Is it all under the budget for TA?
Year 2	<ul style="list-style-type: none"> • At least 15,000 teachers placed and trained. Curriculum, standards and materials for PPE and teacher training approved. 	<ul style="list-style-type: none"> • Teacher salary for 37,600 teachers • Budget for reading material, for teachers. Only in Y1 and 2. • GPS fund/consumables. • Where is the budget for training at least 15,000 teachers?
Year 3	<ul style="list-style-type: none"> • At least 60% PPE teachers in GPS trained. PPE provision in at least 75% GPS. 	<ul style="list-style-type: none"> • Teacher salary for 37,600 teachers. • Textbook distribution for 30 children per GPS. Only in Y3. • Where are the costs of training 60% teachers? And for the other teachers?

Year 4 - 5	<ul style="list-style-type: none"> PPE expansion plan implemented. Grade I intake with GPS PPE experience increased by 50%. 	<ul style="list-style-type: none"> Teacher salary for 37,600 teachers.
General comments	All 5 Years	<ul style="list-style-type: none"> Where is the budget for infrastructure/new PP classes? Little budget for training teachers (only a total lump sum of 5,000,000 takas, which is equal to 65,000 USD). Are the costs of training under the budget line for TA? <p>Here is the list of TAs for PPE: 1 TA for PPE course development; 1 TA for PPE in-service training; 1 TA on social mobilisation for PPE and Inclusive Education; 1 TA for curriculum development.</p>

The points raised are summarised here below. Regarding teacher salary, the PEDP III budget seems to expect a much higher cost for teacher salaries compared to Van Ravens (2008): 10,500 taka per month against 2,000. However, in the first year (2011-2012) the number of teachers is only 18,836 (based on official data of 2010) whereas it becomes 37,672 from the second year (hence 1 teacher/class per GPS). However, since the GOB declared that they have already appointed 37,000 pre-primary teachers in 2011 (Interview 8, GOB 1, 30 March 2012) it is not clear why the salary foreseen was only for 18,836 teachers..

A lump sum is foreseen for training development, printing, and dissemination for the total duration of the programme; it seems low for 5,000,000 taka divided by 37,000 teachers makes 135 taka each (2 USD approximately). Separately from the budget, a list of TA is provided (see Table 5-2 above), which includes training activities. However, it is not clear whether here the costs for running the trainings are included, instead of only the consultant's fees.

Materials are both a recurrent cost - a little lower than van Ravens' (2008) estimate – and an investment. It is not clear why the books for children are budgeted for only one year, and supplementary reading material for only two years. Finally, infrastructure development budget apparently is not budgeted specifically for PPE. It may be included under the part of PEDP III called “Needs Based Infrastructure Development”, but in so doing there is no guarantee for the beneficiaries as to where and how many preschools or extra classrooms will be built.

Finally, it is difficult to interpret the budget either because sometimes it is not very detailed or because some of the costs pertaining to PPE have been included under other more generic budget lines (such as social mobilisation). Moreover, it is not clear what the plan is to disperse the money allocated, and in particular, how it reaches the local level.

Therefore, a plan with little detail seems to show a lack of thorough planning, which may affect implementation and the delivery of the desired outcomes (Lewin, 2007).

c. The collaboration with the NGOs

The five-year implementation plan included in PEDP III aims to set up one preschool class in GPSs only (the so-called expansion plan), *and* collaboration with NGOs for the rest of the children. Therefore, collaboration with the NGOs is necessary in order to reach the policy's objective of universal PPE, reflected in the PEDP III general objective too. As a CSO respondent stated: ‘... 37,000 government schools with circa 60% children ... they talk about all the children but disadvantaged children are left out, working only with part of the children, Madrasahs, non formal, poor children are out.’ (Interview 4, CSO 1, 26 February 2012). And this is confirmed by a GOB respondent, who says that: ‘There are GO-NGO collaboration guidelines because we are doing for universal PPE’ (Interview 16, GOB 5, 15 May 2012). Likewise, earlier in this Section 5.2.2.1, I

estimated that one PP school per GPS would cater for little more than one-third of the eligible children.

The GO-NGO collaboration guidelines (MOPME, n.d.) represent the first expected result of the plan (Year 0). Here many areas of collaboration are foreseen, from planning to monitoring, materials and training, and so forth. Therefore, it seems that the NGOs are meant to undertake two main tasks: one is to run one year PP for the 5 year old children who do not go to the PP classes run by the GOB in the GPSs, and another is to help the Government to set up and run the PP classes in the GPSs, with collaboration in many areas, as just mentioned. Indeed, the DPs rely on the NGOs to achieve universal coverage, and to guarantee the quality of the PPE delivered, as emerged from the interviews.

In more detail, in the GO-NGO implementation plan (MOPME, 2011b), a strategy is outlined for 5 years with activities, roles and responsibilities, without dates. The plan seems quite generic, and apparently no budget is allocated to cover the NGOs' main running costs (PPE teachers' salaries, classroom infrastructures, and so on). Indeed, problems of funds are likely to occur for the NGOs, for they are expected to provide PP through their programmes and help the GOB in the GPSs too, but without substantial funding from PEDP III. Moreover, the NGOs are likely to experience a drop in funds allocated to their PP programmes, as a respondent pointed out:

They [the NGOs] will not get funds from donors for [their own programmes on] PPE, as the donors will say they have already given to PEDP III. (Interview 1, DP 1, 1 February 2012).

Moreover, there seems to be a lack of clear terms in the collaboration between the Government (principal) and the NGOs (agent) as service contractor and service provider, including the chains of accountability for outcomes and quality assurance. Another point is that the persons working for the implementing NGOs, the GOB's officials and the development workers of the DPs (who are also only temporarily in the country) have

different incentive systems (therefore different interests) and accountabilities, which may hinder the delivery of results for the beneficiaries. Furthermore, the little defined collaboration and the small amount of funds allocated to the implementing NGOs risk making the collaboration not worthwhile for the NGOs. Positively, in the plan the State is co-provider, considered as a factor of an effective partnership with third-party providers by some literature (Milward & Provan, 2000).

d. PP teacher training and management

The training for PP teachers foreseen in PEDP III seems to be a weak part, for it seems to have too little detail and to lack a clear budget. It represents a concern shared by the respondents too; a DP explained:

Human resources development of PPE is key for teachers. There is nothing for PPE, only for primary. It is not decided even what minimum level of education PPE teachers should have... Some organizations involved in implementation have produced their package: BRAC, Plan, SC, DAM. Good training package. You can give them the responsibility to train the teachers. In the future, it needs a national institution for pre-primary teachers. (Interview 1, DP 1, 1 February 2012).

The GO-NGO collaboration (MOPME, 2011b) mentions the role of the NGOs in coaching the teachers, but again only generically and apparently without an adequate and specific budget allocated to it. Moreover, training should be continuous, so as to develop teachers' capacities, and there seems to be no provision for that.

e. The Technical Assistance (TA) to implement PPE

Several TAs (consultancies) are foreseen (MOPME, 2011a) specifically for PPE (see list in the previous section on the budget). This number of TAs seems to show their key role in implementing PPE. Particularly in the first year it seems that the launching of the PPE

component activities depends on the activation of the TA concerned, which is mostly to be provided by UNICEF. A DP affirmed:

They [the consultants] will sit with DPE inclusive and PPE cell [in the MOPME], and UNICEF from time to time will go and guide them. 60/70 man/month [the duration of the TA]. (Interview 1, DP 1, 1 February 2012).

Although the TA is suggested for ECD programmes (Vargas-Baron, 2005) and is still often used in development aid (Lewin & Stuart, 1991, Lewin, 2007), an over-reliance on temporary, external consultants and on international organisations' resources (human and financial) may jeopardise the GOB's ownership of PPE as well as its sustainability. In this respect, exit strategies should be planned.

f. The Monitoring and Evaluation mechanisms

An important aspect of an implementation plan is the monitoring and evaluation strategy (Vargas-Baron, 2005). In PEDP III (MOPME, 2011a), there are nine Disbursement Linked Indicators (DLIs), which refer to key components of the programme, and PPE is one of them (see Section 3.2.2). Every year whether the annual target for each DLI has been reached or not is monitored, and if it has, this triggers the corresponding disbursement; if not, the money risks being lost. In this manner, the DLI system can potentially be a tool for the leveraging power of the DPs towards the agreed results, and a key part of the performance based financing (PBF) applied in PEDP III (see Chapter 2). However, it also entails the risk that the components of the programme which have not been able to reach the DLI receive less funds and therefore are less likely to catch up, and that the other non-DLI areas are little considered by both DPs and the GOB.

However, indicators and results seem quite generic (e.g. the formulation/approval of documents without any indications of the content; no definition of the criteria to identify the areas of greatest need and no mechanism to monitor delivery in those

areas). Moreover, there are no indicators on the quality of PPE provided, which may lead to an implementation that focuses on quantity. This seems to show differences between policy makers – who may favour quantity results - and education planners – who push for more attention on quality education.

Moreover, in the Results and Programme matrix (Annex 5), two specific indicators for the PPE component are reported: the number of children enrolled in formal GPS PPE programmes and the percentage of children entering grade I with GPS PPE. From the table in Annex 5 it can be seen that the annual targets from year two to year three become percentages instead of numbers. This makes comparison between years difficult and it seems to show little detailed planning.

In addition to the DLIs, PEDP III provides a long list of key performance indicators (KPIs) which are intended to monitor and evaluate the performance of the programme towards the expected outcomes, without being linked to disbursements (see Annex 6). Nine KPIs are pertinent to PPE, but without annual targets specified in the programme document.

In the PEDP III system, the difference in status between the DLIs (only a few) and the KPIs (these are more detailed and allow for a better monitoring and evaluation of the outcomes, especially educational), entails the risk that the recipient Government and the funding DPs focus on the course of the former while not paying much attention to the latter.

g. The provision of PPE to underprivileged children

Finally, regarding the PPE provision to underprivileged children, in PEDP III there are some strategic directions. First, as mentioned earlier, PPE is part of the component called Participation and Disparities. Second, the current situation of unequal access is acknowledged, for instance here:

Participation of any type of pre-school varies by expenditure quintile, with about half of the least poor but only one fifth of the poorest children participating in some form of pre-primary education. (MOPME, 2011a, p. 49).

And in an annex of the document it states that the aim of PEDP III is to:

Increase Access and Reduce Social and Regional Disparities ...with a particular focus on measures to increase participation of the poorest and most disadvantaged children. (MOPME, 2011a, p. 91).

Operationally, the PPE DLI protocol (see Annex 5) says that the integrated database would provide a map of areas of greatest need for PPE. Then it specifies that the expansion plan should be based on needs identified through that database, and that the PP teachers are supposed to be 'placed and trained in areas of greatest need' (Annex 5) in the first place.

Hence, the plan foresees prioritisation in principle, but the strategy is not very detailed and most of all it seems difficult to monitor and evaluate, since indicators and targets regarding the provision to the poorest and most disadvantaged children cannot be found. In this respect, the KPIs (see Annex 6) could include disaggregated data by socio-economic status and geographical area. PEDP III has a composite Key Performance Indicator (KPI) on participation to measure disparity reduction, by gauging the range between the top 20% and bottom 20% of households by consumption quintile; however, the composite indicator uses the NER in primary schools, and no indicators on PPE. Moreover, it does not seem feasible to select only 30 children for the one PP class per GPS, and the selection criteria are not specified.

Some respondents expressed their opinions on the issue of delivery to underprivileged children. A respondent affirmed:

(PEDP III) is a sector programme, very controlled, but large part of the sectors are out, they talk about all the children but disadvantaged children are left out, [they are] working only with ...[some] of the children, Madrasahs, non-formal, poor children are out. (Interview 4, CSO 1, 26 February 2012).

Another respondent sees the issue more optimistically:

In all GPSs there will be PP classes, not yet in remote areas where now they are setting up 1500 new GPSs, but there will be. (Interview 7, CSO 4, 12 April 2012).

However, as mentioned earlier, in PEDP III the rationale for the collaboration with the NGOs encompasses the provision to underprivileged children, because as a respondent pointed out

GOB will not be able to open PP schools for the vast number of our children; that is why GOB asked DPs and NGOs to share the burden. (Interview 15, GOB 4, 24 April 2012).

This is confirmed in the GO-NGO guidelines:

...resource constraints hinder establishment of an adequate numbers of primary schools and pre-schools in disadvantaged locations, like indigenous communities, urban slums, char, haor,¹⁷ etc. (MOPME, 2011b, p.1).

As major directions for the collaboration, the GO-NGO collaboration implementation plan reports:

An equity perspective will guide the GO-NGO collaboration. Any NGOs with appropriate experience in working in a particular remote geographic area and/or

¹⁷ Haor and Chaor are remote zones of Bangladesh in coastal and hill areas

serving the most vulnerable marginalized communities will be engaged in PPE service delivery on a priority basis. (MOPME, n.d., p. 5).

The point here is that no coverage of the NGOs' main costs (namely, teachers and infrastructures) are foreseen in the PEDP III budget, and a CSO respondent explained that this means relying on the unstable source of money coming from projects supported by the donors, whose funds may well diminish once PEDP III starts, as mentioned earlier.

h. Decentralisation at community level

There seems to be a lack of activities pertaining to the decentralisation of PPE in the implementation plan, including the role of the SMCs as foreseen in the operational framework, the involvement of the community as stressed in the EFA NPA II (MOPME, 2003), and the budget dispersion at field/Upazilla level mentioned earlier (Ahmed, 2011). The importance of this component has been pointed out by the respondents too.

Conclusions

Directions on PPE implementation are given in the policy documents, with a certain consistency and in general terms, but a proper implementation plan came only with PEDP III.

In PEDP III, it generally seems that a comprehensive and phased plan is foreseen for PPE, including new teachers and training, new materials and curriculum. However, an insufficiently detailed plan can hamper successful implementation (Fullan, 1989, in Little 2008), and limit accountability as well as delivery of results for the beneficiaries (Chambers, 2005; Lewin, 2007; Little, 2008). The risk that recipient governments of budget support may not act in the interest of the target group (Buchert, 2000) was mentioned earlier (Section 2.2.3).

In particular, the main components of the expansion plan are to be defined later, and the sequence of activities seems rather unrealistic. Moreover, service delivery is foreseen in the GPSs only (and namely one PP class per GPS), hence raising issues of unequal access.

The budget shows some inconsistencies with the activities envisaged, and lacks detail, especially on how the funds will be dispersed to the field level. As for the collaboration with the NGOs, the guidelines do not appear to define a clear principal-agent relation of service provision, and it seems that the NGOs are meant to perform many tasks (from assisting the GOB to deliver quality PPE in GPSs, to providing PPE to the other children), without appropriate financial support from PEDP III, hence not adequate resources.

To implement many of the PPE activities, TA plays a crucial role, because the start-up of the PPE component depended by the activation of the relevant TA foreseen in PEDP III. This may lead to a high dependence on external resources (human and financial) to carry out PPE and deliver its expected results, and it can weaken the role, responsibilities and ownership of MOPME. Sustainability may also be hampered, if the TA consultants are not able to build the capacities of the implementer, the MOPME.

The teacher training seems to be a weak component of the plan, and a matter of concern of many respondents. Indeed, it seems that the PP teachers' capacity development is not well defined or adequately budgeted for in the plan, and it is not clear who is supposed to implement it.

The monitoring and evaluation system planned for PPE seems incomplete, as it lacks relevant and consistent indicators and targets. This seems particularly so in the case of the provision to underprivileged children, where the plan foresees some actions (i.e. priority to GPSs in areas of greatest need; collaboration with NGOs), but the strategy is not very detailed and most of all it seems to lack indicators to monitor and evaluate delivery to

those children. Likewise, it seems that no indicators on the quality of PPE have been included.

Finally, activities pertaining decentralisation of PPE seem to be given little consideration in the plan.

In the next section, first the analysis of the implementation plan conducted here will be compared with the data on the first two years of implementation of PEDP III. Second, the final part of the chapter will draw the conclusions of the analysis conducted so far, by highlighting the factors related to the policy formulation process that seem to have affected the initial (and potentially the future) implementation.

5.2.2.2 Is the policy being implemented as planned? In particular, is delivery to underprivileged children being implemented?

a. Early implementation before PEDP III

Shortly after approval of the policy document (2008), the GOB pledged to provide each Government primary School (GPS) with one PP class (Habib, 2010), and at the time of the interviews for this thesis (early 2012), the GOB had declared that it had already appointed pre-school teachers for 37,000 preschool classes: ‘... we have already started, 1 teacher in each school: 37,000 have posted’ (Interview 8, GOB 1, 30 March 2012). One year later Aktar (2013) claimed the lack of additional classrooms and teachers for PPE. Likewise, the teachers’ union representatives affirmed that many GPSs were running the pre-schools from 2011 to follow the concerned circular, but with no additional teachers and in many cases also no specific training, nor teaching material, and using the same infrastructures for primary classes (with the shift system). A respondent confirmed this:

... they have the same teachers, they are the primary teachers that got the [PPE] training, they sometimes run PPE in the same classes [shifts system].’ (Interview 8, GOB 1, 30 March 2012).

Moreover, some respondents informed me that an interim package had already been developed and that one-week training for PP teachers was also conducted with the cascade approach, thanks to the collaboration between UNICEF and the GOB. On the number of students per PP class, a GOB respondent explained:

30 students per preschool, but in reality is almost double, 50-60 in every school and they have to share the book. Because 30 children per class is not Government's culture, how can they select them? (Interview 12, GOB 3, 6 March 2012).

This means that usually the Government Primary classes have a larger student/teacher ratio, and it seems that a strict selection of a certain number of children per class is not culturally “acceptable”. However, this point might be worth further investigation.

Therefore, the situation of those pre-schools appeared very uneven, and with the characteristics of a ‘... surface adoption rather than implementation’ (Lewin & Stuart, 1991, p.11) of the policy. Indeed, as indicated in the previous section, many respondents did not consider the PP classes preceding PEDP III a proper implementation, which was not phased and in turn raised concerns about the type (in other words, quality) of PPE delivered. This seems to recall the main postulate of the planner’s paradox mentioned in Chapter 2:

Innovation is needed in education systems that fail to deliver equitably an acceptable quality of service; innovation is disruptive, resource consuming, and unevenly implemented; as a result, in the short term it is likely to adversely affect the equitable delivery of a service at an acceptable level of quality. (Lewin, 2007, p.6).

In contrast, the interview respondents referred to PEDP III, where a more comprehensive and phased implementation plan is intended to be implemented over a five year period. This may be seen as a first iteration and updating of the early implementation.

Below is an analysis of the first two years of PEDP III, based on the reports available and the interviews conducted at approximately the end of year 1.

b. Implementation through PEDP III

First year

The report on the first year of PEDP III is the Aide Memoire dated May 2012 (see Section 5.1 for a description of the document). It informs the reader of what has been implemented and at the end outlines the next steps.

As pointed out at the outset, it is important to take into account that PEDP III started officially in June 2011, but the first year budget, called Annual Operation Plan (AOP), was approved only in late 2011 and the release of funds started in December 2011. Therefore, the document reports on only a few months of operations. Overall, it states that not much has been done in year 1 compared to what was planned.

In more detail, the Policy Matrix Status Update (Aide Memoire, 2012) reports the finalisation of the GO-NGO implementation plan and its forthcoming approval – which was due one year earlier, hence in year 0 (see Annex 5) – and the possibility for the NGOs to apply for collaboration from the moment of the approval on; the two PPE main activities expected for year 1 (Annex 5) were not completed in May 2012, and are therefore postponed: the integrated database postponed by February 2013, and the expansion plan to be completed and approved by the MOPME by the end of November 2012.

On PPE specifically, the ASPR affirms that in general: ‘Provision of pre-primary education (PPE), in other words “baby classes”, has lagged behind other developments,

(GOB-DPE, 2012, p.xii). In contrast, the number (or percentage) of schools (GPS) with PP classes has increased considerably; however, the ASPR (GOB-DPE, 2012) also says that this may also be due to under-reporting of the pre-existing “baby classes” in year 2010. The percentage of Grade 1 students in primary schools who have attended pre-primary education is here said to be an indicator that is not yet sufficiently reliable, hence casting doubts on the baseline of the DLI on PPE, and raising the issue of data reliability in general. The report also informs the reader that for both the PPE activities that were postponed, a consultant is expected, supported by the DPs. Hence, the report seems to confirm the crucial role of the TA for PPE implementation since the beginning, despite the fact that the literature suggests the opposite (Havelock & Huberman, 1977).

Apparently the Aide Memoire does not report on the budget execution, although one can deduce that there was not much for PPE due to the small number of activities implemented and the late approval of the annual budget (AOP). The ASPR 2012 (see Section 5.1 for a description of the document) provides more information in this respect. It reports on the first 8 months of PEDP III (hence since the AOP approval) and its overall statement is that

This year there appears to be a serious risk that budget credibility will drop. ‘It attributes this to the fact that ‘PEDP III showed a particularly low rate of spending ... At most, spending on PEDP III components in the current year will account for 1% of the total programme costs. (GOB-DPE, 2012, p.107).

On the next steps to be taken, the report specifies that the forthcoming expansion plan must show the prioritisation criteria (for a definition of the areas of greatest need, see Annex 5) and the standards for PPE to follow, and that it should be based on the GO-NGO guidelines and implementation plan. This recommendation seems to show the intention to reorient the expansion plan in terms of:

1. prioritisation
2. quality of PPE (standards for PPE)
3. GO-NGO collaboration

This seems to be an attempt to strengthen three weak areas of the plan identified in the previous section: prioritisation of underprivileged children, quality of PPE and the collaboration with the NGO. However, it looks like only a recommendation, which cannot be as strong as a detailed plan with appropriate indicators could have been.

Finally, it seems that most of the respondents (especially CSO respondents and DPs) view the initial implementation of PPE in a quite pessimistic manner, and the enthusiasm of the policy formulation phase appears to have vanished. One DP commented on the situation by saying: ‘The fact that PPE is a DLI should be an advantage. PEDP III comes with the ability to leverage; there are 9 DPs.’ (Interview 14, DP 4, 8 May 2012).

This notwithstanding, she complains about the lack of activity by both the Government and the NGOs for PPE after PEDP III approval, and points the finger at the DPs too:

... we DPs are also not taking the issue forward, we need to fight, we have so many issues to fight ...I don’t see it from DPs as well. Maybe because we are very busy with other things, we perhaps, we don’t see it as a priority for quality education. (Interview 14, DP 4, 8 May 2012).

Likewise, PEDP III seems to be an additional workload for the officials who have regular duties to perform for their Government too.

Second year

The Aide Memoire of the second year of PEDP III (2013) – although at the moment only a draft version is available – generally says that the second fiscal year 2012-2013 is *de facto* the first complete year of implementation of PEDP3. In more detail, it declares that 7 out of 9 DLIs, due in year one, were met by the end of year two (including PPE); in other words, there was about one year delay in the overall programme.

As to PPE, the results due in year two (namely at least 15,000 teachers placed and trained in areas of greatest need, and curriculum, standards, and materials for PPE and teacher training approved by MOPME) are expected to be completed by January 2014 (about half way through year three).

Moreover, the report recommends the activation of TA for some activities in PPE; hence, reiterating the reliance on TA for PPE implementation.

With reference to the Aide Memoire 2012, no information is provided in it on:

1. the prioritisation criteria for the expansion plan
2. the standards for PPE used to define the quality of PPE
3. the GO-NGO collaboration

Therefore, it was not possible to check the fulfilment of the recommendations from year 1 on the three points above. In particular, it would be informative if the documents (Aide Memoire 2012-2013 and ASPR 2013) reported on the progress of GO-NGO implementation plan, as to whether it is being implemented, whether any NGOs have applied for the collaboration with MOPME, and what collaborative actions have been achieved.

c. Delivery to underprivileged children

The ASPR 2012 (DPE-GOB, 2012, p.29) declares that:

We expect ... well-targeted support will ultimately lead to all children, including those from marginalised families, benefitting from and completing pre-primary and primary education, ... regional and other disparities in facilities, participation, completion and learning outcomes reduced ... It is important that these interventions are targeted [at] the children who are most likely to be out of school, based on the evidence presented here in this report. (GOB-DPE, 2012, p.111).

Apart from these recommendations, there seems to be no evidence so far of any targeting being implemented in the PPE component and/or measured either in year one or two. For instance, it is not clear whether the stipend programme supported by the Government includes PP pupils too, and the expected priority to provide PP in “areas of greatest need” is not documented.

Moreover, the literature shows that in the remote and rural areas where the majority of underprivileged children live, the teachers are less prepared and informed for change (Havelock & Huberman, 1977). Again, the plan aims to give priority to areas of greatest need for teacher training too, but it does not indicate how to define these areas and how to monitor.

d. An evaluation of the first PPE policy implementation through PEDP III

To analyse the information provided above on the initial implementation – 5.2.2.2 sections a, b and c – Stake’s (1967) matrix seems to be particularly suitable. Indeed, Stake’s model is a tool for evaluating educational programmes by comparing antecedent conditions (5.2.2.1) with what actually happened (transaction) and the outcomes. This is in terms of what were the initial intents, the observations that it was possible to make, the standards, and the judgements eventually made (see Section 4.2.3).

In more detail, the evaluation matrix here below (adapted by the author from Stake, 1967) compares the antecedent (the establishing of 37,000 PP classes and the implementation plan) with the transaction (first two years of PEDP III, PPE component), and with the preliminary outcomes (what has been achieved so far). The intents of PEDP III corresponds to what was foreseen in the implementation plan; the observations are based on the documents, the interviews and my personal experience; the standards refer to the relevant literature; and the researcher’s judgements derive from the comparison between the previous categories.

Table 5-3: An evaluation of the PPE implementation (Stake's matrix)

	Intents	Observations	Standards	Judgements
Antecedents	Posting of 37,000 pre-primary teachers to provide each GPS with one PS.	Uneven situation (including teachers, training and materials). Concerns about quality PPE and equal access Likely overstretching of existing resources	First small implementation (e.g. small demonstrations - piloting) and then going to scale (Havelock & Huberman, 1977; Lewin & Stuart, 1991). Importance of assessing capacity needs (H &H) and planning change according to absorptive capacity – as per evolutionary approach (Lewin & Stuart, 1991) and incrementalist model (Sutton, 1991). Quality can be badly affected by expansion at the beginning – planner's paradox (Colclough & Lewin, 1993).	It seems to aim at a 'quantitative breakthrough'. Iteration and updating therefore seem opportune.
Transactions	A more comprehensive and phased plan. More attention to quality PPE.	Insufficiently detailed plan No clear correspondence between activities and budget lines. Lack of indicators and targets on quality PPE and delivery to underprivileged children.	Importance feasible and detailed plans (Fullan, 1989 in Little, 2008; Lewin, 2007). Importance of an effective M&E plan (Vargas-Baron, 2005).	Apparent contradictions between budget support, SWAp modalities and PBF modality. Need for a detailed plan, including M&E system.
PEDP III	As per plan	1. Laggards in Y1 and in	1. Systems hardly learn from past	1. Lessons learnt from PEDP II largely not

implementation (Year 1 and 2).	described above.	Y2 (less than Y1).	experiences (Lewin & Stuart, 1991) and tend to carry on 'politics as usual' (Grindle & Thomas, 1991 in Little, 2008).	incorporated (Ahmed, 2011). Despite theory informs about systems resistance to change, PEDP is already in its third edition. The different accountability between DPs and GOB officials can also explain the laggards.
		2. Lengthy bureaucratic and administrative procedures. Little decentralisation, including budget dispersion at field level.	2. SWAp's architecture often entails a centralised management system, and allow for little flexibility (Ahmed, 2011). Decentralisation an issue to address from PEDP II (Ahmed, 2011).	2. A more flexible adaptation of the SWAp to the local circumstances (Ahmed, 2011) might help overcome these problems and allow for a more genuine and effective decentralisation strategy.
		3. Little of the budget executed.	3. Aspirational planning is when unrealistic ways to reach the goals are drawn, which disregard structural and financial realities (Lewin, 2007).	3. It seems that the commitment of the GOB to PPE both financially and in terms of human resources/capacity was overestimated, including the absorptive capacity.
		4. The key role of the TA	4. TA largely used as aid to education	4. Heavily reliance on TA for PPE to take

		is highlighted in many parts of the data, but it seems that it was activated late.	(Little, 2008). TA should not be “over-used”, especially for core business (Havelock & Huberman, 1977).	off was risky. The late activation of the TA may be due to many factors, related to both PEDP III’s architecture (lengthy administrative procedures), and the impossibility of having parallel funding. Moreover, there seems to have been an inefficient chain of responsibility between the Policy Director in MOPME (accountable for the PPE component) and the TA agency (UNICEF).
		5. Pessimistic attitude of many of the respondents.	5. Political will or Authority is a key dimension for a successful innovation (Havelock & Huberman, 1977).	5. Apparently there is a lack of political will by both the DPs and the GOB to bring PPE forward in PEDP III.
		6. Claims of little capacity of the implementing MOPME (in the interviews); and of teachers (as reported by the teachers’ union representatives) in rural and remote areas. The lack of an education cadre and the turnover of MOPME staff in charge of	6. Capacity needs assessment and provision to address them; this is key when introducing a change (Havelock and Huberman, 1977; Lewin and Stuart, 1991), and at the beginning of a SWAp (Buchert, 2000). ‘Lack of capability and confidence in implementing change’ (Lewin and Stuart, 1991, p.16). Important role of an education cadre	6. This weak part of the plan, confirmed during implementation, seems to show a lack of a robust diagnosis. The issues in MOPME should be addressed at a higher level as they are structural problems that need reform in the system.

		PEDP is slowly being addressed by the PEDP III partners.	(Havelock & Huberman, 1977), and issue of turnover in the Ministries.	
		7. Claims of little focus on underprivileged children, but no evidence of effective actions being undertaken.	7. Literature on ECCE claims priority for underprivileged children, from the EFA goal no. 1 itself, to regional reports on unequal access (see Chapters 3.1 and 3.2).	
		8. No evidence of progress in the GO-NGO collaboration.	8. Importance target getters or the implementers for implementation (Evans et al., 1995 in Little, 2008; Lewin, 2007). Importance to monitor and evaluate the collaboration to assess whether the “gain is worth the pain” for the NGOs (Handy, 1993; Lewin, 2007)	8. There is a risk that this aspect of the collaboration is being left behind, with consequences for the quality of PPE and equitable access.
		9. No evidence of higher attention to quality PPE from Y1 to Y2 (i.e. the PPE standards are not well documented).	9. Policy planning has increasingly become a political and technical activity alike (Wolmer and Scoones, 2005; Lewin, 2008; Little, 2008).	9. The prevalence of quantity indicators over quality ones seems to show a prevailing political agenda, or shared need (both GOB and DPs) to show results.

		10. Data not sufficiently reliable.	10. Importance of reliable data to monitor and evaluate the plan and to allow for accountability, especially by civil society (Buchert, 2000; Ahmed, 2011).	10. This could have been part of the capacity building or the system to be strengthened before the beginning of the programme.
Outcomes	The expected outcome of the PPE component of PEDP III is Grade I Intake with GPS PPE increased by 50% over baseline, but it is only foreseen at the end of the programme (Annex 5).	The indicator of 'percentage of Grade 1 students in primary schools who have attended pre-primary education' is said to be insufficiently reliable (ASPR, 2012). Increased PP enrolment in the report on Year 1. However, it is not due to PEDP III, as the expansion plan has not yet started, but is probably due to the pre-existing PP classes.	Importance of thorough planning (Lewin, 2008).	Again, the importance of the availability of reliable data might have been better addressed by thorough planning, which could have meant opting for more reliable indicators.

Conclusions

The findings from question 5.2.2.2 contained a discussion on the initial implementation of the PPE policy. The recruitment of about 37,000 pre-primary teachers and the decision to open one PS per GPS, although not well documented, seems to have been an attempt to produce a quantitative breakthrough without much attention paid to quality, and unevenly implemented, with a general overstretching of existing resources.

Regarding PEDP III, documentary evidence provided information of what was done in year 1 and 2 of PEDP III (though only in draft version for year 2). The interviews conducted during the second half of year 1 complemented the data on the first year of implementation. In general terms, the data seem to speak about laggards and small amount of budget executed, although improvements are reported from year 1 and 2. The delivery of PPE to underprivileged children still seems to be in the shape of intentions to fulfil rather than actions implemented. Issues of data reliability and effective monitoring emerged.

To analyse the data presented above in an evaluative manner, Stake's (1967) matrix was utilised (see Chapter 4). The model allowed for a comparison between three phases temporarily distinguished: the antecedents, the transactions (first two years of PEDP III) and the outcomes (preliminary ones), in terms of the intents, the observations, the standards, and the judgements. This latter category links to the final question (Section 5.2.3), where the factors related to the policy formulation process that seem to affect current (and potentially future) implementation will be highlighted.

5.2.3 What aspects of the policy formulation seem to affect the current and future implementation?

The aim of this research project has been to develop new insights into the process of policy formulation (including formulation of the implementation strategy) and establish how this may affect subsequent policy implementation. Therefore, the final question

discusses specifically what aspects of the policy formulation described above seem to have affected the initial implementation and may potentially influence the future one.

To this end, the stages of the process from policy formulation to implementation are visualised in the chart below. For each stage, the strengths and weaknesses that emerged from the discussions in the previous questions are reported:

Table 5-4: The stages of the policy formulation (including implementation plan) and the strengths and weaknesses

Stages of the process	Strengths	Weaknesses
Baby classes in GPSs (From about 1980s-1990s to early 2000s).	<ul style="list-style-type: none"> + Gave background experience in the GPSs. + Gave a sort of consensus for the policy in the field, from the community. 	<ul style="list-style-type: none"> - Scattered initiatives, and unreliable data on them.
<p>NGOs pre-school, ECD programmes and Madrasas pre-schools.</p> <p>NGOs and academies (e.g. BEN) advocate ECD and PPE, also supported by national and international research on the benefits of PPE, particularly to tackle high drop-out rate.</p> <p>Advocacy by international agencies, e.g. UNICEF, INGOs and donors.</p>	<ul style="list-style-type: none"> + Gave background experience in terms of service delivery, curriculum, teacher training, materials (quality PPE). + Prerequisite for mainstreaming PPE <i>with</i> the NGOs. + Research provided evidence to sensitise the GOB towards PPE. + Research can suggest policy options to address national problems (i.e. drop-out). + Gave a sort of consensus for the policy from national civil society. + Provided an international consensus and “push” towards PPE (embedded in ECD). 	<ul style="list-style-type: none"> - Little coordination and low standards. - Research can be used to support a certain political agenda. - International agendas and discourses (i.e. EFA goals, ECD) can prevail over national needs, and lead to aspirational planning.
Draft of the operational framework (2006-2007).	<ul style="list-style-type: none"> + First policy on PPE. + Initiated by charismatic people + It is a comprehensive policy document. + Involvement of NGOs/CSOs (elite of experts) in formulation 	<ul style="list-style-type: none"> - Charismatic approach entails the risk that when these people move, ownership and sustainability will suffer - Apparently little involvement of beneficiaries and implementers - Role of politics in planning

	<ul style="list-style-type: none"> + Collaboration with the NGOs is explicit in the policy text (PPP discourse). + PPE to tackle drop-out rate is explicit. + Priority for underprivileged children is mentioned. + Political will at high level (PM's cabinet). 	<ul style="list-style-type: none"> - Not a clear implementation strategy
<p>Operational framework drafts shared in workshops.</p> <p>Operational framework approved by MOPME (2008).</p> <p>Other related policy documents include PPE (NPA I-II, NEP, ECCD framework, PRSP, etc.).</p>	<ul style="list-style-type: none"> + To receive feedback from some stakeholders. + Approved by line Minister in a short time. + Similar process of formulation of some documents (ECCD framework and ECD standards) by forming drafting teams with an "elite of experts". 	<ul style="list-style-type: none"> - Apparently little involvement of beneficiaries and implementers - Not passed through PM's cabinet for a higher legal status. - In the NEP and other policy documents, the consultations with stakeholders seemed wider and longer compared to the PPE Operational Framework
<p>GOB's order to start PPE in the GPSs (approx. 2010).</p>	<ul style="list-style-type: none"> + It shows political will to implement the PPE policy. + It might be considered the base for a subsequent iteration and updating 	<ul style="list-style-type: none"> - Large scale, fast and uneven implementation, seems reminiscent of the planner's paradox - Quantity prevailed over quality; it seems to aim at a quantitative breakthrough. - Quantity prevailed over quality, which may reflect a political influence in planning - No proper consideration of absorptive ,hence no proper diagnosis and planning, which led to overstretching existing resources

		<ul style="list-style-type: none"> - Aspects of aspirational planning led by the main EFA discourse.
<p>The introduction of PPE in PEDP III: the implementation plan (2011).</p>	<ul style="list-style-type: none"> + Increased role of the DPs (potential leveraging power towards policy's expected outcomes, especially thanks to the DLIs system) (see Section 5.2.2). + Internal and external resources (financial and human) are devoted to PPE implementation. + A more phased and comprehensive PPE implementation plan formulated. + Sectoral integration of PPE and link with the NEP and PRSP. . 	<ul style="list-style-type: none"> - Increased role of the DPs may impinge on the GOB's ownership and there is a risk that DPs agendas and EFA goals may prevail over national priorities (aspirational planning). - Decreased role of the civil society (e.g. elites of experts) and specifically NGO members (the supposed target getters). - Low participation of the implementers in the GOB (current MOPME-DPE Directors were not there during PEDP III formulation - target getters and administrators). - The implementation strategy does not appear to be realistically and detailed planned; this seems to show a lack of thorough planning based on a robust diagnosis. - Focus on quantity versus quality – evidenced by the quantitative targets and lack of indicators on quality PPE. It seems to show a prevailing political need to show quantitative results, shared by the DPs and the GOB.

The analysis of the strengths and weaknesses mentioned above compared with the analysis of the first two years of implementation (Section 5.2.2 b) have led to the following aspects of the policy formulation process which seem to affect implementation.

a. The involvement of the NGOs and the role of elite of experts

The role of a group of experts with members from important organisations in civil society (especially NGOs) is a major feature of the formulation of this policy. The key role of policy elites to bring reforms forward, particularly in South-East Asia (Lewin, 2008; Roy, 2005), is supported by the literature (Fullan, 1989 in Little, 2008; Haddad and Demsky 1995, in Little, 2008; Lewin, 2008). It can be explained by the effective network and high positions these people often hold across civil society (NGOs and academies), the political level and the international community alike.

This positive characteristic of the process led to a comprehensive policy document, which clearly foresees the collaboration with the NGOs during implementation. However, the initial, active involvement of the NGOs was not properly maintained. On the contrary, apparently the implementation plan did not foresee a clear relationship service contractor - provider and a collaboration where the pain is worth the gain. The relationship can also be negatively affected by a lack of stability of the system over time, for instance due to political instability.

In other words, it seems that when the implementation was externally co-funded (Little, 2008), PEDP III's architecture introduced a centralised management where the role of the DPs and the government prevailed over the participation of the NGOs.

b. The charismatic approach and political will

Another key feature of this case of educational innovation is the role of charismatic innovators. When investigating the formulation of the Operational Framework, the role emerged of charismatic initiators in the GOB, particularly the MOPME's Secretary and education advisor(s) to the PM during the caretaker Government. Moreover, it seemed that a receptive PM decided to place PPE high on the political agenda. However, the decision of the

PM may have favoured her Government's political agenda, particularly in view of the then forthcoming elections. Therefore, this case study seems to be dominated by a charismatic approach, where certain charismatic persons or 'change initiators' (Lewin & Stuart, 1991) brought the reform forward at the beginning, and where political will played a key role.

The issue for innovation theory is when the charismatic innovators move to different positions (Havelock & Huberman, 1977; Lewin & Stuart, 1991), as the sustainability of the change can be hampered unless a system that guarantees resources into the future and a feasible implementation strategy are in place (Lewin, 2007). Indeed, when PEDP III started, most of the people in MOPME were new (especially the directors), including the Secretary. Moreover, the turnover of officials in the MOPME seems to be an issue to be addressed at system level, along with the formation of an education cadre, as mentioned by some respondents. A promising step in this direction seems to be the negotiation of the PEDP III partners with the GOB to retain some of the PEDP II staff.

Similarly, the political will seemed to lessen during the implementation phase. This may be linked to a change of priorities in the political agendas over the years; in any case, planning influenced by political decisions is not a guarantee of a sustainable implementation (Grindle & Thomas, 1989 in Little, 2008; Wolmer & Scoones, 2005; Lewin, 2008; Little, 2008), especially in a country like Bangladesh with high political instability (Ahmad, 2012). Indeed, political stability has been mentioned as a main condition to develop PPE in the country (Haque et al., 2013).

c. A focus on quantity over quality and the role of politics

The recruitment of 37,000 pre-primary teachers to provide one PS per GPS showed an interest in quantitative results, to the point where this initial implementation seems to aim for a 'quantitative breakthrough'. In PEDP III, despite the claimed intention to pay more attention to quality PPE compared to the first implementation, there appear to be no indicators on the quality of PPE yet.

Given the fact that quantitative results are probably more politically appealing than qualitative ones, this may reveal the political agenda, which dominated the formulation of the implementation plan, as a respondent made clear:

We have quantitative progress, people are used to low quality, they don't think quality education is a political issue as such, quantitative expansion is what people can see....
(Interview 4, CSO 1, 26 February 2012).

Indeed, many DP and CSO respondents expressed concern that the Government would go for quantity rather than quality to maintain deadlines and obtain disbursements, and to show results for internal accountability and personal interest (such as promotion or re-election). On the other hand, DPs are accountable to other electorates and have a different incentive system (Handy, 1993; Green and Curtis, 2005; Easterly, 2006), and therefore the priorities between the DPs and the Government may diverge or even contrast.

A low level of PPE quality, especially if combined with unequal access (see Chapter 3.2.3), may not contribute to tackling drop-out and grade repetition, the policy's ultimate educational outcome. In this respect, the involvement of the NGOs was intended to be a guarantee of quality PPE and the necessary condition for universal coverage, especially for underprivileged children. The lessened participation of the NGOs during implementation seems to hamper both aspects of a successful implementation.

d. The support of the international organisations and the influence of international agendas

It was stated earlier that international organisations positively lobbied with the NGOs for more political attention for ECD/PPE during the policy formulation. However, this seems to have also influenced an aspirational planning led by international discourses such as the EFA goals more than by the actual needs of the beneficiaries.

This seems to be the case especially with regard to the implementation plans, when the role of the DPs apparently increased. Indeed, the externally financed reform programmes often have expectations higher than what they can realistically deliver (Lewin, 1985 in Little, 2008). Furthermore, with implementation being externally funded, the risk is that the locus of control of decision-making is external (Lewin, 1987, in Little, 2008; Verger et al., 2012), with likely consequences for sustainability and accountability (King, 2004, 2005, 2009).

In PEDP III, the “leveraging power” of the DPs has been highlighted, especially due to the DLIs system and PBF modality. This notwithstanding, it seems that the pressure from the DLIs was not very effective for PPE, at least during the first two years. Perhaps here other factors intervened, including the loss of political will, mentioned above, by both the GOB and the DPs; the low consensus/commitment of the implementers or lack of adequate capacity, which may stall the reform. Indeed, ‘local dynamics’ deserve as much attention as the international ones (Colclough et al., 2010, p.452). Moreover, in principle, the budget support modality in a sectoral programme with an insufficiently detailed implementation plan limits the influence and control of the DPs (Buchert, 2000; Little, 2008).

Nevertheless, the Bangladeshi case seems to resemble the current scenario of aid, where new donors “compete” with traditional ones in front of local governments (Woods, 2008; Colclough et al., 2010), and the power balance between DPs and local actors is not straightforward (Little, 2008).

e. The inadequate involvement of implementers (target getters) and analysis of their capacity

A likely inadequate capacity of the MOPME’s staff to implement PPE in PEDP III emerged from the data, evidenced by PEDP III’s laggards and insufficiently executed budget, and explicitly claimed by many respondents. This can be linked to a lack of a proper assessment of the MOPME’s capacity building needs, which have not been adequately addressed in the implementation plan, and the absence of an education cadre and the turnover of Government staff mentioned above in this section. A DP summarises the point thus:

One problem... we don’t have officials that are professionals committed to this field, competent, they move, they want to do something right, good, look good to the whoever is there, higher ups.... (Interview 4, CSO 1, 26 February 2012).

Indeed, the planned TA was not very effective in this regard.

Finally, the issue of the inadequate capacity in the MOPME may be linked to the insufficient involvement of the implementers in the formulation of the policy, and this may lead to low

ownership and commitment at the time of implementation, which may not be sufficient to yield the expected results.

f. The low involvement of beneficiaries and other community members

The low level of involvement of the beneficiaries (such as parents or guardians) and other community members (for example, SMCs) also seems to be an aspect of the formulation process that may negatively affect implementation, as claimed by the literature (see Chapter 3). In so doing, the policy and the implementation plan may not adequately consider the beneficiaries' needs (for example: little attention to decentralisation; insufficient flexibility of the programmes and provision of only formal education-GPS), and this can impede a successful and sustainable implementation at field level. Although participatory planning can be a daunting task and not always a guarantee of democratic process, consultation with the main stakeholder groups is advised at later stages of the planning process, before finalising the plan, in order to obtain consensus on the changes being introduced, and ownership of them (Vargas-Baron, 2005; Lewin, 2007), and create the basis for future accountability (Chambers, 2005).

g. Lack of a robust diagnosis and thorough planning

In conclusion, the analysis conducted so far seems to show the lack of a proper diagnosis (of the beneficiaries needs and implementers' capacities) and of thorough planning, which led to an insufficiently detailed or realistic plan. These are the main features of the formulation of the implementation plan, which seem to affect the current implementation (Section 5.2.2.2) and are likely to impinge on any future steps.

5.3 Summary

This chapter has presented the findings from the interviews and documents, around the research questions and with reference to the relevant concepts from the literature.

A preliminary section (5.1) described the documents analysed in terms of their nature, provenance and focus. In total, thirteen documents were selected and categorised, based on

their relevance to PPE. The six documents that deal principally with PPE were described in more detail, whereas a less rich description was provided for the seven documents that cover PPE secondarily.

The second part of the chapter discussed the findings by the research question (5.2). To visualise the process of policy formulation (5.2.1), a chronological sequence of stages was drawn. In synthesis, it seems that the formulation of the policy document was led by charismatic initiators in the MOPME, who pushed the reform through, supported by a group of experts from civil society, and where politics also played a role (Section 5.2.1.1).

Secondly, after a brief description of the social, political and economic development partners involved, the analysis compared the role of the development partners with that of the national actors (Section 5.2.1.2), which seemed to differ at different stages. In particular, the national actors (especially the groups of experts) seemed to have had a more important role during the formulation of the policy, whereas the DPs seemed to dominate the subsequent implementation through PEDP III. This seems to confirm the tendency by the international community to finance the implementation of EFA goals (Little, 2008) - which in any case they had contributed towards setting in the first place - and to influence reforms linked to this. Moreover, the DPs and the GOB officials have different electorates and incentive systems, which may have created differences in priorities and attitudes in bringing the PPE reform forward.

Insufficient participation of main stakeholders – beneficiaries and implementers – in policy formulation has been argued (5.2.1.3), compared to other cases such as the formulation of the NEP. This is despite the fact that the literature has claimed the importance of the families' and implementers (especially teachers') participation for ECD/PPE to function, and for a successful policy implementation. In the MOPME, most of the staff was not there at the time of the policy document formulation, raising the issue of turnover. This can also lead to a situation of mismatch between policy makers and policy getters.

Another section (5.2.1.4) has analysed the discourses that seemed to have influenced the policy. EFA goal number 1 on ECCE seems to dominate, with the risk that an external political agenda prevails over real needs, and aspirational planning takes place with consequences for sustainability and accountability. Other discourses that emerged were: the

role of PPE to help retain children in primary school, and hence tackle the drop-out issue, especially quality PPE; and the Public Private Partnership (PPP) for PPE, which in Bangladesh is regarded mainly as collaboration with the NGOs.

The importance of prioritising provision to underprivileged children (5.2.1.5) is acknowledged in the PPE policy, and recalled in several ways in the documents. However, there are mainly principles with little reference to a more concrete implementation strategy, and a weak monitoring and evaluation mechanism.

The second part (5.2.2) is focussed on the implementation phase. The implementation plan (5.2.2.1) that followed the first preschools was more comprehensive, and foresaw a more phased approach. However, it has revealed several weaknesses. First, it seems that the plan was not accurately and thoroughly prepared. Second, regarding the collaboration with the NGOs, the guidelines and implementation plan are quite generic and include many tasks, which the NGOs are supposed to undertake with little financial support. Therefore, it seems that the gain is not worth the pain. Third, the role of TA in PPE seems to be “heavy”, with the risk of weakening the role of the MOPME and PPE sustainability. Fourth, the budget seems to show some inconsistencies with the foreseen activities, and to give little detail especially on the dispersion to the field level. Fifth, little attention is given to decentralisation and community involvement. Finally, the monitoring and evaluation system seems to lack relevant and consistent indicators and targets, especially on quality PPE. Regarding delivery to underprivileged children, the prioritisation strategy seems vague and lacking in relevant indicators to monitor and evaluate it.

The second part of the question (5.2.2.2) analysed the implementation conducted so far. The first implementation was uneven and overstretched existing resources, and quantity – the attempt to have a quantitative breakthrough – apparently prevailed over quality. In PEDP III, the findings from the first year of implementation and preliminary outputs from year 2 showed significant laggards (with few DLIs met) and a very low level of budget executed. The evaluation of the programme, made with the aid of Stake’s (1967) matrix raised some issues pertaining to the SWAp modality, and weak aspects of the implementation plan and planning process.

The final part (5.2.2.3) discussed what might be the reasons for the delays and what can be linked to the policy formulation process. First, a list of strengths and weaknesses for each stage of the process from policy formulation (including the formulation of the implementation plan) were identified. Then, the aspects of the policy formulation process that seem to affect implementation were discussed in themes: the involvement of the NGOs and the role of an elite group of experts; the charismatic approach and political will; a focus on quantity over quality and the role of politics; the support by the international organisations and the influence of international agendas; the insufficient involvement of implementers (target getters) and inadequate analysis of their capacity; the insufficient involvement also of beneficiaries and other community members; and finally, the lack of a robust diagnosis and thorough planning.

The next chapter will provide concluding remarks and relevant policy recommendations, including a model of educational innovation for this case study (Section 6.1), adapted from the IAC model by Havelock and Huberman (1977).

Chapter 6: Conclusions and recommendations

In this final chapter, conclusions and recommendations are presented. In the first part (6.1) a theoretical framework of educational innovation for the PPE policy in Bangladesh is offered, based on the IAC model (Havelock & Huberman, 1977). In Section 6.2 it is explained how the research questions were fulfilled. Section 6.3 summarises the main points of the discussions held so far. Section 6.4 deals with the limitations of this research and suggests areas for further investigation. Finally, the thesis concludes with some policy recommendations (6.5).

In Section 6.1 the findings from Chapter 5 are summarised, and an understanding of the theory of change which underlies this case study is offered. Section 6.2 explains how this research filled some of the gaps identified in the literature review, and highlighting the main points that emerged from the findings. In Section 6.3 some recommendations to guide the future steps of policy implementation are suggested. Finally, Section 6.4 is dedicated to the limitations of this research and provides suggestions for further studies.

6.1 Applying a theoretical framework of educational innovation for the PPE policy in Bangladesh

The analysis of the policy formulation process, its initial implementation and the likely influence of the formulation (particularly formulation and planning) on the current and future implementation (Chapter 5) can be summarised by using the IAC model (Havelock & Huberman, 1977) presented in Section 2.2.2.

The model adapted for the Bangladeshi case study provides a theoretical framework to illuminate this case study of educational innovation to be applicable in developing countries.

As mentioned in Chapter 5, the main features of the PPE policy reform which emerged can be analysed in terms of Infrastructure (I) (including the commissioning of a proper needs and problems analysis, as well as the identification of an appropriate solution and its implementation, hence the problem-solving mechanism); Authority (A) (which refers to the political conditions and political will that guarantee the *whole* process, from the needs

analysis to the expected implementation); and Consensus (C) (which again refers to the political conditions, but in the sense that administrators-implementers and the public-beneficiaries agree with the reform's objectives *and* the way it is implemented).

The section below will presents the IAC model for the Bangladeshi case study of PPE policy reform. Finally, reflections on the applicability of Havelock's and Huberman's (1977) model deriving from this case study's experience are made.

6.1.1 The IAC model for PPE policy reform in Bangladesh

Regarding the application of the IAC model of educational innovation (Havelock & Huberman, 1977) to the whole Bangladeshi PPE policy reform process, it is necessary to distinguish between the different phases. In more detail, the political will to bring PPE reform forward, called Authority in the model (A), seemed high when the policy was formed (Section 5.2.1), whereas it apparently diminished during the first two years of PEDP III (Section 5.2.2). Likewise, it seemed that the reform met a general Consensus (C) when the policy was formed (Section 5.2.1), but the initial enthusiasm expressed by many CSO, TU and DP respondents was apparently replaced by general scepticism after only a few years of implementation. In contrast, the dimension of Infrastructure (I), which encompasses the overall cycle from definition of needs and identification of an adequate solution to a proper implementation, can be considered overall low (I-), for the reasons explained in Chapter 5.2.

Therefore, in this case study it is possible to identify two main phases, which correspond to two main IAC models:

1. I- A+ C+
2. I- A- C-

Each dimension is discussed in the section below in detail.

Finally, introducing PPE nationwide into the state schools (GPSs) of Bangladesh is a case of large-scale innovation, especially the initial implementation, which was apparently aimed at producing a 'quantitative breakthrough'. This is because it involved '...large numbers of people, resources and "connexions" in the problem-solving cycle' (Havelock & Huberman,

1977, p.83). However, apparently it did not have high expectations in terms of Behavioural Change (BC-), for it seems that the GOB asked the primary school teachers to run the new pre-school classes, without the proper training imparted to all teachers; however, the teachers themselves expressed the need for more training. In terms of elements (EL), the initial implementation may also be considered low (EL-) because apparently the pre-existing resources were used (e.g. using the primary classrooms but with multiple shifts). Therefore, as the authors (Havelock & Huberman, 1977) explain, a case of EL- and BC- can be implemented even in the worst scenario of I-A-C-, but as has been seen in this case study this implied an overstretching of resources and it was probably a 'surface adoption' (Lewin & Stuart, 1991, p. 11) of the policy rather than a proper implementation.

Low Infrastructure (I-)

This case seems to show a low level of Infrastructure (I-), because the needs analysis and the solution proposed were not appropriate (Sections 5.2 and 5.3), thereby casting doubts on the adequacy of the whole problem-solving mechanism, even though some improvements occurred between the initial implementation and PEDP III, as explained below.

Regarding the needs analysis, two main problems - which affected primary education and were linked to pre-primary education - were identified: drop-out and grade repetition (see Section 5.2.1), as explicitly affirmed in the Operational Framework. Apparently the policy option selected to address them was to expand Pre-primary education. Here, it is not clear from the data collected if or what other possible policy options had been considered, and whether the solution found was appropriate, particularly as it seemed to lack an effective prioritisation strategy to reach the children who were most likely to drop out. In fact, most of the underprivileged children are likely to be catered for by the NGOs, without funds from PEDP III.

On the first solution proposed, the initial setting up of 37,000 preschool classes seems to have disregarded the needs (in terms of teachers, classes, training and materials) and the practicality of such rapid, large scale reform. Consequently, the existing infrastructure (classes) and resources (especially teachers) were over-stretched. Moreover, it seemed that the changes required in the behaviour and attitudes of the people involved (teachers, GOB

officers, NGO workers, and others) were under-estimated and therefore not properly addressed (BC-).

The PP implementation plan included in PEDP III tried to address some of the issues above; for instance, it opted for a more phased and comprehensive plan, including new teachers, training, materials and curriculum, and explicitly foresaw collaboration with the NGOs. However, the strategy appears insufficiently detailed and feasible, both in terms of time (proved by the delays and a sometimes unclear sequence of activity), and financial resources (the cost per child seems much lower than the one for primary education, and some activities pertinent to PPE are not consistently and adequately budgeted). The human resources are not adequately considered too (apparently the implementers' capacities are not sufficient, particularly in the Government's counterpart MOPME and in the schools, due to the small amount of training budgeted and implemented). Therefore, the actual budget needed to fully implement the PPE reform, seems heavily dependent on external funds, especially in a country like Bangladesh where economic growth may well be hampered by macro-economic shocks and political instability, with likely consequences for the sustainability of the PPE policy.

The collaboration with the NGOs – necessary for a full implementation – also seems to have not been thought through. The relation between service contractor and service provider appears unclear and it is unlikely to be convenient for the NGOs (Section 5.2.2).

In particular, it seems that there was a miscalculation of the MOPME's absorptive capacity both financial and in terms of level of activity, and in general the capacity of the DPs to align and harmonise, for instance in terms of time cycles/calendar, bureaucratic/administrative procedures, and the fact that PEDP III's workload is often added to other regular administration. Moreover, the plan apparently did not take sufficient account of the capacities needed to train and deploy the PP teachers, and to provide the necessary classrooms.

Regarding the role of the outside expertise provided through the TA, the literature suggests that: '... later and lesser (or at least more staggered and decentralised) expertise and finance from without make for a more effective formula', (Havelock & Huberman, 1977, p.94). This was apparently misconceived in the implementation plan, as the role of TA seemed essential for PPE to take off. Moreover, there was not a clear and phased programmed engagement for

the TA inputs, and the exit route was not defined. This is linked to the risk ‘... [of] entrust[ing] the specification of objectives to outside experts’ (Havelock & Hubermann, 1977, p.94), who may have different interests due to diverse accountabilities and incentive systems.

Indeed, PEDP III progressed very little during the first year (with some improvement in year two, however), failing to meet most of the annual targets (DLIs). In addition to the considerations made above, the delays might also be due to the (sector) budget support modality chosen for PEDP III, where funds are transferred to the Treasury before reaching the line Ministry, instead of going directly to the MOPME, as in turn happens with the project modality. This created opportunities for slippage, under accountabilities, and expenditure tracking issues.

Furthermore, the PPE component of PEDP III seems to have shown an insufficiently clear structure of the decision-making and accountability chain, especially pertaining to the roles of the implementing MOPME (DPE directors and PPE unit) and the TA concerned (to be provided by UNICEF, which is also a funding DP). This latter point represents a principal-agent problem, due to the potential conflict of interest (for UNICEF funds PEDP III and partly implements it through the TA).

The implementation plan apparently does not include an effective decentralisation strategy, like the role of SMCs as foreseen in the operational framework, and the budget dispersion at field/Upazilla level. In this respect, the low involvement of community members, especially in the planning phase, may hinder implementation, as has been pointed out by the respondents and already acknowledged in PEDP II (Ahmed, 2011).

Finally, the lack of a professional, education cadre seems to be a systemic problem in the MOPME, common to other cases too (Havelock & Huberman, 1977), which is linked to the issue of the turn-over of the officials in the MOPME, particularly the people involved in the programmes, thereby causing a waste of institutional memory.

To conclude, a likely low political interest during the implementation phase is another point evidencing a low Infrastructure, which is linked to the dimensions discussed below.

Authority (from A+ to A-)

The political support for the reform was apparently high at the time of the policy document formulation, when the charismatic leaders in the MOPME (Secretary) and at the PM's level (PM and advisors) were there, and the operational framework was issued. The IAC's authors also describe a case similar to the Bangladeshi one from the first phase (I- A+ C+), with the presence of charismatic people: 'These are likely to be charismatic leaders operating under a social mandate which can generate enthusiasm from other leaders and from administrators, teachers, students and local officials' (Havelock & Huberman, 1977, p.80). The momentum continued with the political pledge of setting up 37,000 preschool classes. Indeed, such a large and rapid quantitative ambitions might have been politically appealing, and the intended shift towards a more phased approach (the plan in PEDP III) may have diminished the politicians' interest. Moreover, a respondent affirmed (Chapter 5) that the MOPME wanted to implement PPE by itself, but due to a lack of funds it was decided to introduce PPE in PEDP III.

When implementation with PEDPIII started, the charismatic initiators in the MOPME (the line Ministry for PEDP III) and at the PM's cabinet level were no longer there. As mentioned earlier, the issue that arises from the innovation theory is what happens when the charismatic innovator who initiated the change moves on to a different job or department, or retires (Havelock & Huberman, 1977). A system should be put in place to guarantee sustainability of the changes, including securing resources. Moreover, political priorities may have changed and the lingering situation of political instability of the country (Roy, 2005) may have a significant role here.

However, it is difficult to distinguish between a lack of authority in the MOPME and a lack of capacity to implement, mentioned above (I-). For instance, it is not clear whether the expected implementation with the NGOs is not meeting the NGOs' expectations because of a lack of expertise in the MOPME (and a tendency to delegate to the TA) and an ill-defined principal-agent relationship (I-), or a low political will in the MOPME to really engage with the NGOs, as one respondent argued.

Consensus (from C+ to C-)

Consensus on the PPE reform was apparently high at the time of the policy formulation, as emerged in the documents and was affirmed by the interview respondents.

First, the advocacy by key members of the Bangladeshi civil society and international agencies for ECD/PPE showed a consensus on a reform on PPE. Second, the teachers' union representatives reported general support for introducing PPE in the GPSs by the primary teachers, acknowledging the potential benefits for later learning achievements (see Chapter 1). The beneficiaries were not systematically consulted on the reform, but it seems again that in principle parents regarded the opportunity to send their children to pre-school positively.

However, this does not mean that the implementers and beneficiaries agreed with 'the reform's objectives' *and* 'the way it [was] implemented' (Havelock & Huberman, 1977, p.76). Indeed, once implementation started, consensus seemed to drop. In particular, the initial implementation (37,000 pre-schools) triggered disappointment, if not resentment, in many teachers and their representatives, as well as the DPs' disapproval. This was because it seemed to be an attempt at a quantitative breakthrough, where quantity prevailed over quality, the reform was unevenly implemented and existing resources were overstretched (Section 5.2.2).

The drop in consensus may be also linked to a low involvement of both beneficiaries and implementers in the policy formulation (Section 5.1), as this may have contributed to an implementation that did not match their actual needs and was flawed in implementation. Indeed, a low Consensus can be problematic especially at local level, where implementation can be hindered (Havelock & Huberman, 1977).

Overall, the DP respondents showed a general lack of enthusiasm for PPE and one respondent affirmed that they (the DPs) were '...not pushing the agenda [PPE] forward' (Interview, 14, DP 4). Indeed, the role of the DPs and the authority they can wield, especially once implementation funded by the international community has started, may be pivotal. Responsibilities for unsuccessful implementation are therefore shared.

Next phase: I+ A+ C+ or I- A- C-

In conclusion, depending on whether proper revision and adjustments of the current implementation will be undertaken with a process of ‘iteration and updating’ (Lewin, 2008, p.12), especially in terms of a more detailed and feasible plan, and whether a sufficient level of authority will be re-established, the model could change into an I+ A+C+ one.

The three categories are interlinked, and in particular it seems that once Infrastructure and Authority revealed their low level by a disappointing implementation, Consensus diminished too. Likewise, a low political will is likely to affect Infrastructure negatively, for instance by allocating fewer financial and human resources, unless a system is put in place that guarantees continuity despite political changes. In contrast, improvements in Authority can positively influence Consensus (Huberman & Havelock, 1977), developing and promoting a better solution (C+); however, as the authors point out it is difficult to have high Consensus and Authority in the long term, for the control of political leaders, administrators and so on over teachers, administrative staff and the like, can yield malcontent and conflict (Huberman & Havelock, 1977).

At this stage of early implementation, consensus may be also built with a major involvement of the NGOs and particularly of the elite of experts who contributed to the policy formulation.

Moreover, it seems crucial to increase the level of decentralisation in decision-making, at school level, including discretion in the use of resources, as summarised by Ahmed (2011, p.35) ‘... with greater authority and accountability of schools and local authorities’. Consultations at field level and with different interest groups can also help raise consensus and yield feedback useful for re-orienting implementation, and perhaps even a new policy cycle.

In contrast, the current situation can slip into a I- A- C- model, for as shown above, Authority and Consensus seem already diminished. This happens if the political (MOPME and PM) and educational leaders (group of experts and implementing NGOs) abandon the initial plan for other more promising and rewarding projects. This consequence is also envisaged by Huberman and Havelock (1977, p.80): ‘After the initial period of enthusiasm, the difficulties of staying with a project which involves uncertainties, risks, moments of discouragement and

temporary sacrifices – as most innovations do – are such that we have either $I - A + C$ - or, worse, $I - A - C$ -.’ This would mean a failure of the policy, or again another ‘surface adoption’ (Lewin & Stuart, 1991, p.11), which would succeed in achieving quantitative results but not in obtaining the desired learning outcomes.

However, as shown, in year two PEDP III is slowly catching up with the delays, and the remaining three years of the programme may see positive changes. In this respect, Section 6.3 in this chapter will offer recommendations.

6.1.2 Reflections on the IAC model

Finally, some reflections on the IAC model and its applicability deriving from the experience of this case study are offered here below.

First of all, the IAC model complemented issues emerged in the Stake’s (1967) matrix, by raising the analysis to a higher theoretical level of understanding of the process, since it helped frame explanations of antecedents, transactions and outcomes, and also draws attention to interactions.

The infrastructure (I) dimension helped considerably in interpreting this case, as it summarised key elements of the innovation that seemed to hamper its successful implementation, and provided an analysis of the whole problem-solving process. Between the analysis of the needs and problems, and the identification of an appropriate solution, perhaps explicit reference could be given to the analysis of the options and the criteria and process of selection of that specific solution. Moreover, it seems important to include in the model an analysis of the system that is put in place to evaluate the reforms retrospectively, as well as prospectively and eventually introduce informed changes.

Authority (A) is a very important dimension, raised by many respondents as an issue in this case study. From the experience of the case study, therefore, it seems useful to add to the framework an analysis of the type of Authority in terms of the decision-making locus (for instance, the initiation of the policy seemed to originate from the PM’s cabinet), the accountability chain (especially for the implementation phase), and the role of charismatic

leaders/change makers. This is especially relevant in a country like Bangladesh where small elite of highly educated professionals and politicians with international experience can play a key role in bringing reforms forward. Moreover, the relationship between an “external authority” represented by the political agendas brought forward by the international organisations with the national education policies promoted by local governments (Verger et al., 2012) may be added to this category.

Consensus (C) is a key dimension for the successful implementation and sustainability of the reforms. However, gaining consensus in a country such as the USA might be very different from doing so in Bangladesh. Therefore, such considerations should be socio-culturally and political-economically contextualised.

Indeed, the IAC model could be complemented by the specific analysis of the socio-cultural context. This with the aim to provide information on the extent to which the policy formulated, the formulation process and the solution identified (implementation plan) seem to be coherent with the socio-cultural context; and to help understand possible laggards and resistance to the reforms introduced (Kidd, 1980). Therefore, albeit the socio-cultural dimension is somehow a crosscutting issue between the three categories I, A and C, it seems useful to give this dimension specific and segregated consideration.

Another critical reflection that can be made to the model regards the cases selected for this study. The inclusion of countries other than those with a dominant Western influence (Kidd, 1980), and particularly more experiences authored by CSOs and local Governments (also unpublished reports), could have given more breadth and robustness to Havelock’s and Humberman’s model. This reflection, however, needs to take into consideration the limitation of the literature available during the 1970s, and the risk that a vast sample could have impinged the quality of the analysis.

6.2 The research questions and reflections from the case study

This research has provided an original contribution to the knowledge on policy development, particularly offering insights on the process of policy formulation and how crucial aspects of the policy formulation affect implementation. It has done this by means of a case study of a

national policy that is being implemented in a country which represents one of the largest recipients of development aid. The study has also contributed to a field still little investigated, of PPE education in Bangladesh, and the findings can be useful for similar cases too.

The answers to the research questions (full text in Section 4.1) were extensively discussed in Chapter 5, where some of the gaps identified in the literature were filled in (Chapters 2 and 3). Here below is a summary of the responses.

The first question investigated the process of policy formulation, with the focus on the actors involved and the discourses that informed the policy. The process of PPE policy formulation was described in phases, and weaknesses and strengths were identified (see Table 5-4). These findings, compared with the analysis of the first two years of implementation (Section 5.2.2) have led to the identification of aspects of the policy formulation process which seem to affect the current and future implementation (5.2.3). Hence, it was possible to fulfil the aim of this research, and consequently to provide policy recommendations (see the following Section, 6.5). However, implementation in PEDP III has just started, and a more complete analysis can be undertaken when more information on the outcomes of the programme will be available; in other words, when the disruptions of the innovation introduced may start to stabilise (Lewin & Stuart, 1991; Little, 2008).

The analysis of the national actors compared to the international community has led to an understanding of how different accountabilities can impinge on implementation (Green & Curtis, 2005; Easterly, 2006), and how the actors' role has changed over time, again with consequences for implementation (Sections 5.2.2 and 5.2.3). In particular, the participation of the NGOs has emerged as a key topic, and the analysis of the changes which occurred during the different phases provided useful findings to make prospective judgments and recommendations. Indeed, the policy recommendations provided (Section 6.5) – divided by stakeholder category (DPs, GOB, NGOs) – are an attempt to usefully address the issues identified.

Regarding the involvement of the beneficiaries and implementers in policy formulation and implementation, how a generally low participation seems to affect the current implementation was discussed. The research also highlighted the lack of an effective decentralisation strategy and the need to plan actions to involve the community during implementation, in order for

PPE to work and to build consensus. However, this gap was only partially filled, as the micro level was not directly investigated.

This research has shown the influence of international discourses on the reform, especially the EFA goals (which highlighted aspects of aspirational planning), and of national needs pertinent to the primary education sector in Bangladesh (drop-out and completion rate). Here it was also discussed how the implementation plan may not eventually address those needs, if an effective prioritisation strategy is not implemented (6.1).

Linked to the point above, the research has filled a gap concerning delivery to underprivileged children, by drawing attention to a mismatch between the claimed situation of inequitable access to PPE and the principles expressed in policy documents on the one hand, and a weak prioritisation strategy, which seems to be insufficiently implemented, on the other.

This study has partially filled a gap in the quality of PPE, by highlighting how implementation still seems to be dominated by attention to quantitative results, despite the declared intentions to focus on quality, the linkages of PPE policy with related policies in education, and the poverty reduction strategies.

The second research question regarded the initial implementation and especially the links between formulation and implementation (Sections 5.2.2 and 5.2.3). It has been found that the policy documents contain directions on PPE implementation, and a proper implementation plan came with PEDP III, after a first attempt at a rapid and large expansion of PPE in the Government Primary Schools (GPSs). To help analyse the link between formulation and implementation, the Stake's (1967) matrix allowed for an evaluation of the PEDP programme (and particularly the PPE component of PEDP III), by comparing antecedents (the initial implementation) with transactions (the comprehensive plan in PEDP III and first two years of execution) and outcomes (what was achieved so far). Furthermore, the IAC model (Havelock & Huberman, 1977) allowed for a through analysis of all the elements of the reform under the categories of Infrastructure, Authority and Consensus, and the linkages between them (Section 6.1), which vary at different points in time.

Generally, this case of educational innovation seems to lack a robust Infrastructure, particularly the needs and capacity analysis and detailed planning. Moreover, the approaches to educational innovation (Lewin and Stuart, 1990) helped identify salient features of this policy development and the likely consequences for a sustainable implementation (e.g. the charismatic approach and the role of the elite of experts). The main points that emerged from the findings are summarised in the following section.

6.3 Summary conclusions

Here below, final considerations derived from the discussions in Chapter 5 and incorporated into the theoretical framework in Section 6.1 are offered, leading on to the last section on policy recommendations (6.5).

The process of PPE policy formulation

After years of advocacy by Bangladeshi civil society and international organisations for the development of ECD/PPE, and with the background experience of the “baby classes” in the Government Primary Schools (GPSs) and the NGO programmes, the process of policy formulation led to the formulation of the Operational Framework for PPE. This is the first policy specifically on PPE for Bangladesh, and it aims to make PPE available to about 3.5 million pre-school children (MOPME, 2011a).

In synthesis, the PPE policy of the Operational Framework seems to be the result of a political will at high level, supported by an “elite of experts” and brought forward by charismatic initiators, with little involvement of beneficiaries and implementers (Section 5.2.1). This charismatic and political approach to educational reform (Lewin & Stuart, 1991) can hamper policy sustainability when the charismatic innovators are transferred to accomplish other tasks (the issue of turnover), unless human and financial resources are guaranteed into the future, and political support is maintained.

Moreover, this case study seems to support literature on the influence of international agendas - and particularly global education policies (e.g. EFA) and modalities (e.g. SWAp) – on policy reforms and their implementation in aid-dependent countries (Little, 2008;

Leftwich, 2005, Robertson et al., 2007; Verger et al., 2012), with consequences for sustainability and accountability (King, 2004, 2005, 2009; Easterly, 2006).

The situation of political instability in Bangladesh over the last twenty years is also an element which can negatively affect policy sustainability, for interest in PPE can diminish and the high quantity of resources needed for providing PPE to all the Bangladeshi children may not be available. In this regard, the policy highlights the collaboration with the private sector and the NGOs in order to afford the costs, but it is not clear how it will happen and what the role of the state will be.

Indeed, a crucial feature of this case study seems to be the role of a group of experts (mentioned above as the “elite of experts”), and particularly the members from Bangladeshi civil society (Roy, 2005). Their participation was pivotal at the time of the policy formulation, but in the initial implementation phase they seemed to have more a nominal rather than active role (Chapter 5.2.3). However, the effort to collaborate with civil society seems a significant initiative in the history of Bangladesh.

The early implementation

An early and fast implementation was undertaken soon after the approval of the framework by the line Ministry. The main outcome was the recruitment of 37,000 pre-primary teachers (Habib, 2010) and a GOB’s directive to provide each GPS with one PS.. Here an international and national political agenda led by the commitment to the EFA goals seems to have influenced aspirational planning aiming at producing a ‘quantitative breakthrough), with little concern about the quality of PPE delivered, and the overstretching of existing resources. This fast implementation yielded disappointment amongst the teachers, who apparently were asked to run new classes without adequate financial and human resources, including training and materials. This seems to recall the planner’s paradox (Lewin, 2007, p.6), for the initial innovation implemented was ‘... resource-consuming, and unevenly implemented; as a result, in the short term it is likely to adversely affect the equitable delivery of a service at an acceptable level of quality’.

Implementation embedded in the SWAp programme PEDP III

A more comprehensive and phased implementation plan came with PEDP III, a third edition of the national sub-SWAp programme (Section 5.2.2). However, the strategy seems inadequately detailed, and with a weak monitoring and evaluation system. As mentioned above, this generally seems to indicate a lack of a thorough planning, and particularly an inadequate assessment of the actual needs and the implementers' capacity – the category of Infrastructure in Havelock and Huberman's (1977) model.

The analysis of the other category of the model (Authority) showed that political support was high during the formulation of the policy (A+) and decreased during the implementation phase (A-) with likely consequences that would affect a smooth implementation. Likewise, the category of Consensus on the PPE reform was apparently high at the time of the policy formulation (C+), but it seems that the support of many parties (members of civil society and DPs) diminished when the initial implementation triggered disappointment, and PEDP III failed to meet its expectations.

At this point in time (second year of PEDP III), depending on whether proper revision and adjustments of the current implementation will be executed with a process of 'iteration and updating' (Lewin, 2008, p.11), and consensus-building is pursued as long as a higher level of authority is re-established, the model could change into an I- A+ C+ one. On the other hand, if the current situation confirms the trend of A- C-, it is likely to lead to a failure of the reform.

Moreover, the decision to introduce PPE in PEDP III yielded to a centralised management – embedded in the SWAp architecture (Buchert, 2000; Ahmed, 2011) – a problem which seems compounded by an ineffective decentralisation strategy.

Furthermore, a prioritisation strategy without adequate feasibility and detail, and also without relevant indicators to monitor and evaluate it, seems to hinder an equitable and sustainable delivery to underprivileged children.

The collaboration between the Government and the NGOs is a crucial feature in this case of educational reform, and represents a turning point towards an equitable delivery of quality PPE. In particular, a lower involvement of the NGOs from the formulation of the

implementation plan may have contributed to a collaboration which seems to lack feasibility and worth for the NGOs, with unclear terms for the relationship between service contractor and service provider. Consequently, a likely mismatch between policy getters and policy makers can hinder implementation. The reasons for this seem to originate not only from the pitfalls in the planning process, but also from a persistent reluctance of the GOB to engage meaningfully with the NGOs, an issue rooted in Bangladeshi history and one which has recently emerged with the increasing power of some national NGOs and the need of an adequate regulatory framework (Haque, 2002). However, the level of openness of the GOB to the NGOs, reached in PEDP III, seemed to be considered by most of the actors as a milestone of its kind.

6.4 Limitations of the research and suggestions for further studies

This study revealed the following limitations.

First, as mentioned above, I am a foreigner who spent a certain number of years in Bangladesh, not a native professional. Therefore, my understanding has been constrained by the limitations of an “immersion” (Chambers, 2005), which probably precluded me from capturing cultural significances, and nuances of the data. On the other hand, as a foreigner I could bring a breadth of understanding with my experience of pre-school education in other places.

Second, there was a double language-gap, as the interviews were held in English, which is a second language both for me and for the respondents. Although most of the respondents had a good command of English, and all the documents analysed were translated into English, this does not imply that all the constructs have shared meanings.

However, being aware of these limitations, I tried to take those factors into account since the design of the research proposal, as mentioned in Chapter 4 on the methodology and methods.

Finally, this study would have benefited from direct investigation in the field, by interviewing beneficiaries and implementers at the local level; hence a limitation was the analysis being conducted only at the meso-level (Section 4.3). Moreover, it was not possible in this project to investigate the implications of the changing governments and the political instability of the

past history of Bangladesh (Section 1.1) on the future developments of PPE. These topics could, however, be the object of further studies.

Further research needed

In Section 6.2 it was explained how the research questions were answered. Here, some unfilled gaps which are worth investigating further are highlighted, and corresponding research questions are proposed:

Regarding the policy process, further research could focus on the formulation and selection of the policy options, as not much data on this step of the policy cycle was found.

RQ: How was the policy of expanding PPE intended to address the drop-out rate selected amongst other options?

The implementation solution embedded in the SWAp PEDP III needs further investigation for a more complete evaluation (e.g. a mid-term and ex-post evaluations), and to feed back the theory on the aid modality.

RQ: What facilitating and impeding factors did the inclusion of PPE in the SWAp PEDP III (towards an implementation of the policy) entail?

Further research could focus on current and future collaboration with the private sector (PPP) and with the not-for-profit organisations (NGOs), highlighting the difference between the two GOB partners, how they interact with the State, and the likely consequences in terms of equitable provision.

RQ: What kind of Public-Private Partnership (PPP) has been envisaged and is being implemented for PPE in Bangladesh?

RQ: How does it seem to affect equitable provision?

RQ: What is the role of the State in the partnership and is there any difference between the partnership with the NGOs and with the private agencies?

Finally, the quality of PPE might be further investigated in the years ahead, especially concerning the role of PPE to contribute towards reducing poverty and the future of PPE after

the EFA deadline. In this respect, a specific investigation of the PPE documents that are being developed (e.g. the PPE curriculum, materials packages, training modules) as well as the observation of what happens in the PPE classrooms can serve the purpose.

RQ: What is the quality of PPE in Bangladesh and is it being equitably delivered?

6.5 Policy recommendations

The following recommendations are addressed to the PEDP III partners in the first place, for they are the ones responsible for the implementation of the PPE policy. With the aim of making the suggestions useful and clear, they have been grouped by stakeholder category: GOB, DPs and NGOs. However, the recommendations might be useful for a larger audience too, including teachers, families and policy makers who deal with similar cases.

To the Development partners

1. To consider the possibility of revising the implementation plan to make it more detailed and more realistically sequenced.
2. To clearly define a prioritisation and targeting strategy, which can be monitored and evaluated.
3. To strengthen the monitoring and evaluation system. In particular: to include disaggregated indicators on PPE (especially by socio-economic status and geographical area); to measure equitable delivery; to include indicators on the quality of PPE; to involve the civil society in M&E, as recommended for the SWAp; to improve the timely availability and reliability of data; to constantly cross-link PPE data with data on drop-out and completion rates; to compare GOB data with other sources, i.e. from international agencies and national institutes (e.g. CAMPE Education Watch). Moreover, an impact evaluation will shed light on the fulfilment of the policy outcomes, and perhaps guide a second policy cycle.
4. To re-assess the capacity-building needs of the implementers (particularly in the MOPME-DPE, and PPE unit) and – based on whether/to what extent they have been addressed by the TA foreseen in PEDP III – to propose ad hoc activities to address the

needs. Moreover, the TA may benefit from a clearer exit route for the sustainability of PPE after PEDP III.

To the Government of Bangladesh (particularly the line Ministry, MOPME)

1. To form a professional cadre of educationists in the MOPME, and to set up a system of retaining the officials as an institutional memory for the prompt and smooth functioning of future programmes.
2. To set up consultations at field level involving beneficiaries and implementers. This is in order to have feedback on the policy that is being implemented and eventually to adjust the implementation to the real needs and situations in the field; to increase policy ownership and to raise consensus; and to foster accountability and transparency.
3. To increase decision-making at field level (e.g. Upazilla level) in planning the PPE activities and manage the resources, whilst improving transparency mechanisms.
4. To increase the budget allocated to PPE, for it seems inadequate now (e.g. compared to the one for primary education), and the extension to three years of universal PPE in the future may become unaffordable.

To the NGOs of Bangladesh

1. To seek a major involvement of the NGOs (and in particular their representatives in the groups of experts) in implementation and M&E, for an equitable delivery of quality PPE, and to re-establish consensus and support for the reform. In this respect, the collaboration with the NGOs should be better detailed in terms of service contractor-provider relations and its implementation monitored and evaluated.

In conclusion, even if the new PPE policy is only partially being implemented, this case study demonstrated a clear commitment shared by the parties involved – and especially the national actors – to introduce an important reform into the education sector of a developing country, ‘Despite the Odds’ (Grindle, 2004).

Annexure

Annex 1 List of interview participants and coded interviews

4 people from development organizations (called **DP respondents** in the text):

- AusAid senior advisor (education)
- SIDA senior programme manager
- UNICEF senior programme manager
- World Bank senior programme manager

6 people from the civil society (called **CSO respondents** in the text):

- AGK foundation senior advisor (ECD)
- Bangladesh ECD Network (BEN) chairman
- CAMPE director
- Dhaka Ahsania Mission (DAM) director
- ex-ECDRC director
- Save the Children programme manager (education)

5 people from the Government of Bangladesh (called **GOB respondent** in the text):

- MOPME DPE Director
- MOPME DPE Policy and Operation Director (including PPE Unit)
- ex-MOPME Senior Assistant Chief
- MOWCA ECD programme director
- ex-PEDP II director

8 Members of 4 teachers unions (called **TU respondent in the text**)

List of coded interviews

16 Interviews (15 individual interviews and one group interview) were conducted. The interviews have been coded in this way, so as to provide a clear reference for each of the quotations in the text to a single interview, and at the same time to comply with the right of confidentiality and anonymity (see Section 4.5):

1. Interview 1, DP 1, 1 February 2012
2. Interview 2, DP 2, 5 February 2012
3. Interview 3, DP 3, 23 February 2012
4. Interview 4, CSO 1, 26 February 2012
5. Interview 5, CSO 2, 29 February 2012
6. Interview 6, CSO 3, 9 March 2012
7. Interview 7, CSO 4, 12 April 2012
8. Interview 8, GOB 1, 30 March 2012
9. Interview 9, GOB 2, 4 April 2012
10. Interview 10, CSO 5, 25 March 2012
11. Interview 11, CSO 6, 3 April 2012
12. Interview 12, GOB 3, 6 March 2012
13. Interview 13, TU, 3 March 2012
14. Interview 14, DP 4, 8 May 2012
15. Interview 15, GOB 4, 24 April 2012
16. Interview 16, GOB 5, 15 May 2012

Annex 2 List of key documents

List of analysed documents, in chronological order:

1. The NPA for EFA II 2003-2015 (MOE, 2003)
2. The Operational Framework for pre-primary education' (MOPME, 2008)
3. The Dhaka Declaration on EFA (MOPME, 2009)
4. The Early Childhood Care and Development (ECCD) Framework (MOWCA, 2009 draft)
5. The National Education Policy 2010 (MOE, 2010)
6. The Early Learning and Development (ELD) Standards (MOWCA, 2010 draft)
7. The Sixth Five Year Plan (SFYP), Accelerating Growth and Reducing Poverty, FY 2011- 2015 (GOB, 2011) - this is the five year plan of the Poverty Reduction Strategy Paper (PRSP)
8. The Primary Education Development Programme PEDP III 2011-2016 (MOPME, 2011a)
9. The GO-NGO collaboration guidelines (MOPME, n.d.)
10. Implementation plan of GO-NGO Collaboration Guideline for Universal PPE in Bangladesh (MOPME, 2011b)
11. Aide Memoire JARM 2011-2012 (PEDP III first year report, including the narrative report of PPE component) (draft version)
12. Annual Sector Performance Report (ASPR) 2012 (GOB-DPE, 2012)
13. Non-Formal Education (NFE) act (draft version) (UNESCO & MOPME, 2012)
14. Aide Memoire 2012- 2013 (draft version)
15. Annual Sector Performance Report (ASPR) 2013, draft version (DPE-GOB, 2013)

Annex 3 Interview questions

The first minutes of the interview was an informal conversation. In this part, a couple of introductory questions were asked, and I also answered to them in order to make the interview more interactive and to build a trusting relationship.

1. How long have you been living in Bangladesh/Dhaka?
2. Have you worked for this organisation for a long time?

Questions:

1. Can you please tell me what is the situation of pre-primary education in Bangladesh (now and its background/story)?
2. Is there a policy in place?
3. What policy in pre-primary education is being developed?
4. What are the main policy documents?
5. What do you think are the main points of the policy?
6. What are, in your opinion, the strong points and weak point of the policy?
7. Was your organisation- and particularly you - involved in the policy formulation?
8. What specific action was undertaken in this regard – and with whom.
9. Who else was involved in the policy formulation, for example in the consultation process?
10. Was it difficult to involve those people? Why? On the contrary what facilitated the participation of those people?
11. What was the role of these organisations/stakeholders?
12. How do you think the policy will be implemented?
13. What is the implementation plan that the Government has formulated?
14. Were you or your organisation involved in the formulation of the plan?
15. What do you think about the implementation plan?
16. Is the implementation already started?

if YES:

17. How many pre-schools have been set up? How many were already there before the formulation of the plan?
18. How many pre-schools are functioning regularly?

19. Do these pre-schools have children (how many?) Teachers (how many)? Do you know who pays their salary? What training did they receive?
20. Is there any collaborations between Government and the NGOs and/or private sector for the provision of pre-primary education? Specifically on the pre-primary education expansion plan? Is it foreseen any collaborations in the policy? What do you think about it?
21. If NGOs or private organisations are involved: who are these organizations? what is their role?
22. Do you think that the full implementation of the Government's expansion plan will be feasible?
23. Why yes/not?
24. What are your suggestions for the implementation of the plan?

if NOT

17. What are the reasons, in your opinion, why the plan has not been implemented yet?
18. What do you think could be done to ease the implementation?
19. What do you think will happen in the future, next year?
20. When and how do you think the plan will be implemented?
21. Is there any collaborations with the NGOs and private sector already in place or foreseen in the implementation plan?
22. Is there anything else you wish to say?
23. Do you have any questions?

Annex 4 Table on research questions and methods

Research questions	Methods and tools	Sample	Unit of analysis	Level of analysis
RQ 1 How was the PPE policy formed?	1. Content analysis of policy documents and reports	Available policy documents and reports at national level (15). Data saturation to determine the number of documents.	Single document and the body of policy documents as a whole	Meso
	2. Key-informant interviews (semi-structured and open)	16 interviews with key stakeholders from development partner organisations, the Government of Bangladesh, and the civil society (see Annex 2). 1 group interview with 4 teacher unions. Sampling: purposive;	The individual and the organization in which she/he represent . The group and the organization in which she/he represents.	

		convenience; snow ball		
RQ 2. What are the factors related to the formulation process that are likely to influence – constrain or facilitate - implementation?	<p>1. Content analysis of policy documents and reports</p> <p>2. Key-person interviews (semi-structured and open)</p>	<p>Available policy documents and reports at national level (15). Data saturation to determine the number of documents.</p> <p>16 interviews with key stakeholders from development partner organisations, the Government of Bangladesh, and the civil society (see Annex 2). 1 group interview with 4 teacher unions.</p> <p>Sampling: purposive; convenience; snow ball</p>	<p>Single document and the body of policy documents as a whole</p> <p>The individual and the organization in which she/he represent. The group and the organization in which she/he represents.</p>	Meso

Annex 5 PEDP III Results and Programme Matrix: DLI on Pre-Primary Education

N. and sub-component	Indicator and baseline	Results:				
		Year 0	Year 1	Year 2	Year3	Year 4-5
DLI 2.1.2 Pre-Primary Education Accountable: Director Policy and Operations division	Indicator: Number of children enrolled in formal GPS PPE programs Percentag e of children entering grade I with GPS PPE Baseline 2011 ASC	Guidelines prepared and endorsed by MOPME on the role of NGOs in preprimary education	Integrated database of PPE provision by type of provider completed Plan for PPE expansion approved by MOPME	At least 15.000 PPE teachers placed and trained in areas of greatest need Curriculum, standards, and materials for PPE and teacher training approved by MOPME	At least 60% of PPE teachers in GPS are trained in using new pre-primary curriculum and materials PPE provision in at least 75% of GPS	Expansion plan implemented Grade I Intake with GPS PPE increased by 50% over baseline

(adapted by the author from MOPME, 2011a, p.62)

Annex 6 Key Performance Indicators (KPIs) for Pre-Primary Education and targets (PEDP III)

KPI	BASELINE	Y1	Y2	Y3	Y4	Y5
1 Number of children enrolled in Formal PPE schools	ASC 1,730,169 (2010 GPS/RNGPS)					
2 Number of children enrolled in non-formal PPE schools BNFE survey	2.2 million in ECCD programmes					
3 Gross enrolment rate, pre-primary	Education MICS 22.9% (2009)	...	X	X		
4 Number of PPE teachers recruited policy division	...	X	X	X	X	X
5 Number of PPE teachers trained in new curriculum training division	...	X	X	X	X	X
6 Number of GPS with pre-primary classes	43%(2010) PSQL 17					
7 Number of children enrolled in formal GPS PPE programs	1,226,104 DLI 1 new entrants)					
8 baby classes attached to GPS	48%					
9 Student teacher ratio (str), pre-primary education ASC						

(adapted by author from MOPME, 2011a, p.47)

Annex 7 Type of documents analysed

Title	Formal/ official – Informal/ lay	Published – unpublished	Public domain – private domain	Professional – lay	For circulation – not for circulation
1.The Operational Framework for Pre-Primary Education	official	Published	Public domain	profess but not too technical jargon, very practical	for circulation
2.The Primary Education Development Programme PEDP III 2011-2016	official	published, available on-line on the GOB website	public domain	professional	I think it is meant to be for circulation amongst the stakeholders
3. The GO-NGO collaboration guidelines	semi-official	unpublished	domain restricted to the 'collaborators'	professional but not too technical	I think only for circulation between collaborators, i.e. GOB, DPs supporting PEDP III, NGOs involved (BEN, CAMPE)
4.Implementation plan of GO-NGO collaboration guideline for universal PPE in Bangladesh	semi-official	unpublished	I think not yet public but supposed to be	professional but not too technical	I think it is meant to be for wide circulation if the interested NGOs are supposed to apply. The document says: to all relevant offices with copy to BEN and CAMPE and BEN and CASMPE will further circulate ton all member organizations. Dissemination activities foreseen.
5.6.PEDP III first year report (Aide Memoire JARM May 2012 year 1 2011-2012) and draft year 2	Formal/official	unpublished	public	profess	I think for limited circul to PEDP III partners
7.8. ASPR 2012 and draft 2013	official	published, available on-line on the GOB website	public domain	professional	for circulation
9.The National Education Policy 2010	official	published, available on-line on the GOB	public domain	lay	for circulation

		website			
10. The NPA for EFA II 2003-2015	official	published', available on-line on the GOB in part, and whole draft on UNESCO website	public domain	professional	for circulation, but more for professionals in education and development
11. The ELD Standards	formal/official	still unpublished	(restricted)public domain	professional	for internal circulation but now perhaps official
12. The ECCD policy Framework	formal/official	still unpublished	(restricted)public domain	professional	for internal circulation but now perhaps official
13. Second Ministerial Meeting of South Asia EFA Forum on Reaching the Un-Reached with focus on decentralization. Dhaka Declaration on EFA, 2009	formal/official	published on MOPME website	public domain	professional	for circulation
14. The SFYP II 2011-2015 - this is the five year plan of the poverty reduction strategy paper (PRSP)	formal/official	published	public domain	professional but not too technical/sectorial	for circulation
15. The NFE (Non-Formal Education) act and other related key documents	formal/official	still unpublished	(restricted)public domain	professional	for internal circulation as some docs are still in draft form and not yet approved by GOB

Annex 8 Education for All Goals

Six internationally agreed education goals aim to meet the learning needs of all children, youth and adults by 2015.

Goal 1

Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

Goal 2

Ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to, and complete, free and compulsory primary education of good quality.

Goal 3

Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes.

Goal 4

Achieving a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.

Goal 5

Eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality.

Goal 6

Improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

(UNESCO, 2000)

Annex 9 Millennium Development Goals (MDGs)

Goal 1: Eradication of extreme poverty and hunger;

Goal 2: Achieving universal primary education;

Goal 3: Promoting gender equality and empowerment of women;

Goal 4: Reducing child mortality;

Goal 5: Improving maternal health;

Goal 6: Combating HIV/AIDS, malaria, and other diseases;

Goal 7: Ensuring environmental sustainability;

Goal 8: Developing a global partnership for development

Annex 10 Stake's programme evaluation matrix

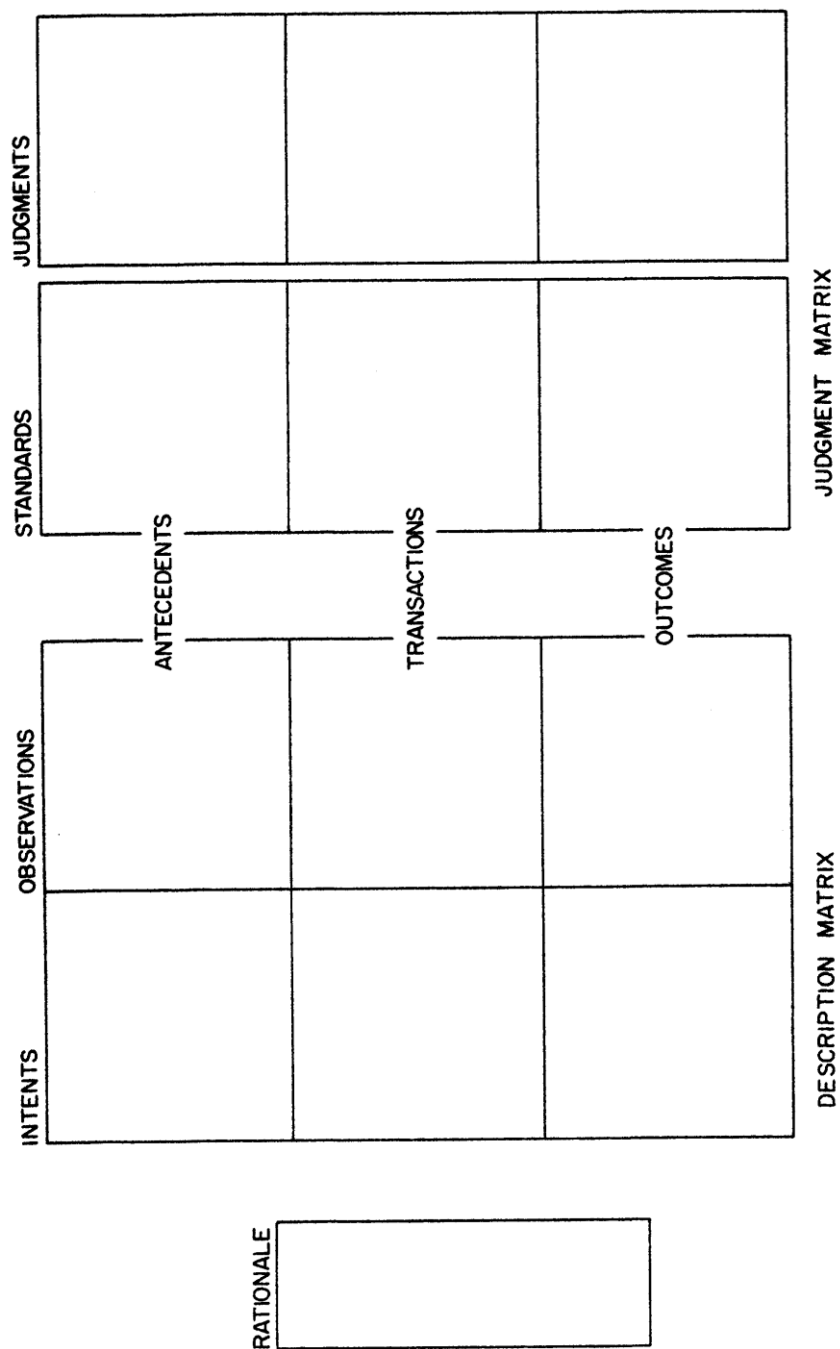


Figure 1. A layout of statements and data to be collected by the evaluator of an educational program.

(Stake, 1993, p.7)

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