Early Childhood Development

National Strategic Plan 2017-2021

Government of Belize:

Ministry of Health

Ministry of Education, Youth and Sports and Culture

Ministry of Human Development, Social Transformation and Poverty Alleviation

May 2017

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ABBREVIATIONS AND ACRONYMS

CEO	Chief Executive Officer
CHW	Community Health Worker
COMPAR	Community Parenting and Empowerment Programme
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSF	Critical Success Factor
DYS	Department of Youth Services
ECD	Early Childhood Development
ECDI	Early Childhood Development Index
ECE	Early Childhood Education
GOB	Government of Belize
GSDS	2016-2019 Growth and Sustainable Development Strategy
IDD	Iodine Deficiency Disorder
IQ	Intelligence Quotient
M&E	Monitoring and Evaluation
MDI	Multi-Dimensional Poverty Index
MHDSTPA	Ministry of Human Development, Social Transformation and Poverty Alleviation
MICS	Multiple Indicator Cluster Survey
MOEYSC	Ministry of Education, Youth, Sports and Culture
MOH	Ministry of Health
NCFC	National Committee for Families and Children
NCTSN	National Child Traumatic Stress Network
NGO	Non-Governmental Organizations
NRFCA	2017-2030 National Results Framework for Children and Adolescents
RCP	Roving Caregivers Programme
SD	Standard Deviation from the Mean
SDG	Sustainable Development Goals
TBD	To be Determined
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

The Government of Belize, through the ministries of Education, Health and Human Development, with technical and financing support from UNICEF has developed this revised 2017-2021 National ECD Strategic Plan. The Strategic Plan is underpinned by a 2010 ECD situation analysis and a 2014-2015 ECD Programme Mapping. Weak coordination and collaboration among key partners for the delivery of integrated ECD services has been identified as a key challenge. In 2016 Cabinet endorsed the ECD Core Commitments, i.e. Belize's ECD Policy Commitments. In tandem with the ECD Core Commitments, the ECD CEO Caucus has prioritized the commitment to first strengthen existing programs and service delivery within the three line ministries with a subsequent focus on expansion thereafter.

To this end, in 2015 a strategic framework was developed and utilized at the first national ECD Forum, where ECD providers had the opportunity to provide feedback and comments on the draft presented. In order to prepare for strengthening of the ECD program, the ECD Technical Working Group was established in 2015 and has since worked as a team in advancing the operationalization of the ECD Program in Belize.

1.2 Rationale

The potential benefits derived from supporting early childhood development range from improved growth and development to better schooling outcomes to increased productivity in life (WB, 2017).

The Lancet Series on early childhood development stress the need for holistic programs and the need for urgent increase in multi-sectoral coverage. New evidence from the field of neuroscience highlights the effects on brain development and function in the absence of appropriate nurturing care and learning.

1.2.1 Brain Development

Early experiences shape the brain's architecture and set the stage for a child's lifelong success. Positive early experiences increase the likelihood of lifelong positive outcomes; negative experiences often lead to negative outcomes. Harvard's Center on the Developing Child found:

• Ninety per cent of brain development occurs by age five; 700 neural connections are created every second of a child's early life.

• Adult-child interactions literally "wire" a baby's brain and determine that child's ultimate cognitive, social and emotional capacities.

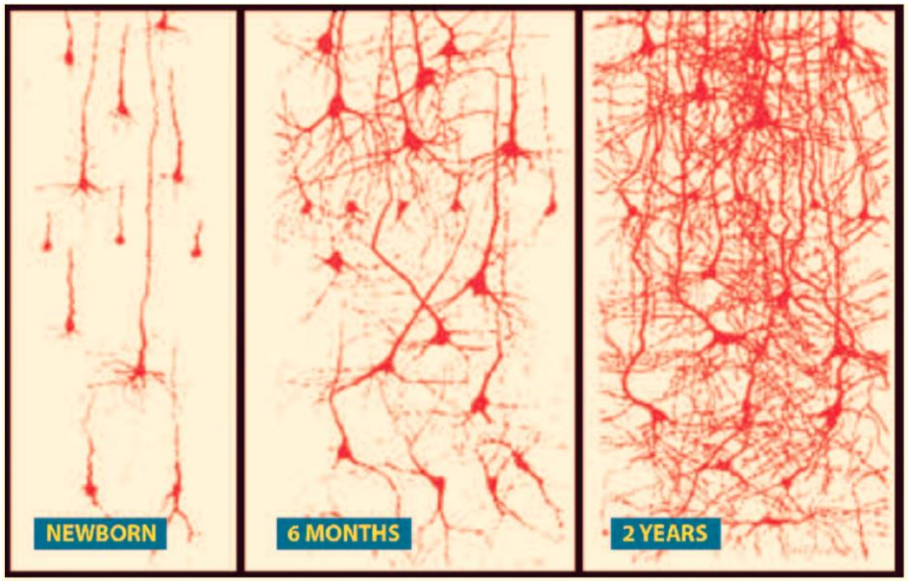


Figure 1: Neural Connection Formation, Birth through Age Two (Harvard, 2017)

Getting it right the first time is important. It is also more cost-effective. Investment in early education must be aligned with what we know from neuroscience. Early childhood is the critical period for investment in lifelong success.

1.2.2 Human Development

Early childhood development is economic development. Longitudinal studies show investment in early childhood generates multiple benefits - better learning outcomes, decreased crime and incarceration rates, reduced healthcare and social welfare expenditures, increased productivity and tax revenue, and even enhanced citizen security.

• Economists estimate a 7–16% return on investment (ROI) in early education for children from low-income households;

• Investment in early childhood leads to increased earnings for individuals and reduced public costs - crime cost, special education, and welfare savings.

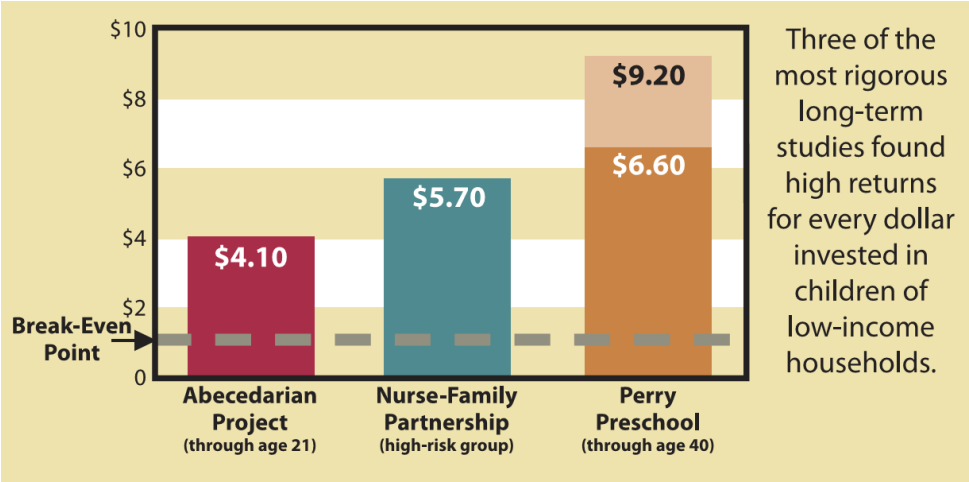


Figure 2: Early Childhood Return on Investment (Harvard, 2017)

1.2.3 Educational Outcomes

High-quality early childhood programs are essential to the overall effectiveness of education.

• High-quality early learning, especially for children at risk, has been shown to significantly improve early literacy, language and math skills and to decrease special education placements by nearly 50% through second grade and reduce grade repetition by up to 33% through eighth grade (www.partnershipforsuccess.org).

• By age three, the typical vocabulary of children with high needs is roughly half the size of the 1,100-word vocabulary of children whose parents earn middle- to higher-level incomes. Children's vocabulary at age three is strongly correlated with their literacy skills in third grade (Hart & Risley, 1995).

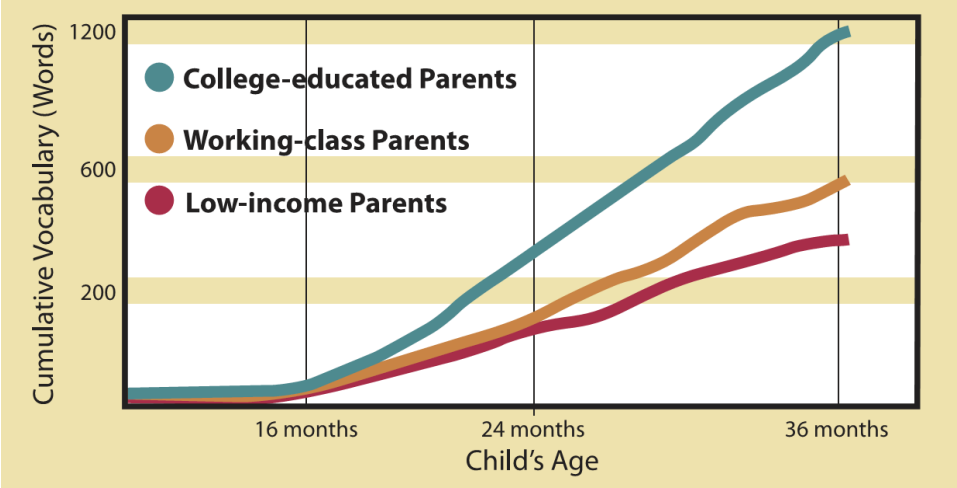


Figure 3: Cumulative Vocabulary based on Parental Income

1.3 SITUATION ASSESSMENT: A STATISTICAL SNAPSHOT

This Section presents a brief summary of the key ECD indicators generated from the Multiple Indicator Cluster Survey for situational context. These indicators, among others, identified by the ECD TWG as presented in Chapter 3.0, form the basis for monitoring of the ECD outcomes.

1.3.1 Early Childhood Development

Early child development is defined as an orderly, predictable process along a continuous path, in which a child learns to handle more complicated levels of moving, thinking, speaking, feeling and relating to others. Physical growth, literacy and numeracy skills, socio-emotional development and readiness to learn are vital domains of a child's overall development, which is a basis for overall human development.

A 10-item module has been developed for the MICS programme and is used to calculate the Early Child Development Index (ECDI). This indicator is based on some benchmarks that children would be expected to have if they are developing as the majority of children in their age group.

Each of the 10 items is used in one of the four domains, to determine if children are developmentally on track in that domain, viz.:
Literacy-numeracy: Children are identified as being developmentally on track based on whether they can identify/name at least ten letters of the alphabet, whether they can read at least four simple, popular words, and whether they know the name and recognize the symbols of all numbers from 1 to 10. If at least two of these is true, then the child is considered developmentally on track.

Physical: If the child can pick up a small object with two fingers, like a stick or a rock from the ground and/or the mother/caretaker does not indicate that the child is sometimes too sick to play, then the child is regarded as being developmentally on track in the physical domain.

Socio-emotional: In the social-emotional domain, children are considered to be developmentally on track if two of the following are true: If the child gets along well with other children, if the child does not kick, bite, or hit other children and if the child does not get distracted easily

Learning: If the child follows simple directions on how to do something correctly and/or when given something to do, is able to do it independently, then the child is considered to be developmentally on track in the learning domain.

While for the standard MICS, the ECDI is calculated as the percentage of children who are developmentally on track in at least three of these four domains, the TWG has recommended an ECDI+ indicator to reflect on track in ALL four domains..

Additionally, it is well recognized that a period of rapid brain development occurs in the first 3-4 years of life, and the quality of home care is the major determinant of the child's

development during this period. In this context, engagement of adults in activities with children, presence of books in the home, for the child, and the conditions of care are important indicators of quality of home care. Children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn.

Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also give the child opportunities to see others reading, such as older siblings doing school work. Presence of books is important for later school performance and IQ scores. Table 1 summarizes the various ECD indicators as derived from MICS data.

Table 1: ECD Indicators

Indicator	Value, Source and Year		
	SIB_MICS		
	2006	2011	2015
Support for learning	85.3	85..6	87.6
Father's support for learning	52.0	50.0	23.5
Mother's support for learning	-		67.6
Availability of children's books	56.7		44.4
Availability of playthings	25.6	39.6	67.8
Inadequate care	4.0	2.4	12.9
Early child development index	-	87.5	82.5

1.3.2 Early Childhood Education

Attendance to pre-school education in an organised learning or child education programme is important for the readiness of children to school. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

School readiness measures ought to include the readiness of the individual child, the school's readiness for children, and the ability of the family and community to support optimal early child development. It is the responsibility of schools to be ready for all children at all levels of readiness. Children's readiness for preschool should become an outcome measure for

community-based programs, rather than an exclusion criterion at the beginning of the formal educational experience. Our new knowledge of early brain and child development has revealed that modifiable factors in a child's early experience can greatly affect that child's learning trajectory. To this end, much is left to be desired as it relates to the current school readiness indicator. Table 2 summarizes ECE indicator as derived from MICS data.

Table 2: ECE Indicators

Indicator	Value, Source and Year		
	SIB_MICS		
	2006	2011	2015
Attendance to early childhood education	30.7		54.8
School readiness	32.8	32.9	63.3
Net intake rate in primary education	55.2	85.3	87.7

1.3.3 Early Childhood Mortality

At the most basic level of survival, ECD programmes reduce mortality. The neonatal mortality rate is defined as the probability of dying within the first month of birth, infant mortality rate as the probability of dying before the first birthday and under-five mortality rate as the probability of dying before the fifth birthday, all expressed as the number of deaths per 1,000 live births. Table 3 summarizes the various mortality rates as derived from MICS data.

Table 3: Mortality Indicators

Indicator	Value, Source and Year		
	MICS_SIB		
	2006	2011	2015
Neonatal mortality rate			5
Infant mortality rate	22	17	9
Under-five mortality rate	27	14	12

1.3.4 Nutrition

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished. Malnutrition weakens the

immune system, increasing the risk of ill health, which in turn aggravates malnutrition. Also, children who are moderately or severely underweight are more likely to die from infectious diseases than well-nourished children.

Weight-for-age measures acute malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered moderately or severely underweight while those whose weight-for-age is more than three standard deviations below the median are classified as severely underweight.

Height-for-age measures linear growth and chronic malnutrition. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as moderately or severely stunted. Those whose height-for-age is more than three standard deviations below the median are classified as severely stunted. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Finally, children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as moderately or severely wasted, while those who fall more than three standard deviations below the median are severely wasted. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence. Table 4 summarizes the various nutrition indicator values as derived from MICS data.

Table 4: Nutrition Indicators

Indicator	Value, Source and Year		
	SIB_MICS		
	2006	2011	2015
Underweight prevalence:			
Moderate and Severe	6.1	6.2	4.6
Severe	-	1.3	0.4
Stunting prevalence:			
Moderate and Severe	17.6	19.3	15.0
Severe	-	5.4	2.6
Wasting prevalence:			
Moderate and Severe	1.4	3.3	1.8

Severe	-	1.2	0.5
Overweight prevalence	-	-	7.3

1.3.5 Breastfeeding and Infant Feeding Practices

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient deficiency and is unsafe if clean water is not readily available.

Breastfeeding is designed by nature to ensure maternal-infant interaction and closeness. Nursing mothers tend to be with their infants altogether more than other mothers. In the first 10 days after birth, nursing mothers hold their babies more than bottle-feeding mothers, even when they are not nursing. They rock their babies more, speak to their babies more, and are more likely to sleep with their babies. And, of course, a baby's emotional need for love and reassurance is just as strong as her physical need for milk. Whereas most formula-fed babies are soon taught to hold their own bottles, the breastfed baby is always held by her mother for feedings. A breastfed baby enjoys not only the comfort of the warm breast, but caressing, rocking, and eye contact before, during, and after feedings. With all her senses, she drinks in her mother's love. Table 5 summarizes the various breastfeeding indicator values as derived from MICS data.

Table 5: Breastfeeding and Infant Feeding Indicators

Indicator	Value, Source and Year		
	SIB_MICS		
	2006	2011	2015
Early initiation of breastfeeding	50.6	61.5	68.3
Children ever breastfed		91.9	92.7
Exclusive breastfeeding under 6 months	10.6	14.7	33.2
Predominant breastfeeding under 6 months		34.3	50.1
Introduction of solid, semi-solid or soft foods		67.4	78.8
Minimum dietary diversity			66.3

1.3.6 Salt Iodization

Iodine deficiency can lead to a variety of health and developmental consequences known as iodine deficiency disorders (IDDs). Iodine deficiency is especially damaging during the early stages of pregnancy and in early childhood. In their most severe forms, IDDs can lead to cretinism, stillbirth and miscarriage; even mild deficiency can cause a significant loss of learning ability (UNICEF, 2017). One in every three new-borns in Belize is at risk of iodine deficiency disorders (IDD) as assessed through household consumption of adequately iodized salt. Table 6 summarizes the iodized salt indicator as derived from MICS data.

Table 6: Iodized Salt

Indicator	Value, Source and Year		
	SIB_MICS		
	2006	2011	2015
Iodized salt consumption			65.3

1.3.6 Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years.

Those who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults. Table 7 summarizes the various birth weight indicator values as derived from MICS data.

Table 7: Birth Weight Indicators

Indicator	Value, Source and Year		
	SIB_MICS		
	2006	2011	2015
Infants weighed at birth	92.5	95.0	98.7
Low-birth weight infants	8.1	11.1	12.1

1.3.7 Immunization

Babies are born with protection against certain diseases because antibodies from their mothers were passed to them through the placenta. After birth, breastfed babies get the continued benefits of additional antibodies in breast milk. But in both cases, the protection is temporary. To this end, immunizations as per recommended MOH schedule are essential for the continued protection of the infant and child. Table 8 summarizes the various immunization indicator values as derived from MICS and MOH Administrative data.

Table 8: Immunization Indicators

Indicator	Value, Source and Year			
	SIB_MICS			MOH
	2006	2011	2015	2016
Tuberculosis immunization coverage	90.2	97.5	97.6	-
Polio immunization coverage	68.6	75.2	83.1	97.7
Pentavalent immunization coverage	74.5	67.8	83.4	97.7
Measles immunization coverage	81.9	84.9	90.2	97
Full immunization coverage	56.3	-	77.5	-

1.3.8 Maternal and New Born Health

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care(ANC) as an intervention to improve both maternal and newborn health.

WHO now recommends a minimum of eight antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which include:

- Blood pressure measurement
- Counselling, early detection and treatment of illnesses and complications.
- Laboratory services
- Delivery of micronutrients and vitamins.
- Early referrals
- Urine testing for bateriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional)

Table 9 summarizes ante- and post-natal care indicator values as derived from MICS data.

Table 9: Ante- and Post-natal Care Indicators

Indicator	Value, Source and Year		
	SIB_MICS		
	2006	2011	2015
Neonatal tetanus protection	58.3	52..4	48.8
Antenatal care coverage: **At least once by skilled health personnel** **At least 4 times by any provider**	94.0	96.2 83.1	97.2 92.6
Skilled attendant at delivery	95.8	96.2	
Institutional deliveries	88.2	93.8	96.4
Post-partum stay in health facility	-	92.3	94.3
Post-natal health check for the new born	-	97.3	96.4
Post-natal health check for the mother	-	94.6	96.4

1.3.9 Child Protection: Birth Registration

Every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. National laws and international instruments promote the development of systems of birth registration of every child at or shortly after birth, and to fulfil his or her

right to acquire a name and a nationality. Table 10 presents the birth registration data as derived from the MICS.

Table 10: Birth Registration Indicator

Indicator	Value, Source and Year		
	SIB_MICS		
	2006	2011	2015
Birth registration	94.4	95.2	95.7

1.3.10 Child Protection: Child Discipline

Children must be protected against any acts of violence; it is their absolute right to be protected against abuse, exploitation and violence. The word discipline means to impart knowledge and skill – to teach. However, it is often equated with punishment and control. There is a great deal of controversy about the appropriate ways to discipline children, and parents are often confused about effective ways to set limits and instil self-control in their child. Table 11 summarizes violent discipline indicators as derived from MICS data.

Table 10: Violent Discipline Indicators

Indicator	Value, Source and Year		
	SIB_MICS		
	2006	2011	2015
Any violent discipline	67.7	70.5	65.1
Severe physical punishment			6
Psychological aggression			52
Only non-violent discipline			26

1.3.11 Child Protection: Attitude towards Domestic Violence

Children are exposed to or experience domestic violence in many ways. They may hear one parent/caregiver threaten the other, observe a parent who is out of control or reckless with anger, see one parent assault the other, or live with the aftermath of a violent assault. Many children are affected by hearing threats to the safety of their caregiver, regardless of whether it results in physical injury. Children who live with domestic violence are also at increased risk to become direct victims of child abuse. In short, domestic violence poses a serious threat to children's emotional, psychological, and physical well-being. Not all children

exposed to violence are affected equally or in the same ways. For many children, exposure to domestic violence may be traumatic, and their reactions are similar to children's reactions to other traumatic stressors. Exposure to domestic violence has also been linked to poor school performance. Children who grow up with domestic violence may have impaired ability to concentrate; difficulty in completing school work; and lower scores on measures of verbal, motor, and social skills (NCTSN, 2017).

The MICS asked a number of questions of women (and men in the 2015 round) age 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners for a variety of scenarios. These questions were asked to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women that agree with the statements indicating that husbands/partners are justified to beat their wives/partners under the situations described in reality tend to be abused by their own husbands/partners. Table 12 summarizes attitudes towards DV indicator as derived from MICS data.

Table 11: Attitudes Towards DV Indicator

Indicator	Value, Source and Year		
	SIB_MICS		
	2006	2011	2015
Attitudes towards domestic violence: **(a) Female** **(b) Male**	 (b) 12.2	 (b) 8.6	 (a) 5.2 (b) 5.4

1.4 ECD STRATEGIC INTENT

Combined, the Vision, Mission, Policy Principles and Outcomes form the ECD Strategic Intent, the underpinning of this Strategic Plan.

1.4.1 Vision

All young children in Belize have the best start in life in healthy, safe and nurturing environments, to "realize their full potential for physical, social, psychological, cognitive, cultural and spiritual development". Investment in the lives of young children and their

families will create a better future for themselves and for the nation –contributing to the "creation of a socially, and economically prosperous society that is dynamic, peaceful, just, and equitable".

1.4.2 Mission

Promote, protect and fulfil the rights of young children - from birth to age 8 - to survival, holistic development, protection and participation, with full recognition that the provision of comprehensive ECD services with family involvement at this stage of the life-cycle is essential for providing the foundation for each child to reach his or her potential.

1.4.3 Policy Principles

The main principles for guiding the promotion and implementation of the National ECD Commitments and this Strategic Plan are based on the UNCRC and the clear evidence and justification for investing in a more comprehensive systems-based approach to the organization of ECD services for young children and their families.

1.4.3.1 Policy Principle Related to Young Children and Families Focussing on:

The whole child, including cognitive, learning, physical, social, emotional and cultural dimensions and learning throughout life;

All stages of the early childhood life-cycle, including the prenatal period up to age 8, with an emerging priority on children 0-3 years of age, a critical period for survival, growth, development, and protection;.

All children, but with special attention for those children and families most at risk for exclusion, to reduce social inequalities and promote inclusion;.

The protection and preservation of the family as a basic unit of society, the first and primary institution for supporting the growth and early development of children, along with constructing the foundation for life-long learning;

Respect for diversity and difference as a strength and helping all children develop a positive sense of self and culture. This is grounded in the reality that Belize is a multi-ethnic, multi-lingual and multi-cultural society.

1.4.3.2 Policy Principle Related to Advancing a Systems Approach, Focusing on:

The development of an integrated ECD service system, covering both universal and targeted supports and services, across the key sectors and levels of government, including non-government agencies;

Multi-sectoral partnerships, recognizing that the provision of ECD services is a multi-sectoral responsibility involving government, the private sector, civil society organizations, and other key stakeholders;

District level management of and community-based involvement in ECD services as the most effective strategy for advancing sustainable, holistic child development actions, ownership and accountability in Belize.

1.4.3.3 Policy Principle Related to a Rights-based Approach Focusing on:

Human Rights, protecting children's human rights is a key element of this effort, as guaranteed under the Constitution of Belize as well as international human rights Conventions, inter alia the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD). Every child has the right to survival, growth, development, protection and participation, and to achieve his or her full potential.

The Best Interest of the Child, all policies and programs for families and young children must aim to serve the child's best interest.

Non-discrimination, all children have equal rights and that there is no justification for discrimination that negatively affects the growth and development of children. No child shall be discriminated against or abused on the basis of economic status, ethnicity, gender, religious affiliation, location, language spoken, health status and/or disability.

Participation of Children, Children should be considered as active participants in their own development and capable to making valuable input. Specific attention should be given to the evolving capacities of the child, as a key component for identifying and designing opportunities for child participation.

Gender Equity and Equality, gender-based and gender-specific interventions are essential at the earliest stages of a child's life and have long-lasting effects on developing healthy identities and later achieving gender equity and equality.

1.4.4 Child-centred Outcomes

The ECD framework is organized around three inter-related and mutually re-enforcing child-centred outcomes, viz.: (1) Children are born and remain healthy during their early years; (2) Young children's environments are nurturing, responsive, safe, inclusive and culturally appropriate; and (3) Young children have the skills and opportunities for success in early learning

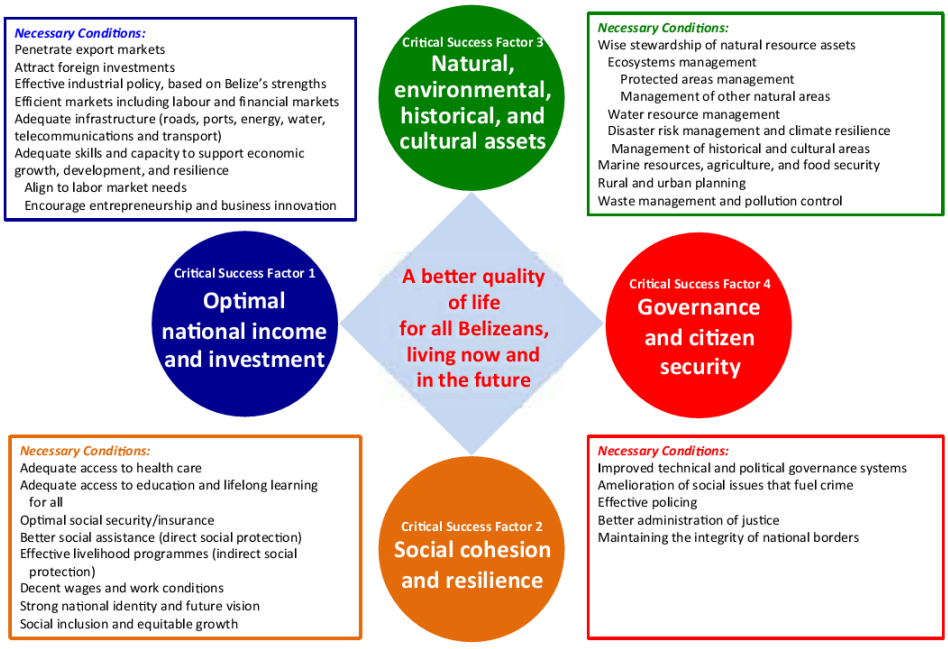
1.5 LINKAGES: SELECT ADVISORY STRATEGIES AND PLANS

The ECD stakeholders recognize the importance of harmonizing the ECD Strategic Plan and associated Indicator Framework with the Growth and Sustainable Development Strategy for improved relevance and effectiveness. Furthermore, alignment to the National Results Framework for Children and Adolescents (NRFCA), 2017-2030 embeds the ECD TWG and ECD Strategic Plan within a long-term social policy development framework for children and adolescents and lays the foundation for key operational parameters necessary for effective implementation and sustainability. To this end, the experiences of the ECD TWG to date ought to be systematized and undoubtedly is instructive to the participating ministries and the NCFC as they seek to organize inter-sectorally for delivery of middle-childhood and adolescent outcomes within the NRFCA, 2017-2030.

1.5.1 GSDS

The Belize Growth and Sustainable Development Strategy is a set of interrelated goals and objectives that provides the structure for integrated national development planning in both the medium and long term. Its Framework is guided by the long term vision described in Horizon 2030: The National Development Framework for Belize 2010-2030. The Horizon 2030 vision is anchored in a broad consensus among national stakeholders and acts as a starting point for national development planning.

The GSDS is a medium term instrument for implementing Horizon 2030. It does this, through an updated framework that (1) takes into account stakeholder consultations on current sustainable development needs and priorities in Belize; and (2) helps to bring Belize into alignment with the international community by the adaptation of the sustainable development framework of the UN Task Team. This updated framework is fully consistent with the sustainable development tenets of Horizon 2030. The new Belize Framework for Sustainable Development, which details the Overall Goal, Critical Success Factors, and Necessary Conditions, is presented in Figure 4.



Adapted from the Sustainable Development Framework of the United Nations Task Team 2012

Figure 4: GSDS Framework

Under CSF2, "Enhanced Social Cohesion and Resilience," the general aim is to build a society in which individuals feel a sense of belonging, a society that is inclusive and that provides opportunity for social mobility. Toward this end, the country seeks to completely eradicate poverty by 2030, and to achieve more equitable income distribution. It also aims to reduce homicides to under 10 per 100,000 inhabitants annually (as a minimum target), provide universal access to basic and early childhood education, provide universal access to health care, maintain or raise life expectancy beyond the current level of 74 years, and reduce the incidence of morbidity and mortality resulting from a selected set of ailments.

1.5.2 The NRFCA 2017-2030

The National Results Framework for Children and Adolescents sets out the Government's agenda and priorities in relation to children and adolescents aged 0 – 19 years over the next 14 years – up to 2030 in line with Horizon 2030 and the Global Goals. It represents a whole of Government effort to improve outcomes for children and adolescents, and recognizes the shared responsibility of achieving these results and the importance of doing so within existing resources. It is rooted in the State's commitments under the United Nations Convention on the Right of the Child and integrates standing commitments under relevant national policies, strategies and action plans.

The Framework adopts an outcomes approach, based on five national outcomes for children and adolescents, viz. children and adolescents: *Are active and healthy, with positive physical, mental and spiritual wellbeing; Are achieving their full potential in all areas of learning and development; Are safe and protected from harm; Have economic security and opportunity; and Are connected, respected and contributing to their world.*

Furthermore, to deliver better outcomes for children and adolescents, and so increase the number of children and adolescents who achieve across the five national outcomes, a number of cross-cutting themes that require strengthening have been identified and prioritized. These are termed 'transformational goals' because they are core to ensuring policies and services are made more effective in achieving better outcomes. The six identified transformational goals are: *Supportive parents; Prevention and early intervention; Listen to*

and involve children and adolescents; Ensure quality services; Strengthen transitions; and Cross-Government and interagency collaboration and coordination.

The aim of the National Framework is to move policy development and services delivery beyond the present scenario – where children and adolescents are viewed primarily within narrow organizational responsibilities – to a whole of Government response and a clear picture of overall need and the process required to achieve improved outcomes. This shift in thinking is intended to lead to a more seamless approach between a range of child, youth and adult services, and provides a unifying policy focus on children and adolescents. The Framework is underpinned by several key strategic documents which lay out in greater detail the programme of work in particular areas. Inter alia, these include Belize's ECD Commitments and Strategic Plan, the National Youth Policy and DYS Strategic Plan, Youth Violence Prevention Action Plan and the National Parenting Framework, Curricula and Implementation Plan.

The Framework recognizes that children and adolescents live and interact in multiple connected spheres (nested contexts, such as families, peer groups, school, clubs, etc) and that a continuum of investment is necessary across the life course for all children and adolescents, with additional support for vulnerable groups, including those living in poverty. It recognizes that investment in the early years and in prevention and early intervention across the life course will pay additional dividends for all children and adolescents, and is especially important in breaking intergenerational cycles.

The Framework seeks to improve the lives and life chance of children and adolescents aged 0 - 19, addressing child poverty, social exclusion and wellbeing. It puts forward an integrated and positive approach to creating and sustaining a nurturing environment that reduces risk and enhances protective factors, and one in which there are roles and responsibilities: for children and adolescents; for parents and families; for communities and neighbourhoods; for service providers; for school; for policy-makers; and for society.

A Focus on Early Years: The brain develops at an astonishing rate in the early years of life. Its capacity to adapt and develop slows with age. This is one of the reasons why earlier

intervention yields greater returns. Early experiences determine whether a child's developing brain architecture provides a strong or weak foundation for future learning, behaviour, and physical and mental health. Investment in the very early years (0-3) yields the highest returns, with significant returns incurred throughout childhood and early adulthood. All children benefit from investment in early years care and education. Indeed, children in early years care and education are shown to outperform those without it. Disadvantage children have the greatest potential to benefit from early childhood care and education because their abilities are less developed when they start school and so they have more scope to catch-up. The early years are also a key time for identifying and intervening early to support children with disabilities or special educational or health needs.

1.5.3 Child Protection and Parenting Strategies

Effective coordination and strong inter-sectoral planning and implementation linkages with the National Parenting Taskforce and Child Protection Taskforce is envisioned for successful achievement of the results in the Parenting Strategy and Curricula and the 2017-2021 Child Protection Strategy and Action Plan.

CHAPTER 2: THE ECD STRATEGIC FRAMEWORK

Each of the three ECD Outcomes have a set of related outputs and corresponding activities as described below which serve to facilitate the implementation of the five year ECD Strategic Plan.

Furthermore, to better articulate the joint outputs to be pursued, a section on "Crosscutting Outputs: Outcome 0" has been added. These crosscutting outputs will be under the responsibility of the MHDSTPA, as the entity chairing the ECD CEO Sub-Caucus.

OUTCOME 0.0: CROSSCUTTING OUTPUTS

Output 0.1: Legal Framework for ECD Services Enacted

Early childhood development program and services are key for the development of the country. Growing evidence in this field urge countries to redesign programs and services to ensure parents and caregivers and organizations are working together for each child to reach their fullest potential. In Belize there is no legal framework dedicated to early childhood development that protects and regulates services for children and their families. An Early Childhood Act will frame these services, defining their scope and functions while creating coordinated and mutually reinforcing inter-sectoral governance structures that support, rather than impede, successful ECD service implementation (Blacket, et. Al., 2016).

A participatory process will be undertaken to develop a draft Early Childhood Act; to this end it is proposed that an ECD commission be formed to oversight the process and develop and manage the TOR. Consultations will be conducted before and after the development of the draft with interested parties e.g. parents and caregivers and ECD service providers from public and private sector and NGO's and liaise with the Attorney General Ministry. The draft ECD Act will be presented to the CEO's from MOH, MHDSTPA and MOEYSC for their review and endorsement prior to submission to the wider CEO Caucus and Cabinet.

Output 0.2: Children, Aged 0-35 Months, Receive Appropriate Stimulation

Early and appropriate stimulation has been identified as critical to life chances of a child (Heckler and Pinto, 2014). While early stimulation can be promoted in various ways, Care for Child Development (CCD) interventions have been shown to support families in promoting the development of young children. CCD introduces families to play and communication activities to help their children learn and develop. An operational plan was developed for the strengthening of CCD across the 3 line ministries. In the first phase of the ECD rollout, training will focus on providers. Joint training will be conducted for providers from the three line ministries; the training manual, job aid tools, and educational materials will be revised and customize to the Belize context; a second training of trainers will be conducted to increase the cadre of trainers by district; and further training sessions will be conducted at district level. CCD providers will document services provided to children and their families as per established format to underpin the construction of the indicator for reporting on service provision. Personnel to be trained are doctors, nurses [public health nurses, rural health nurses and midwives], pre-primary and lower division teachers, roving caregivers and community health workers. The number of trainees will be scheduled throughout the 5 year period, i.e. 20% targeted per year.

Output 0.3: Children Attend Quality Regulated Day-care and Preschool Centres

The licencing of day-care and preschool centres is designed to ensure that they provide quality services in a safe, healthy and nurturing environment. Consistent monitoring and supervision of centres, along with a statutory requirement for periodic inspection and licence renewal is designed to ensure that standards are upheld over time. Current legislation requires preschools and day-cares' to be licenced by the state, but these licences do not expire. Furthermore, inspection monitoring and supervision standards are poorly defined and inconsistently applied. Along with the necessary changes to legislation, robust standards will need to be defined and ministry personnel will need to be trained. Following this, centre owners and administrators and the general public will need to be sensitized.

The Ministry of Education will have responsibility for the registration, licensing and monitoring of day-cares and preschools.

Output 0.4: Children with Disabilities Receive Appropriate Specialized Services

A registry of children with disabilities will be developed and maintained; the data producers will be the various service providers [governmental and non-governmental, private sector].The registry will include bio-demographic data, referrals, services received, outcome, and other support services provided. The registry will be made available to all services providers for planning and delivery of services. Providers working at community level will contribute to the follow up of children with disabilities. A monitoring and evaluation tool will be developed and implemented at all institutions. The registry will be housed at MHD, considering the long term need for wrap around services and the immediate utility of the FAMCare application to these defined functions. An inventory of service providers with contact information will be maintained and facilitated to providers in contact with children diagnosed with disabilities.

Output 0.5: Families at Risk Receive Support to strengthen their capacity to nurture their young children

Biological and psychosocial risk factors associated with poverty generally lead to marked inequalities in ECD. These risks begin long before the baby is conceived, notably affected by the education levels; the living conditions of young women; livelihoods and household poverty levels; risks and shocks; and access to information and services. Social protection programmes can alleviate the impact of poverty on pregnant women directly, through cash transfers, as well as through providing antenatal preparation and other services.

To this end, the MHD will continue to target households living below the poverty line via its social safety net (SSN) schemes, inter alia BOOST and BOOST+, with emphasis on households with children 0-8. In addition, priority attention will be given to the special development geo-areas of Corozal (with high levels of poverty and low levels of ECD) and Toledo (with high levels of poverty and stunting). Beyond the cash transfer and psychosocial

supports provided to low-income via the SSN schemes, these households will also benefit from the expansion of early child stimulation programmes, inter alia 'Roving Caregivers' and 'Rhymes that Binds' and from retrofitted DHS office spaces to accommodate child-friendly corners.

Output 0.6: Prioritized Services for Communities, Families and Young Children Most At Risk

In signing on to the United Nations 2030 Agenda, SDGs, the Government of Belize commits itself to, "Recognizing that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and peoples and for all segments of society. And we will endeavour to reach the furthest behind first" (UN 2030 Agenda pp.4, 2017).

This implies a commitment to children at risk, including all those who are actually or at risk of being marginalized or excluded from full participation in society because of disability, health status, and socio-economic status, membership of a language or cultural group and residence in a location that lacks services. It also includes all those that have actual or potential delays in development and learning and all those subject to and are at risk of neglect or abuse. To be achieved partly in tandem with Output 0.5.

OUTCOME 1.0: CHILDREN ARE BORN AND REMAIN HEALTHY DURING THEIR EARLY YEARS

Output 1.1: Postpartum Women Receive Contraceptive Methods Prior to Hospital Discharge

The MOH with support from Salud Mesoamerica Initiative has increased the access of women in postpartum period to contraceptive methods before hospital discharge after an obstetric event. Women are counselled during pregnancy and in the immediate postnatal period. The MOH has updated its contraception guidelines based on WHO guidelines, and health care workers are trained in counselling skills and the provision of contraceptive methods. Women that are breastfeeding have various contraceptive methods available from which to choose [based on personal and family medical history]. For women with satisfied parity, they are now being offered bilateral tubal ligation in hospitals; for women who desire

to have children in the future can access temporary methods in the form of injection, pill, implants and barriers such as IUD [male and female condom]. The main objective is to assist couples to adequately space their pregnancies, allowing time for caring for the offspring at a minimum of 3-5 years. The WHO "blue wheel" (job aid tool utilized by health care workers –medical eligibility criteria) is used during counselling sessions. Providers of contraception services are MOH, BFLA, and private institutions/pharmacies.

Output 1.2: Pregnant Women Receive Early Prenatal Care

Evidence shows that many women are unaware of their pregnancy until they have missed 1-2 menstruations. Interventions that contribute to having a healthy baby at the end of pregnancy begins before pregnancy e.g. intake of iron and folic acid, vitamin B12. When a pregnant woman receives her first prenatal care before 12 weeks of pregnancy, her vital signs and laboratory test are close to those of her non-pregnant status, facilitating early identification of risk factors. Community Health Workers (CHW) will be provided with in-service training on the importance of early prenatal care; they will be asked to have a yearly census of women in reproductive age with updating of their pregnancy status. CHW will be provided with pregnancy rapid test kits, and asked to conduct active search for pregnant women, including the application of pregnancy rapid test during home visit. Health educators will collect monthly reports from CHW and monitor early detection of pregnancies and make referrals for prenatal care.

Output 1.3: Children who are Malnourished Receive Fortified Food

Stunting is defined as a child having low length/height for age and sex as compared to reference growth charts. Low weight for age describes acute under nutrition and stunting as chronic under nutrition. Unsatisfactory growth is defined as a growth chart which reflects a horizontal or downward trend of the plotted line and not necessarily until it reaches less than 2 standard deviations (SD) or 3 SD. At this point the child is expected to be enrolled into the fortified food program where parents will receive greater counselling services, the child will be monitored more often and if little or no progress is observed, a closer follow up at home will be provided. Once the parents or caregivers are properly counselled and the family dedicates more time for adequately feeding the infant and young child, children

recovery ought to be speedy. Once the child reaches the expected weight or height for age and sex, he/she is discharged from the program after six months without negative changes.

Output 1.4: Coverage of Community-Based Nutrition Interventions Increased

Two social and nutrition advocate posts called 'Social Worker' were created in southern Belize in response to the high rates of stunting. Their main responsibility is to manage/coordinate the nutrition program in Stann Creek and Toledo district. Their functions include counselling families of children at risk or undernourished, food preparation and demonstration at household level, and bringing together women who have children at risk or undernourished. For severe cases or cases where no improvement is observed, case-by-case management will be carried out. By 2021 it is expected to have one social and nutrition advocate per district providing the same services.

Output 1.5: Private hospitals in Belize District Certified as Mother-Baby Friendly Hospital

The Ministry of Health has certified all hospitals within public sector as Mother Baby Friendly Hospital. This initiative has a complete set of training curricula, breastfeeding policy and manual, self-assessment tool, certification and recertification assessment tool and methodology. Two hospitals from private sector, the 2 largest in Belize City, will be certified; the central health region team is responsible for this task. The management teams need to be contacted and sensitized, meetings with management team and head of departments, are to then conduct training of 100% of staff [clinical and support].

OUTCOME 2.0: YOUNG CHILDREN'S ENVIRONMENTS ARE NURTURING, RESPONSIVE, SAFE, INCLUSIVE AND CULTURALLY APPROPRIATE

Output 2.1: Children Grow Up in Safe and Protective (Home, School and Community) Environments

Children who are physically and emotionally secure are more likely to explore their environment and are better able to relate to other adults and children. Secure children are

more confident and more willing to try new things and participate in activities that will further their development. A safe and healthy environment contributes to children's sense of security.

Nurturing adults who are responsive, respectful and reciprocal in approach contribute considerably to the development of young children's sense of security, emotional stability, confidence and independence.While development follows a certain pattern, the pace and manifestations of that development differs from child to child. Every child is therefore unique! The child develops in context - in the home, in learning centres and in the wider socio-cultural environment. The young child needs good nutrition, a safe, culturally sensitive and stimulating environment, as well as responsive, nurturing adults to promote his/her holistic development.

To this end, 'educarers', social workers, rovers, health care workers and parents will have access to quality training via targeted workshops and seminars geared towards developing a cadre of carers who are attuned and responsive to the needs of young children and fully aware of the different developmental stages and milestones. In the first instance, a master training targeting TOTs will be conducted and subsequently, six(6) district-level trainings will follow. Additionally, the trainings will focus on positive discipline, violence prevention as well as mandatory reporting and are complemented via effective implementation of the National Parenting Strategy and Curricula with coordination and technical support provided by the ten(10) parenting advocates (MHD-COMPAR) countrywide.

As a fist activity, the public sector practitioners and wider non-state actors will participate in a National ECD Conference focussing on wider sensitization of the ECD Policy and Strategic Plan and strengthening of capacities through ECD best practices from the field.

Furthermore, and in tandem with adopted evidence informed approaches to improving the quality and delivery of ECD services and programme, the MHD will commission an impact evaluation of the RCP and explore its subsequent expansion as a consequence and management response to the impact evaluation.

Output 2.2: Parents Are Aware Of Factors That Influence Child Development

In tandem with Output 2.1 and effective implementation of the National Parenting Strategy and Curricula, quality parenting workshops will be conducted across the six (6) districts.

Additionally, a comprehensive ECD communications strategy will be designed and implemented targeting key parenting/community knowledge, attitude and practice gaps impacting on effective child development.

Output 2.3: Children aged 0-35 months are Exposed to Home Literacy Practices

Children's Literacy development begins in the home. MoE will support the MHDSTPA Roving Caregivers Program by providing training and by facilitating the donation of books for children aged 0-36 months in the families served. MoE will conduct activities designed to raise awareness of the importance of home literacy practices, especially for children.

Output 2.4: Children Routinely Engage In Active Play

MoE will strengthen the Physical Education National Curriculum for Primary Schools and ensure that active play is embedded in day-care and preschool curriculums. Through school improvement planning initiatives it will support school level decisions related to the provision of adequate time and safe and appropriate space for children's play in all institutions.

OUTCOME 3.0: YOUNG CHILDREN HAVE THE SKILLS AND OPPORTUNITIES FOR SUCCESS IN EARLY LEARNING

Output 3.1: Children who are Developmentally Delayed or At-Risk of Being Developmentally Delayed are Receiving Targeted Interventions

MoE will strengthen the capacity of day-care centres, preschools and primary schools. It will complete a survey of all educational institutions to evaluate their accessibility for children with disabilities, strengthen the provision of special needs referral and school-based support services.

MoE will implement a series of literacy diagnostic tests to be administered in pre- and lower primary school. These tests will identify children who are displaying actual or potential delayed literacy development. MoE will develop and distribute intervention toolkits to all standard one teacher and train them in remediation techniques for the children identified.

Output 3.2: Children Aged 36 Months or Older are Participating in a Recognized, Long term, Education Program

Over the medium term, MoE will seek to provide a place, either in a preschool centre or in an alternative non-centre based program for all preschool age children. In the short term, MoE will conduct research to discern current obstacles to access for both those who live close to an existing preschool centre but do not attend and those who live in areas not currently served. MoE will expand the provision of places by seeking funding for new school building, facilitating private provision and developing alternative programs.

Output 3.3: Children Age 0-59 Months are Appropriately Screened

All children from birth to the age of five will be screened against a wide range of development indicators by health, human development and education professionals at least twice per year. While screening already occurs, as a first step in this regard, existing screening systems, such as those in health clinics and preschools will be strengthened and new types of screening, particularly in education, will be developed.

The information from this screening will be used to assist parents, caregivers, field workers, administrators and policy makers make informed decisions relating to the provision of support and specialized services for those children experiencing or demonstrating risk of developmental delay.

An integrated system linking, at least initially, screening episodes conducted by the personnel from the ministries of MOEYSC, MOH and MHDSTPA will be created. Each child will be given a unique identifier that will enable his or her development profile to be shared as part of an integrated system. This system will define the nature, purpose, collection protocols, timing and frequency of each intervention. It will also describe data systems and protocols for the handling and sharing of data.

Give that all children should be screened; mechanisms will be created for tracing and screening those who do not attend health, child care and preschool centres.

Output 3.4: Children Access Curriculum-Based Instruction that is Gender, Linguistic, Socio-Economic and Culturally Sensitive

Preschools and lower primary national curriculums will be revised. Research into the language knowledge and experiences of children will be conducted. Guidelines for the use of languages other than English that empower principals to make context relevant school level decisions will be disseminated. The benefits and feasibility of transitional or other bilingual education programs will be evaluated. Training packages in gender, linguistic, socio-economic and culturally sensitivity will be developed and made available to all agencies with field workers that come into contact with young children.

Output 3.5: Children are Reading Accurately, Fluently and with Comprehension Appropriate to their Age-Levels

By the end of early childhood (age 8), children should be able read a fully developed paragraph accurately, fluently and with comprehension. In addition to strengthening school-based interventions (see 3.1, above), MoE will develop textbooks, training packages and supporting materials for pre and lower primary teachers and students.

CHAPTER 3: ECD GOVERNANCE ARRANGEMENTS

3.1 MEASURING PROGRESS

The effectiveness of the outcomes in this Strategic Plan will be measured by tracking progress over time on a select number of key indicators. Some indicators are measured annually; particularly those to be derived from administrative records, but many are only reported on every 3-4 years given that they are derived from more expensive and infrequent national surveys.. It is recognized that the identified indicators, Table 1, do not provide an exhaustive picture of the lives of all children 0 – 8 years. Rather, these key indicators allow us to measure progress in some key areas across the outcomes over the lifecycle of the Strategic Plan.

The indicators identified, for the most part, are drawn from the MICS and existing administrative data sources. In a few instances, arrangements will be required to ensure that data for a few of the select measures be in place, as they are not currently being captured by the system.

To this end, M&E of the ECD Outcomes will be supported by the NCFC's M&E Sub-Committee; as noted, the indicators will be tracked annually, or as appropriate, and the results will form the basis of an annual ECD policy brief to be developed by the Social Planning and M&E Sub-Committees in conjunction with the ECD TWG and jointly submitted to Cabinet and disseminated more widely to stakeholders.

At the Operational level, the ECD TWG will maintain direct oversight for process management inclusive of the monitoring of annual inputs, actions and outputs. Table 12 summarizes the core performance- and process-level indicators by ECD Outcone.

Table 12: Core ECD Performance- and Process-Level Indicators

ECD Outcome	Core Indicator	Baseline Value/Year	Source	Target Value/Year
0.0 Cross-cutting Support and	**ECD Policy Index** [policy & legal environment; ECD resourcing; ECD service gap; ECD data and M&E systems; ECD coordination mechanism; ECD public-private-CSO partnership]	TBD/2017	NCFC M&E Sub-Committee	0.7/2021

Sustained ECD System Improvements	ECD Act	0/2017	Gazette	1/2020
	% of ECD providers trained/certified in early stimulation of young children	TBD/2017	Admin Report_ECD TWG	100%/2021
	% of day care centres licensed	TBD/2017	Admin Report_ECD TWG	100%/2021
	% of preschool licensed	TBD/2017	Admin Report_ECD TWG	100%/2021
	% of children diagnosed with disabilities receiving health, social and educational assistance	TBD/2017	Admin Report_ECD TWG	50%/2021
	Number and % of vulnerable (MDI) children and families receiving psychosocial, financial and/or in-kind assistance from GOB	TBD/2017	Admin Report_ECD TWG	40%/2021
1.0 Children are born and remain healthy during their early years	U5MR	12/2015	MICS	TBD/2021
	Stunting prevalence: (a) Moderate and Severe (b) Severe	(a) 15.0/2015 (b) 2.6/2015	MICS	(a) TBD/2021 (b) TBD/2021
	Exclusive breastfeeding rate under 6 months of age	33.2/2015	MICS	TBD/2021
	% of postpartum women leaving the hospital with a contraceptive method	TBD/2017	Admin_MOH	TBD/2021
	Early antenatal care attendance rate	34.8/2012	Admin_MOH	60%/2021
	Underweight prevalence: (a) moderate and Severe (b) Severe	(a) 4.6 (b) 0.4	MICS	(a) TBD/2021 (b) TBD 2021
	Number of districts staffed with nutritionist/nutrition advocate	2/2017	Admin_MOH	6/2019
	Programme coverage: community based nutrition interventions	TBD/2017	Admin_MOH	TBD/2021
	Number of private sector hospitals certified as Mother-Baby	0/2017	Admin_MOH	2/2018
	Skilled birth attendant rate	96.8/2015	MICS	TBD/2021
	Low birth weight	12.1/2015	MICS	TBD/2021
2.0 Young children's environments are nurturing, responsive, safe, inclusive and culturally appropriate	Support for Learning: % of children (36 – 59 months) with whom an adult has engaged in 4 or more activities that promote learning /school readiness in the last 3 days	87.6	MICS	TBD/2021
	Inadequate Care: % of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least	12.9/2015	MICS	TBD/2021

	once in the last week			
	% of day care centres licensed and meeting national standards	TBD/2019	Admin/MOE	TBD/2021
	% of preschools licensed and meeting national standards	TBD/2019	Admin/MOE	TBD/2021
	% of children (0-8 years) suffering a major injury	TBD/2017	Admin/MHD	5% reduction/2021
	% of children 0-59 months who were read to by an adult or other sibling in the past week	TBD/2021	NCFC M&E/MICS6	TBD/2021
	% of children older than 36 months engaged in at least 30 minutes of activity that gets them moving and raises their heart rate on more than 4 days in the past week	TBD/2018	Admin/MOE	TBD/2021
	% of children aged 48 months attending a preschool centre or in regular contact with a professional educator [receiving alternative provision]	TBD/2018	Admin/MOE	TBD/2021
	% of children living in households in which violence is prevalent: (a) Violent Discipline (b) Accepting Attitudes Towards DV	(a) 65.1/2015 (b) F: 5.2; M: 5.4	MICS	TBD/2021
	Birth registration rate	95.7/2015	MICS	TBD/2021
	% of families with young children that have access to affordable child care that meets national standards	TBD/2018	Admin/MOE	TBD/2021
3. Young children have the skills and opportunities for success in early learning	% of children aged 48 months attending a preschool centre or in regular contact with a professional educator (receiving alternative ECE provision)	TBD/2018	Admin/MOE	TBD/2021
	ECDI+: % of children 36-59 months who are developmentally on track in all four ECD domains (literacy-numeracy, physical, social-emotional and learning)	TBD/2017	MICS	TBD/2021
	% of children aged 0-8 years identified as "developmentally delayed" receiving targeted interventions.	TBD/2018	Admin_ECD TWG	TBD/2021
	% of children 0-59 months screened at least twice annually under the	TBD/2018	Admin_ECD TWG	TBD/2021

	universal screening programme (includes physical development, hearing and vision, literacy etc.)			
	% of children aged 36 and 48 months participating in a recognized, long-term education programme	TBD/2017	Admin/MOE	TBD/2021
	% of licensed day care, preschool and primary schools using a gender, linguistic, socio-economic and culturally sensitive curriculum	TBD/2019	Admin/MOE	TBD/2021
	% of children (48 months and older) who have acquired literacy skills appropriate to their age	TBD/2019	Admin/MOE	TBD/2021

3.2 THE DRIVE FOR RESULTS AND ACCOUNTABILITY

The most significant challenge over the next 5-year period [2017-2021] lies in effective implementation to realize the ambition behind our vision for children and adolescents. There is considerable consensus on the systemic barriers, the problems facing young children and families and an improved understanding of more effective solutions to bring about better outcomes. Bridging implementation gaps requires ensuring that policy, research and strategy are meaningfully implemented in practice. The challenge lies in re-orienting the system and implementing changes to the services and how we work to deliver improved outcomes and services for young children. This requires effective cross-Government and inter-agency collaboration and coordination at national and local level. It also requires, inter alia: leadership; people working in different ways; changing the way resources are allocated and services funded; and reconfiguration of services - decommissioning some and commissioning more of others or completely new ones.

Over the past years, the process of reforming structures, introducing new social policy instruments and implementing new systems has commenced. The context for continued reform will become more challenging given the fiscal realities, increasing demand for services and rising public expectations. It will take continued leadership across all sectors for the reforms to be delivered effectively.

Succeeding in the implementation of this Strategic Plan is going to be challenging to say the least. The approach to implementation, in particular the seamless Government approach, has been drawn from international experience and evidence of what works.

Driving implementation and ensuring monitoring and accountability are two separate, yet connected functions. There is also a third function – that of stakeholder engagement, which supports both implementation and accountability functions. In designing the supporting mechanisms and structures of the Plan, all three functions are taken into account.

Of prime importance in driving implementation of this Plan is leadership. Effective implementation will require significant collaboration and coordination across government and between departments, agencies and other bodies. To provide that leadership and guidance in part, a strengthened NCFC working closely alongside the CEO sub-caucus with direct reporting to the Cabinet Committee on Social Policy becomes absolutely necessary.

3.3 IMPLEMENTATION ARRANGEMENTS

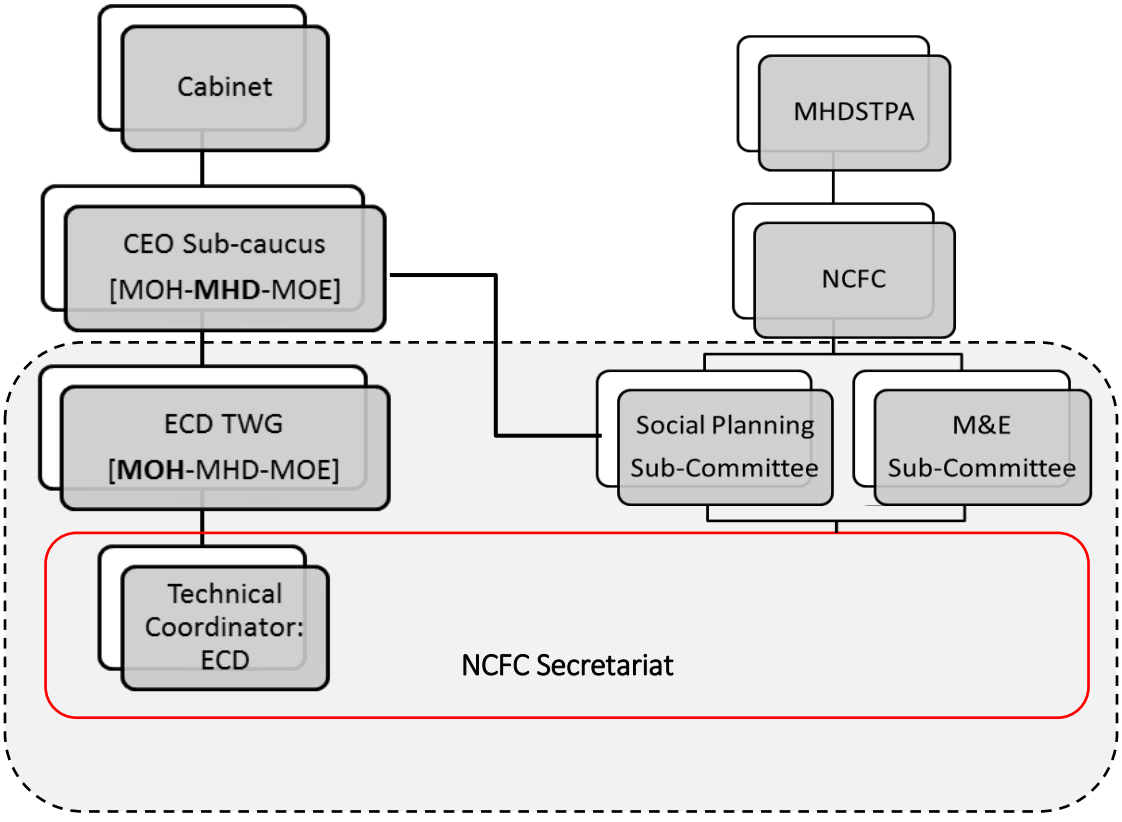
Implementation of this Strategic Plan involves the establishment and/or activation of clear and efficient structures to ensure accountability, drive implementation and provide a forum for stakeholders continued engagement.

The structures outlined will have a clear function and specific terms of reference[1] in relation to the Strategic Plan with linkages to the NRFCA 2017-2030. In addition, these structures/groups will interact in a systematic and structured manner via an established Planning Cycle designed and maintained by the NCFC (and Social Planning Sub-Committee) to ensure that the broad range of stakeholders are working on a shared outcomes-focussed agenda for young children. The key components of the structure to effect implementation include, but are not limited to:

[1] TORs to be developed by the ECD Technical Coordinator in consultation with the TWG and NCFC; with the exception of 1, 5 & 6 as this is the responsibility of the NCFC within the NRFCA 2-17-2030

Table 13: Structures to Effect Implementation of the Framework

	Structure/ Sub-Structure	Chair/ Leadership	Membership	Core Function
1	Cabinet Sub-Committee on Social Policy	TBD	Relevant ministers: Education, Health, Human Development...	Political accountability Drive whole Government approach
2	CEO Sub-Caucus	MHD	CEOs of Health, Education and Human Development	Oversight and drive cross-Government implementation
3	Strengthened and Expanded NCFC	Minister of MHD or designate	MOH, MOEYSC, MHDSTPA, AGM, MOP, SIB, NWC, YES, NOPCAN, BCC, YWCA, ...	Oversight and drive cross-Government implementation; Technical coordination; Resource Mobilization; Secretariat support
4	TWG_ECD	MOH	ECD Working Group: MCH, DHS/COMPAR, QADS ...	Technical Oversight Drive cross-Government implementation [monitoring at the output]
4.1	ECD Technical Coordinator	Technical Coordinator	-	Technical Coordination; direct support to the TWG_ECD
5	Social Planning Committee	Chairperson	PPUs: MOH, MOE, MHD, MOP, ...	Technical support for the design and maintenance of the NRFCA Planning Cycle Planning support to the TWG_ECD
6	NCFC Monitoring and Evaluation Sub-Committee	Chairperson	Statisticians/data analyst/M&E/quality assurance officers from MOH, MOE, MHD, MOP, SIB, ...	Technical support for the design and maintenance of the ECD M&E Plan



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