

National Action Plan 2017-2018

Early Childhood Care and Education



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Institute of Early Childhood Development (IECD)



Message from the President

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We have travelled a long way since the First World Conference on ECCE in Moscow. Our drive has been and will continue to be for quality in the services, projects and programmes we deliver. I am happy to note that our efforts, achievements and progress have been recognized at both national and international levels. However, no matter how important quality is, we have to bear in mind that there is never enough of it, so we should ensure that it pervades our ECCE system because it matters a great deal in the early years of our young children's lives, if we are to give them all a strong and winning start.

*His Excellency, Mr. Danny Faure
The President of the Republic of Seychelles*





The National Action Plan 2017-2018 ECCE is conceptualized as a dynamic venture to advance the frontiers of ECCE, dissolve sectoral barriers and take the ECCE agenda to new heights.

*Mrs. Shirley Choppy
Chief Executive Officer, IECD*

Foreword

With the resounding success of the First International Conference on Early Childhood Care and Education (ECCE) and the elevated status of Seychelles as the Best Practice Hub for ECCE, the National Action Plan 2017-2018 ECCE is conceptualized

as a dynamic venture to advance the frontiers of ECCE, dissolve sectoral barriers and take the ECCE agenda to greater heights. The need to sustain achievement, maintain progress and extend capacity to deliver quality ECCE services becomes even more pressing.

Thus, the two-year Action Plan reflects three dominant issues. First, continued emphasis is placed on early stimulation. This encompasses not only programme development but also standard-setting processes. The model for establishing standards in childminding settings needs to be applied to other early childhood areas and translated into other early learning settings. Second, in order for all children to benefit fully from positive learning experiences, added attention must be given to vulnerable children, with health, special needs, and social emotional challenges. Third, the highly acclaimed Diagnostic Monitoring approach adopted by IECD must remain the cornerstone of the Action Plan. Research

power must be harnessed to capture both quantitative and qualitative data, to trace progress and monitor achievements at strategic points in the implementation of the plan, leading to a full impact evaluation.

The Action Plan 2017-2018 provides the motor that would step-up the ECCE agenda in Seychelles. It upholds the holistic principles, it is a catalyst for the collaborative structures that have been judiciously constructed, it is pivotal in guiding sectoral projects towards the ECCE vision to provide a winning start to all children. It has the High Level commitment for its implementation and strong sectoral willingness for its execution. With high expectation and much enthusiasm, I would like to present the plan to all our stakeholders, in particular, and the public, in general. I look forward to the positive outcome of the plan in two years time when the Second International Conference on ECCE will be convened.

Shirley Choppy
Chief Executive Officer, IECD

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Abbreviations & Acronyms

AAPD	American Academy of Paediatric Dentistry
CCATS	Centre for Curriculum Assessment and Teacher Support
CCHD	Critical Congenital Heart Defects
CDC	Centres for Disease Control
CEO	Chief Executive Officer
CLASS	Classroom Assessment Scoring System
CSR	Corporate Social Responsibility
DDST	Denver Development Screening Test
ECCE	Early Childhood Care and Education
ECERS-R	Early Childhood Environment Rating Scale-Revised
ECD	Early Childhood Development
ECIC	Early Childhood Intervention Centre
EFA	Education for All
ECD	Early Childhood Development
ELDA	Early Learning Development Areas
DDST	Denver Development Screening Test
FHN	Family Health and Nutrition
M&E	Monitoring and Evaluation
HCA	Health Care Agency
IBE	International Bureau of Education
IEC	Information, Education and Communication
IECD	Institute of Early Childhood Development
IEM	Inborn Errors of Metabolism
LBW	Low Birth Weight
LFD	Large for Dates
MCOH	Maternal and Child Oral Health

MOEHRD	Ministry of Education and Human Resource Development
MOH	Ministry of Health
NAP	National Action Plan
NCCOM	National ECCE Coordinating Committee
NGO	Non-Government Organisation
NICU	Neonatal Intensive Care Unit
NIHSS	National Institute of Health and Social Services
NSC	National Sports Council
RIF	Risk Indicator Framework
SELF	Seychelles Early Childhood Learning Framework
SABER	Systems Approach for Better Education Results
SA	Social Affairs
SDS	School Dental Service
SF-ECCE	Seychelles Framework for Early Childhood Education
SFRSA	Seychelles Fire Rescue Services Agency
SITE	Seychelles Institute Teacher Education
SOP	Standard Operational Manual
SPSS	Statistical Package for the Social Scientist
TOR	Terms of Reference
TWG	Technical Working Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
USA	United States of America
WHO	World Health Organization



SECTION I: INTRODUCTION



There has been an international movement to bring ECCE to the forefront of national agendas. Conferences have been organised, meetings have been convened and reports have been produced to educate the world about the crucial role of ECCE in the development of children. As a result, governments have been motivated to realign or formulate policies, develop strategies, and implement national plans for the improvement of ECCE provisions, services and programmes.

The Dakar World Education Forum held in the year 2000 reaffirmed the world's determination to continue to work towards the Education for All (EFA) goals that were established by the Jomtien World Conference on Education in 1990. In the Dakar declaration it was stated that increasing the quality of education would include expanding and improving Early Childhood Care and Education (ECCE) (EFA Goal 1) so that all children will benefit from improved provision with measurable outcome.

At the first UNESCO World Conference on Early Childhood Care and Education, held in Moscow in 2010, the world's decision to adopt a broad and holistic approach to ECCE for all children aged zero to eight years of age was ratified. It was emphasized that ECCE is an indispensable foundation for lifelong learning, with proven benefits in health, nutrition, improved educational efficiency and gender equity, greater employability and earnings, and better quality of life.

The Seychelles Framework for Early Childhood Care and Education (SF-ECCE) (2011)

The SF-ECCE was developed as a direct response to the exhortation of the Moscow Conference with the intention of making a decisive step to place ECCE on the national agenda. It was inspired by international research findings, UNESCO documentation, and other countries' existing frameworks but it is deeply rooted in the context

of the socio-economic realities, parental needs and childcare provision of Seychelles.

Based on nine principles, which place the child at the centre of programme and service delivery, upholds the child's right, and emphasizes the importance of play in learning, which seeks to promote parental involvement, community participation within the cultural context of Seychelles, which advocates innovative methodologies for collaboration, sustainability, accountability, which preempt the necessity for a comprehensive information system on ECCE, the Framework encapsulates the concept of ECCE and creates a panoramic perspective on ECCE.

It sets the vision and outlines the goals for ECCE in Seychelles. The vision "A winning start in life for all children in Seychelles" proposes that the whole of society will be mobilized to provide "high quality, comprehensive and integrated system of Early Childhood Care and Education". The goals were intended to confront the challenges of ECCE such as the realignment of ECCE policies and programme, introducing financing mechanisms and infrastructural standards; encouraging improvement efforts such as training, service delivery, accountability; placing emphasis on early learning and the need for early intervention; promoting the use of research to enlighten the path in the pursuit of quality ECCE and for monitoring and evaluation. In 2011 Seychelles staged the first conference on Early Childhood Care and Education with the theme "Starting Strong: Winning for Children" in which the SF-ECCE was endorsed. This was immediately followed by national action planning as a means of accelerating the implementation of the Framework.

National Action Planning

The national action planning process seeks to establish an ECCE focus in key national ECCE sectors and propel the sectors to initiate

actions and strategies that would promote and develop the ECCE system in Seychelles. A multi-sectoral approach has been adopted and promoted to integrate ECCE across organizational divides and engineer collaboration amongst sectors.

National Action Plan 2013 – 2014

The National Action Plan (2013 – 2014) for Early Childhood Care and Education (NAP 2013-2014) emanating from the Seychelles Framework was the first plan. The sectors incorporated within their plans, actions relating to policies and programmes, financing and budgeting, detection and intervention, accountability and monitoring, training and access, and community and parenting.

In the second Biennial ECCE Conference in 2013 the implementation of national ECCE structures and activities were publicised and discussed, and the National Action Plan was validated. The Third Biennial Conference in 2015 was a celebration of the achievements of ECCE in Seychelles and a marker of sectoral and cross-sectoral progress in the implementation of the National Action Plan.

At the end of 2015 The National Action Plan (2013-2014) was evaluated and the results clearly showed that it had an impact on the promotion of ECCE in Seychelles. There was substantial evidence to show that the objectives of the National Action Plan are important for the development of ECCE provision in Seychelles. Through the implementation of the plan, sectoral projects and programmes have been designed and some of them implemented, collaboration within and between sectors have been strengthened, partnership across sectors have been built or enhanced with potential for capacity building initiatives.

However, it was found that the NAP (2013-2014) was very ambitious and out of the 22 'Expected Outcomes' nine have been assessed as

mostly achieved. Considerable progress has been made towards the achievement of five 'Expected Outcomes', whilst for the other eight, only limited progress have been made mainly due to system change, and the wide scope of the plan. This information from the evaluation of the NAP (2013 – 2014) was used to develop subsequent plans.

National Action Plan 2015 – 2016

The second National Action Plan was project-focused to provide an enabling environment for quality ECCE through enhanced provision, monitoring research, and policy development. The Plan was critically assessed in a Caucus Meeting in the First International Biennial Conference on Early Childhood Care and Education in 2017. The successful outcomes of these projects comprising eight thematic areas aligned with the SF-ECCE were presented.

Strengthening the Policy Environment through Data Availability

Two projects from IECD in collaboration with the Health Sector sought to address this issue: monitoring the development of early childhood children through the Denver Development Screening Test (DDST); and the development of a data management structure through a situational analysis of data collection processes in the Health Sector. A first estimate of the level of development of Seychellois children was established for the first project and procedures for the standardization of data collection was proposed in the second project.

Quality Access and Community Participation – The provision of day care centre facilities and access to community programmes were projects undertaken by the Community Development and Sports Sector. A standard fully-operational Day Care Centre has been provided for communities in the North of Mahé; effective strategy for resource acquisition, upgrading facilities and enrolling participants

had been developed; and the Community Baby Gymnastic Programme for pre-schoolers had been extended.

Promoting Early Learning - The Education Sector implemented two projects in which The Seychelles Early Learning Framework was established and an early learning programme was piloted in Day Care Centres, and a profiling system was set up to track children's early learning and development.

Early Detection and Intervention - Four sectors operated projects to address this priority area. The Education Sector introduced a learning readiness assessment tool to facilitate the transition from Day Care Centre setting to Crèche early learning setting. The Health Sector piloted a health and development screening profile for children enrolling in crèche education. The Social Affairs Sector carried out an audit on the use of the Risk Indicator Framework to develop a plan to strengthen its implementation.

Child Protection - With the impending registration of childminders, the Social Affairs Sector included a "Suitability Check" as part of their Child Protection Programme.

Provision for children with special needs - Through this Health Sector Project, children were equipped with special aids to facilitate their learning and to help them to cope with everyday activities. The main goal of this project is to improve the functionality of, and to provide adequate support for children with special needs.

Strengthening the Parenting Programme - The Social Affairs Sector undertook a project to implement and evaluate an ante-natal and post-delivery Parenting Education Programme.

This study has been designed to assess the effectiveness of the ante-natal parenting education programme and some changes in knowledge were recorded.

Training and Professional Development - Assuring the Quality of the Childminding Programme by building the capacity of Childminders to comply to the national standards was the main essence of this project. The sensitisation and awareness raising campaign was to lead to piloting the implementation of the standards in childminding establishments.

ECCE Sectors

Four key sectors have the formal mandate for Early Childhood Care and Education. The emphasis of the plan is to bring the sectors together so as to adopt a common approach to the provisions of ECCE and the delivery of services and programmes. An examination of the role of the sectors would provide the policy orientation of the sector and a rich array of on-going processes within which to locate the National Action Plan 2017-2018.

Education

The mandate of the Ministry is presently derived from the relevant provisions of the Constitution, its legal framework namely, Education Act 2004 and Tertiary Education Act (2011) and the Policy Statement on Education "Education for Learning Society (2000).

The Early Childhood Care and Education (ECCE) Sub-Sector has a pivotal role to play in the attainment/ fulfilment of this mandate.

The Department of Education through the goals, strategies and interventions of this sub-sector elaborated in its Medium Term Strategy and Beyond, aims to further facilitate, in partnership with stakeholders and the private sector, the provision of safe and

stimulating environments for children of the early childhood age and empower their parents and care-givers to play a more dynamic role in the holistic development of each child through the availability and accessibility of quality and cost-effective education and support services.

Children should thus have better qualitative opportunities to develop their intellectual, socio-emotional and psycho-motor skills to their best capacity in order to build confidence and self-esteem in learning that will not only prepare them for the primary level of education, but more importantly, lay the foundation for learning that will support them throughout their lives.

Health

The Ministry of Health provides a comprehensive system of free health care for early childhood, from 17 Health Centres located on Mahé, Praslin, La Digue and Silhouette. All these facilities offer services in child health from birth to 4 years old.

Even before birth the Ministry of Health plays a significant role in the life and development of a child. The Ante Natal Care Services provide care for all expectant mothers and assist with delivery in the Maternity Unit. Once discharged, the mother and baby are automatically referred for post-natal care and follow-up in their respective district health centres until the child is four years old. On enrollment for crèche education, children are registered for the School Health Programme which is a continuation of the Child Health Programme that monitors the development and immunization of all children.

To complement the preventive and curative aspects of child health services, the Ministry of Health engages a variety of child health professionals to deliver specialized care. The Early Childhood

Intervention Centre (ECIC) is mandated to serve children with developmental delays aged 0-5 years. Other early childhood intervention services include: Physical Therapy, Speech Therapy, Occupational Therapy and Audiology Services. There is also a Paediatric Ward at the Seychelles Hospital that caters for sick children requiring hospitalization.

Local Government

The Ministry of Local Government formally known as the Community Development and Sports Department is mandated to oversee the affairs of the district, empower local communities and ensure good governance through citizens' engagement and inclusiveness. It ensures that public services, decentralized at the local level, are accessible for all, and are being delivered with transparency and accountability.

One of the underlying roles of the Ministry is to contribute to early childhood care and education provisions. It facilitates the building and maintenance of child-friendly infrastructures such as Day Care Centres, Playgrounds, Community Centres and other Play Areas. Through the District Administration Offices, the Ministry also seeks to support child care services provided in the community by reinforcing the working relationship between District Administrators, Day Care Operators and Childminders.

Sports - The mission of the National Sports Council (NSC) is to "develop a vibrant culture of sports and active recreation in order to increase participation at all levels leading to improvements in health, social and economic benefits and provide the basis for progression into higher levels of performance."

Taking into consideration the developmental and social benefits of physical activity for early childhood children, the National Sports Council (NSC) initiated the Baby Gymnastic Programme in 2005 to cater for the overall physical development of children aged 9 months to 4 years. NSC provides the space, equipment and trained personnel: The programme is delivered essentially in pre-schooling settings with the participation of teachers, parents and childminders.

Social Affairs

The Social Affairs Department of the Ministry of Family Affairs has statutory responsibility under the Children's Act. The powers vested in the Social Affairs Department enable the Department to assume a coordinating role in the protection of children. This requires that work is carried out in close collaboration with all partners.

The Social Affairs Department has a number of programmes in place geared towards safeguarding and promoting the wellbeing of children and families. They are usually decentralized services (operating from the district administration centres), tailored towards prevention and education.

The work is carried out mainly by Social Workers who undertake case management and court investigations; they seek alternative care for children, organize after-care services, and operate the Children's Helpline. Education activities include the development of skills and knowledge in good parenting and other personal and social issues.

Institute of Early Childhood Development

IECD has been described as the anchor for ECCE. It has a promotional, coordinating and regulatory role. It coordinates the development, monitoring and evaluation of the national ECCE

plans. At the same time, it regulates the Childminding Services. The coordinating role of IECD in the management of the Plan will be given a wider coverage later on. However, it is necessary, here to note its exemplary role in the implementation of integrated projects and policy research.

National Action Plan 2017-2018

The National Action Plan 2017 – 2018 is modelled on the last plan with lessons learnt from previous plans whilst taking into consideration renewed international developments in ECCE.

In World Education Forum in 2015, Early Childhood Care and Education was presented as the "equalizer" for lifelong learning. Previous references to the crucial importance of the early development stage, to the development of integrated programmes including interventions for disadvantaged children were reiterated and linked to learning readiness. Emphasis was placed on equitable and early investment, on political commitment, and the support of parents and the community in the development process. Moreover, the urgent need to monitor results was highlighted and a more targeted approach to measure achievement and developmental outcome, assess quality in settings and systems, use data for policy decisions, and consolidate partnership arrangements were proposed.

In the First International Biennial Conference on Early Childhood Care and Education in 2017, when Seychelles was designated by IBE UNESCO as a Best Practice Hub, it was noted that much progress in addressing some of these issues, and, from the experiences shared, three main areas for further strengthening emerged: the emphasis placed on the 0-3 should be reinforced; the facilitation of early stimulatory experiences for young children need re-visiting, enriching the policy environment through data gathering and

standards development has to continue with further application of the diagnostic monitoring model of change.

National action planning has become a major transforming force in the ECCE system. It has provided the momentum to initiate ECCE projects in the sectors, facilitated sectoral interchange and interaction, and strengthened the collaboration between sectors. With a review of global trends in ECCE and international best practice experiences shared in the First International Conference, the third plan has been conceived and developed.

Main Features

The purpose of the Action Plan is to make significant contribution to the holistic development of early childhood children through the improvement of programmes and services with direct impact on children and through policy research activities which will create an enabling environment for quality ECCE. As in the previous plan, the NAP 2017-2018 is characterized by some salient features.

Project-based

The present Action Plan is project-based. A descriptive style is adopted to contextualize the project or programme, link the outcomes to objectives, and outline broad strategies that would result into specific outputs which will in term lead to the expected outcome. This narrative approach provides for flexibility and rationalization of the project.

Result-oriented

The result-based planning model promoted by UNDP was adapted for this plan. This shifted the focus from activities to results and particular attention had to be given to the phrasing of the outcome

statement so that the criteria of specificity, measurability, and achievability are adhered to. Moreover, performance indicators which are the means of assessing progress against specific outcomes and the achievement of results have been very carefully inserted, and where possible baseline has been established or made available to capture change data.

Time-bound

The trajectory of the project or programme is contained within a two-year cycle. Strategic activities are planned to fit into that timeframe. Thus the plan is economical in time although a range of projects can be accommodated within the different ECCE sectors. However, there is a level of flexibility to accommodate minor changing circumstances but the defined timeframe facilitates the monitoring of progress through the outputs in anticipation of the expected outcome.

Research-driven

Research is a key activity in the implementation of the plan. As much as possible a research component has been included in most of the projects. The aim is to authenticate data collection procedures, to measure change or to develop indicators for reporting. The research aspect promotes a better understanding of ECCE, encourages analytical reflection, amasses data to provide evidence of outcome, achievement, and effectiveness. Research activities provide concrete measures of effect and the research process guides monitoring of projects and evaluation of the plan.

Specifically four key research actions are inserted in the plan: monitoring the effects of programmes on the holistic development of children, carrying out surveys to judge perception and views of targeted ECCE professionals and parents on appropriateness of programmes and structures to raise awareness and for education

and training, establishing indicators to assess ECCE provisions at organisational and national level and measuring the level of achievement of outcome for policy response and information.

Accountability-Focused

The Action Plan is devised in a way that fosters the principle of accountability. Having developed the projects, the sectors assume a high level of commitment to its implementation. The timing for delivering outputs is carefully calculated so that all the outputs, documentation or actual deliverables are recorded. Moreover, the responsibility of the participating agency accountable is also very clear. Thus throughout the different stages of implementation, accountability measures have been taken to ensure adequate reporting of information and progress, and the ultimate success of the project.

Priorities

The priorities outlined in The Seychelles Framework for Early Childhood Care and Education can be encapsulated in four main thematic areas:

- a) Realignment of policies and programmes to take into consideration new research findings in the critical nature of early childhood development experiences;
- b) Necessity to take into consideration changing demographic patterns and social life in Seychelles by supporting families in the upbringing of children and through community provisions;
- c) Importance of protecting children from some of the impact of the by-products of modernization, globalization and modern lifestyle;
- d) Requirement of common standards in service delivery to reduce fragmentation and duplication between sectors; the improvement

of provisions for children with special needs and disabilities; and the need to address issues of accountability and data availability.

The NAP 2017-2018 refocuses on these priorities with specific emphasis to harness the benefits of ECCE provisions. The framework within which the Action Plan has been conceptualized is illustrated in Figure 1. The outcomes are interrelated and they aim either directly or indirectly towards the holistic development of the child.

Strengthening the policy environment through data availability

The intention is to improve information sharing and reporting. This will facilitate policy analysis which may lead to the revision or reinforcement of policies and guide future policy direction. The preparatory foundation which had been laid in the previous plan will be extended and elaborated as the *Institute of Early Childhood Development* in collaboration with the *Health Sector* pursue the implementation of the project to develop indicators and establish data management structures. Moreover, the *Health Sector* will lead a project to increase understanding of the impact of nutrition and nutritional practices on child development whilst *IECD* in collaboration with the *Education Sector* will clarify provisional issues associated with early learning environment in pre-school settings.

Improving accountability and service delivery

The need to revise or develop core standards to regulate all areas of ECCE is well articulated in the SF-ECCE. With the establishment of national standards for childminding services a pilot project has been proposed by *IECD* to monitor the implementation of those standards. Moreover, three projects from the *Health Sector* are directly linked to the improvement of service delivery in the post-natal maternal health, oral health and developmental screening.

Community Involvement

The community is considered to be at the heart of ECCE and this notion forms very much part of the priorities articulated in the SF-ECCE.

The vision of vibrant and committed communities providing strong family support and enabling environment for the overall development of children guides the engagement of the Ministry of Local Government in contributing two projects to the Action Plan. First, it is anticipated that the Community-based Kid's Gathering Project piloted in the previous plan will be expanded to include more communities for up-scaling to national level. Second, work will be done to increase access to quality daycare provisions through the construction of innovative facilities.

Early Stimulation

Much emphasis has been placed on early stimulation in the SF-ECCE. Furthermore, the importance of creating a facilitative environment occupied much of the discussion in the First International Biennial Conference on ECCE. In the Plan, the promotion of healthy physical development of children through sports and movement is being promoted through the Baby Gymnastic Programme run by the National Sports Council. For the *Education Sector*, an Early Learning Programme piloted in the previous plan is being implemented in all Day Care Centres.

Early Detection and Intervention

Research has shown that the first 3-4 years are critical for the development of sensory pathways, social and emotional development and the basic pathways for reading and mathematics. It is stated in the SF-ECCE that there is a need to review and strengthen mechanisms for early detection and intervention. First International Conference it was shown how early intervention can reduce educational and social inequalities.

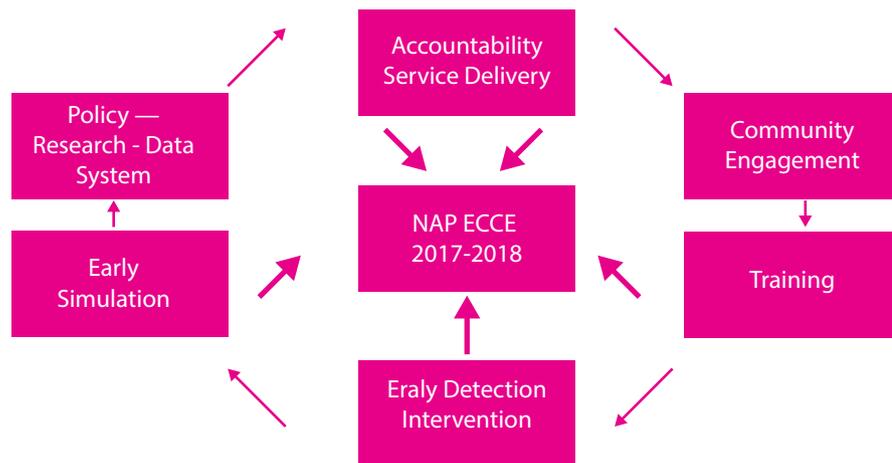


Figure 1: Framework of the National Action Plan 2017-2018

The three ECCE Sectors, namely, Education, Health and Social Affairs will be making renewed effort in addressing this priority. The *Education Sector* will be implementing a profiling system to identify early learning difficulties and monitor children's learning in pre-school setting. The *Health Sector* has programmed two projects to extend its early detection and intervention capabilities to screen for congenital heart disease and for neonatal metabolic disorders. Moreover, the expansion of the Special Needs Programme will benefit a larger group of children and parents in the provision of special aids for learning and every day functioning. On the other hand, through the engagement of major targeted organisations, the *Social Affairs Sector* will be establishing a comprehensive assessment system for

early identification of risk factors and extending the suitability check system as part of the Child Protection Programme.

Training and professional development

The Seychelles Framework recognises that staff qualification and professional development for all sectors, especially, those working with children in the 0-3 age group, as a major challenge in the provision of ECCE. This was recorded in the SABER-ECD Report for Seychelles as a real setback: *IECD* will intensify the training and professional development of childminders and the *Education Sector* has designed a project for the training of professionals in early learning by setting up early learning training facilities.

Budget Implications

The estimated cost of implementing the National Action Plan 2017-2018 to achieve the expected outcomes has been calculated for each project. Table 1 contains a summary of the total cost for each ECCE Sector.

Table 1: Cost by sectors

Sector	Number of Projects	Cost (SCR)
Local Government	2	13,605,000
Education	3	802,000
Health	7	1,430,070
Social Affairs	2	220,000
NSC	1	215,000
IECD	5	1,351,900
Total	20	17,623,970

In developing the Plan, sectors have to align the projects with the overall plan of the concerned Ministries or Agencies, therefore, some of the funds will be derived from the recurrent budget of the organisation. However, the Action Plan has many innovative features which would make procurement demands, and a strong research base with major data collection requirements. This will necessitate substantial additional funding support. Moreover, it can be seen that the Ministry of Local Government has the largest cost for funding the major construction work to build new Day Care Centres.

Accessing adequate finance is one of the fundamental challenges to the implementation of the plan. The success of the previous plan was largely due to the considerable effort by *IECD* to mobilise private organisations to sponsor some aspects of the plan.

Further exploration of diverse financing arrangements need to be pursued. For example, as a result of the Roundtable Discussion in a side-event of the First International Biennial Conference on ECCE, 2017, the ECCE Trust made a commitment to re-double its efforts to increase investments in ECCE Projects including the National Action Plan. Also, the private sector has been an important contributor in the implementation of the National Action Plan 2014-2016.. A funding mechanism through the Corporate Social Tax (CSR) System has been very effective. Also, it is anticipated that individual sectors will convene consultative meetings with private organisations to negotiate funding possibilities. Moreover, international funding for technical assistance has also been part of the partnership support. The 'Budget Narrative' from the sectors has proposed possible source of funding for each project both nationally and internationally and this would need to followed-up

SECTION II: SECTORAL ACTION PLANS





The development of the National Action Plan was a collaborative process with all sectors involved, and consisted of four interactive methodologies: collaborative planning, within sector articulation, across sector interaction and individualized focus group discussion.

Having agreed on the effectiveness of the project-based framework, the four ECCE Sectors through collaborative meetings with IECD generated project areas in line with the plan of their Ministries and in consultation with senior officials from their organisations. The project ideas were discussed and Draft Project Profiles were developed within the sectors.

The Project Profiles were validated through a Special Workshop. The purpose of the workshop was to review the common template which had been adopted. A checklist was devised to evaluate the Project Profiles and through cross-sectoral group processes each Profile was examined, critical comments were recorded, and suggested inputs were provided. This led to plenary discussions in which all the inputs were shared and suggestions noted. In the Workshop the

collaborative process was reinforced by acquainting all sectors with the scope and depth of the Profiles and also by peer reviewing the Profiles whilst at the same time maintaining the sense of ownership and cooperation.

Recommendations and suggestions from the Validation Workshop were scrutinized by the sectors when further development work was carried out within the individual sectors. The Project Profiles were reformulated and redrafted and additional projects were also entertained. These activities led to Scheduled Review Clinics for each sector in which intensive individualized supervision were organised by IECD to refine, reshape and finalize the projects for inclusion in the National Action Plan.

In this section the Project Profiles for all the sectors have been outlined. The ECCE Sectors have been presented in alphabetical order except for IECD as the overarching organization which is presented last.

“

The goal of Early Childhood Care and Education is to lay a solid foundation for learning throughout the individual's life.

Minister Joel Morgan
Minister for Education and Human Resource Development



From left to right- Mrs. Antoinette Lucas, Mrs. Rosemai Jolicoeur, Mr. Cyril Pillay, Ms. Odile Octave, Ms. Lymiah Bibi, and Mrs. Catriona Monthy.
Missing -Mrs. Germaine Gill Mrs. Elva Gedeon

Project Title

Implement Profile Documentation for Day Care Children

Goal

To facilitate transition from Day Care to Crèche

Objectives

- Establish a comprehensive Profile Document for every child attending Day Care Centres (3 months to 4 years) in preparation for Crèche Education
- Set up a structure to allow for professional sharing

Background and Rationale

Children from 0 to 7 years access different services which are health, social and education related. For example, their health developmental stages are assessed using the Denver Development Screening Test (DDST). From an education point of view, different tests and observations are carried out to ascertain the level of children's physical, social and cognitive development. Social Affairs is also involved in following different children experiencing social difficulties. It is to be noted that an abundance of information is generated through these activities. However, the health, education and social related information on children are not readily available to different sectors due to the fact that currently there is no formal structure in place to facilitate professional sharing and proper follow-up of cases.

In The Seychelles Early Childhood Framework (2015), pertinent references are made concerning information sharing. Strategy C of Priority/Goal 5 is to "Reinforce and extend profiling system to include aspect of health", and Strategy D is to "Establish system for health, social and education review and sharing of information on children

needing intervention". It is therefore paramount that a comprehensive profile of every child in Day Care is developed to:

- Collect pertinent information for every child
- allow for early detection and effective intervention
- facilitate learning from Day Care to Crèche and during transfer
- ensure smooth transition from Day Care to Crèche and beyond

Description

The Early Childhood Section will ensure the effective implementation of the project. The section will work collaboratively with other sectors, institutions, and agencies namely Health, Social Affairs, Community Development, IECD, NGOs, and Day Care Operators. The implementation of the profile for Day Care will run concurrently with the implementation of the early learning programme developed for children aged three months to four years in Day Care Centres. It will encompass the modality of communication between ECCE practitioners and parents.

Some of the main areas of the project will be:

- Launching of profile documents
- Conducting training (ECCE personnel namely day care operators, assistants, teachers, teacher assistant, coordinators and monitoring officers)
- Implementing the profile
- Monitoring the implementation of the profile
- Evaluating the implementation of the project

Budget Narrative

The Ministry of Education and Human Resource Development considers this project as an integral part of their plan for ECCE and will provide part of the fund through the recurrent budget. The total cost of the project is expected to be around SCR172, 000 which

will cover printing services, training programmes, data analysis, and administrative processes.

Expected Outcomes

- Comprehensive Child's Profile is available for early detection, appropriate intervention and support for teaching and learning.
- Structure and mechanism are in place for sharing of information

Performance Indicators

- Percentage of children entering first year crèche and their level of achievement attaining and their development status
- Proportion of children in need of early intervention
- Teacher /parents satisfaction with information sharing process

Plan

Activities	Output	Timeframe
1. Alignment of profile statement with explanatory notes	Draft profile document	April 2017
2. Insert Creole Version	Draft profile document	May 2017
3. Format and layout of the profile document	Draft profile document	May 2017
4. Discuss final format and seek approval	Draft profile document	May 2017
5. Print profile	Profile document	May 2017
6. Organise & conduct training	Training Package	May / June 2017
7. Launching of profile document	Profile document	June 2017
8. Distribute profile to Day Care Centre	Profile document	June 2017
9. Complete profile	Profile document	June /November 2017
10. Monitor profile document	Checklist	June 2017 ongoing 2018
11. End of first year evaluation	Progress report	November 2017
12. End of second year Evaluation of profile document	Evaluation report	November 2018
13. Presentation of findings	Feedback of presentation	January 2019

Project Title

Implementation of Early Learning Programmes for children aged 3 months to 4 years in Day Care Centres

Goal

- To support Day Care Centres in the implementation of standardized child friendly early learning programme.
- To foster readiness for early learning at Crèche level.

Objectives

- To implement child friendly programmes to ensure high quality early learning opportunities in relation to the Early Learning Development Areas (ELDAs) established in the Seychelles Early Learning Framework (2015)
- To implement assessment tool to establish early learning readiness
- To plan appropriate interventions to improve the quality of learning readiness of children entering crèche

Background and Rationale

The mandate of the Ministry of Education and Human Resource Development in Seychelles is 'to play a key role in shaping a high-quality education system that meets the needs of all learners, supports their participation in communities and in society, promotes and enhances lifelong learning, and contributes to the development of a knowledge-based society in Seychelles' (Education Act 2004). Cognisant of the fact that the early years of life are the best opportunity to lay the foundations for a child's future, the implementation of the early learning programmes is therefore an imperative that cannot be overlooked. Following the successful development and pilot of the Early Learning Programmes and assessment readiness tool for children 3 months to 4 years in Day Care Centres, the Ministry of Education and Human Resource

Development has gained the appropriate momentum to see the project through its formal implementation stage.

The implementation of the Early Learning Programmes will therefore further cement the partnership with other stakeholders and the private sector, ensure the provision of stimulating environments for children in day care, and empower parents and care-givers to play a more dynamic role in the holistic development of each child in line with the Early Learning Development Areas (ELDAs) as established in the Seychelles Early Learning Framework (2015).

Another important aspect of the project at this juncture is that much emphasis will be placed on providing timely and appropriate interventions with a view of improving the quality of learning readiness of children entering crèche.

Resultantly, children will have better qualitative opportunities to develop their intellectual, socio-emotional and psycho-motor skills to their best capacity in order to build confidence and self-esteem in learning that will not only prepare them for the primary level of education, but more importantly, lay the foundation for learning that will support them throughout their lives.

Description

The Education Sector ECCE Technical Team in collaboration with the Early Childhood Section and the Centre for Curriculum Assessment and Teacher Support (CCATS) and the Seychelles Institute of Teacher Education (SITE) will oversee the project which will focus chiefly on implementation, monitoring and evaluation of the child-friendly learning programmes. It is anticipated that the project will be institutionalized so as to allow for the same cohort to be evaluated at the end of the cycle.

As has been the case with the previous project the inter-sectoral approach will be maintained. In that regard the project will ensure the participation of different sectors namely Day Care Operators, Health, Social Affairs, Community Development, SITE, IECD, and other ECCE stakeholders in its implementation process which will include monitoring and evaluation.

To this end, the setting up of a monitoring team and the development of a monitoring plan is crucial in ensuring proper oversight of the implementation of the project. In the same vein, the assessment of the quality of interventions and the training of implementers will also be key aspects of the project. This will link with the sensitization of parents on the Early Learning Development Areas (ELDAs) and the evaluation of the project.

Budget Narrative

The overall cost of the project is estimated at SCR250, 000 from which funds will be required for printing of the early learning

programmes and purchase of stationery. The project will also incur travel and accommodation expenses particularly for participants from islands coupled with payment of subsistence allowance. Additionally, the training and monitoring of implementers and sensitization of parents will need to be considered as expenditure. Funding from external sources will be sought to finance the project.

Expected Outcome

Acquisition of attitude, knowledge and skills as per the six Early Learning Development Areas (ELDAs)

Performance Indicators

- Overall proportion of children demonstrating learning readiness at the start of first year crèche in 2018 as compared to 2017
- Overall proportion of children aged 2 years demonstrating attitude, knowledge and skills as per the six Early Learning Development Areas (ELDAs)
- Appropriateness and effectiveness of intervention and follow-up



Plan

Activities	Output	Timeframe
1. Setting up of monitoring team	TOR and mandate of monitoring team	June, 2017
2. Develop monitoring plan/strategy/tools	Monitoring plan	June, 2017
3. Train all day care workers on the implementation of the Early Learning Programme.	Training report	July, 201
4. Sensitise all parents on the Early Learning Programme.	Sensitisation report	August, 2017
5. Monitoring		
A Threefold Approach		
a) Monitor the implementation of the Early Learning Programme.	Monitoring report	September 2017
b) Assess the appropriateness and effectiveness of interventions	Assessment report	Ongoing
c) Follow-up on recommendations emanating from interventions.	Follow-up report	
6. Give periodic feedback of implementation of the Early Learning Programme.	Feedback report	December, 2017 Ongoing
7. Organise for networking/sharing of good practices	Report of networking	February, 2018
8. Evaluate the implementation of the Early Learning Framework	Evaluation report	October 2018



Project Title

Establishment of an Early Childhood Training Room for service providers and practitioners

Goal

To facilitate training through the use of state of the art and appropriate resources for early childhood service providers inclusive of day care personnel, pre service and in-service teachers and teacher assistants

Objectives

- To furnish and equip the room with developmentally appropriate educational resources
- To make optimum use of the room for the training and capacity building of early childhood care givers, teachers and other early childhood professionals
- To promote the importance of learning through play giving leverage to hands on experiences

Background and Rationale

The Seychelles Institute of Teacher Education (SITE) in collaboration with other relevant partners such as the Ministry of Education and Human Resource Development (MOEHRD), Centre for Curriculum Assessment and Teacher Support (CCATS) is responsible for providing training and capacity building for all early childhood personnel and teachers. This therefore requires that SITE is well equipped with resources to respond to the growing demand of new programmes and courses. However, apart from some materials and library books, SITE is equipped with very few relevant and quality resources to deliver training of high standard for care givers (SELF, 2015).

In line with the Seychelles Framework for ECCE (2011), specifically Strategy 4 (page 44) which aims at improving and expanding training and professional development, the professional knowledge, skills and attitudes of practitioners for the delivery of both care and education services must be up-skilled.

Throughout the early years, learning is valued as an active process supported by adult directed and child-initiated activities (SELF, 2015). Therefore, the service providers should acquire teaching and learning approaches and strategies which support play, exploration and experimentation. With the establishment of the training room, the capacity of our service providers will be enhanced to meet the needs and interest of the child to integrate the child's directed play and learning in his/her day to day activities (SELF, 2015 p.20). It is therefore paramount that a proper training room is established to:

- provide appropriate training for care givers on how to support young children's overall development and ensure regulation and standard in early learning provision
- develop care givers own ideas of how best to cater for the learning needs for each and every child in their care
- create conducive and interactive learning environments to meet the needs of children

Description

The Education Sector ECCE Technical Team in collaboration with the Seychelles Institute of Teacher Education (SITE), the Early Childhood Section and the Centre for Curriculum Assessment and Teacher support (CCATS) from the Ministry of Education will spearhead and oversee the project which will entail the setting up of the room, it's usage, and monitoring and evaluation of the project.



In the spirit of the inter-sectoral approach the project will ensure the participation of other partners namely Day Care Operators, IECD, and other ECCE stakeholders.

Some of the main aspects of the process will be to:

- Set up a working group
- Design the layout of the room
- Draw up list of appropriate resources (furniture and educational materials)
- Consult all partners concerned on the appropriateness of the room
- Setting up of the room
- Access to relevant and quality resources
- Organise training for early childhood service providers
- Assess effectiveness of the facilities

Budget Narrative

The Ministry of Education and Human Resource Development considers this project as a new and essential component for the

training of service providers. Therefore, MOEHRD will partly fund the project through a new spending proposal. Also, other sources of funding will be sought. The overall cost for the project is estimated at SCR 380, 000. A large proportion of the budget will be devoted to the procurement of resources but appropriate furniture will be necessary and administrative cost need to be included.

Expected Outcome

The Early Childhood Teacher Training Room is an established place to which all early childhood care givers, in-service and pre-service teachers can have access for initial and ongoing teacher training.

Performance Indicators

- Perception of ECCE personnel on the effectiveness of the training room
- Implementation of early learning practices in their day-to-day interaction with children

Plan

Activities	Output	Timeframe
1. Conduct initial consultation and Sensitisation of the project	Agreed Proposal	May 2017
2. Set up working team	TOR	June 2017
3. Identify appropriate room at SITE	Draft sketch	June 2017
4. Design layout	Designed Plan Contract Agreement	July 2017
5. Refurbish room	Renovated room Contract agreement	October 2017
6. Procure resources /equipment	Invoices/ list of resources / equipment	October 2017
7. Develop guidelines of room usage	Guidelines	November 2017
8. Set up room	Equipped room	December 2017
9. Start conducting training	Training Package	February 2018
10. Monitor and evaluate effectiveness of the room	Assessment rubric /checklist Evaluation report	August 2018



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Children’s brains are infinitely buildable and the right blocks, the right platform and a strong base for early learning, once established, will serve them throughout their lives.

Minister Jean-Paul Adam
Minister for Health



From left to right- Mrs. Georgiana Marie, Ms. Marie-Josée Dangkow, Mrs. Stephanie Desnousse, Mrs. Anne Marie Bibi, Dr. Xavier Rose, Mrs. Fiona Paulin and Mrs. Florida Bijoux. Missing -Ms. Veronique Bresson, Ms. Maeve Carolus, Ms. Agnes Boniface, Mrs. Juliette Henderson and Ms. Anselmine Cafrine.

Project Title

Setting up a resting day lounge for nursing mothers with baby in Neonatal Intensive Care Unit (NICU) as part of the postnatal care

Goal

To create a comfortable and supportive environment for mothers visiting babies in Neonatal Intensive Care (NICU)

Objectives

- To identify and acquire an appropriate room to be converted into a day room
- To set up the room with required equipment/facilities
- To sensitize staff and parents on the use of the day room

Background and Rationale

The birth of a baby is one of life's most special occasions. Seychelles Maternity Care, through the Ministry of Health, strives to make birthing experience of all mothers an unforgettable one. Support is given to mothers and their families.

Every mother hopes for a healthy baby, but sometimes there are unexpected circumstances at birth which need immediate attention: babies can be born prematurely or can become gravely ill after delivery. The Neonatal Intensive Care Unit (NICU) in a hospital is equipped to cater for babies who need highly specialized care.

An average of 1,600 babies are born in Seychelles every year. Following birth, mothers and babies are normally discharged after 2-3 days. However, babies born prematurely or with health complications are admitted to the NICU, where the length of stay in hospital is prolonged, which can last up to 90 days. In circumstances of Premature/LBW babies, mothers are discharged home as soon as their baby's condition is stable.

For the past 3 years, 465 babies were admitted in NICU (2014-161, 2015-163 and 2016-141). Out of the total admissions, 191 (41%) were premature/LBW babies. Besides prematurity and extreme low birth weight, some common diseases cared for in NICU include perinatal asphyxia, major birth defects, sepsis, severe neonatal jaundice, and respiratory distress syndrome due to immaturity of the lungs. Some babies are admitted for observations only, for example, Large for Dates (LFD) babies of diabetic mothers.

In 2016 alone, 69 premature/LBW babies were admitted, with birth weight ranging between 815g to 2.4kgs and length of stay between 24 hours-90 days. Amongst them, 29 mothers with premature/LBW infants of < 1800g were discharged from hospital once their baby's condition were stable and they visited their baby daily between 8am-4pm. The length of their baby's stay was between 16-90 days. Up to 5 premature babies may be admitted in the NICU at a time.

During this period, bonding between the mother and baby is crucial and the mothers are encouraged to visit the hospital on a daily basis to take care of their babies and prepare for the successful discharge of their child.

Setting up the lounge will provide a clean, private, comfortable space for the mothers. Fathers are also encouraged to use the facility. The project will be in line with the patient-centered care vision of the Ministry of Health. It is also in line with the ECCE Framework, which places the child at the center of all programme and service delivery.

Description

The Maternal Child Health Programme of the HCA will oversee the implementation of the project. It will be implemented by the maternity staff under the directive of the Ward Manager. Some of the main aspects of the process are:

- Gaining approval from the Health Care Agency
- Conducting a survey on the needs of mothers regarding the facility
- Identifying and acquiring an appropriate room to be converted into a day room
- Renovating and equipping the room with all necessary amenities
- Sensitizing midwives and health care assistants on the use of the day room/develop user's guide leaflet
- Evaluate the use of the room and perception of stakeholders

Budget Narrative

The total estimated cost will be SCR 125,000 which will include renovation work such as, carpentry, plumbing, painting, and making provisions for adequate ventilation; procurement of kitchen equipment and furniture; transportation and handing over of facility.

Funds will be sourced from the Government of Seychelles and other external donors.

Expected Outcomes

- Well-equipped day lounge available responding to parent needs
- Staff sensitized about the room and parents supported to use it effectively
- Mothers knowledgeable about proper use of facilities
- Mothers using the facility effectively
- Mother's expectation are met with the new facility

Performance Indicators

- Mothers satisfaction with the facility
- Staff satisfaction with the benefit and use of the facility



Plan

Activities	Output	Timeframe
1. Seek approval from Health Care Agency and identify an appropriate room	Meeting conducted with management Minutes meeting/report available Approval obtained Room identified	July 2017
2. Prepare detailed project proposal and submit for approval	Approved proposal	July 2017
3. Renovation of room	Descriptive report on completed renovated room	Sept-October 2017
4. Procure equipment/furniture	List of equipment and accessories	December 2017
5. Prepare and deliver sensitization with staff	User guide leaflet Sensitisation Programme	November 2017
6. Handing over the day room	Fully renovated and furnished room Launching ceremony Programme including main actors of ceremony Sponsors and guest list	December 2017
7. One-month trialling use of the room	Monitoring Report Issues addressed	January 2018
8. Satisfaction Survey (mother's and staff satisfaction)	Questionnaires developed Survey results	April 2018
9. Evaluation	Final Report	May 2019

Project Title

Improving and enhancing oral health service delivery to 0-8 year-old children in Seychelles

Goal

To establish and develop sound oral health behaviour practices amongst children (0 to 8 years old), so that these behaviours continue throughout adulthood thus becoming lifelong habits

Objectives

- To increase Dental Therapists' knowledge and teaching skills in health education delivery
- To amend the MCOH (Maternal and Child Oral Health) guidelines
- To strengthen good oral health practices amongst caregivers of 0 to 8 year-old children
- To reinforce and improve the effectiveness of the MCOH and school programmes for 0 to 8 year olds
- To promote the early prevention of oral diseases
- To improve the oral health status of 0 - 8 year olds
- To procure appropriate teaching resources/ materials

Background and Rationale

Early Childhood Caries (ECC) is a significant public health problem affecting pre-school children. By the time they enter crèche or kindergarten, 40 % of children have caries. The problem is severe for children as ECC is the most common chronic disease of childhood, affecting 28 % of children two to five years of age, or over four million children nation-wide. The AAPD (American Academy of Paediatric Dentistry) encourages childcare centres, early education providers, and parents to implement preventive practices that can decrease a child's risk of developing ECC. The AAPD recognizes that increasing health promotion in out- of- home childcare settings could improve the dental/oral health of millions of pre-school age children.

The School Dental Service (SDS) is a unit of the Oral Health Directorate, MOH, consisting of 27 Dental Therapist. It is responsible for the dental public health, focusing on the promotion of oral health and the prevention of oral diseases across the population of Seychelles. It provides dental treatment and primary preventive programmes to pre-school and school children (0 to 5) children. Organization of the SDS is such that the dental therapist is responsible for the community in which they work and for ensuring that the programmes targeting different groups are implemented.

The existing ongoing MCOH (Maternal Child Oral Health) Programme in Seychelles started in 1999. Parents meet the dental therapists with their babies at six weeks for the first time, then at six months old, followed by six monthly intervals till the child is three-and-a-half years old, when they join the school oral health programme in crèche.

Findings from an in-service assessment in June-July 2010, for state schools revealed that the oral health status of the six-year-old children of Seychelles is still alarming. Only a quarter of them had not experienced caries/dental decay. Recommendations were made for:

- The SDS (School Dental Service) to seek the support of school staff, other health workers in the district, day-care attendants shops/and tuck-shop owners amongst others
- A programme to be developed and implemented to build up relevant oral/ dental health skills and knowledge of all the oral/ dental health partners

The establishment of standards for child minding services has been widely recognized as a necessary step to ensure quality service provision for young children in Seychelles. The National Childminding Study (2014) conducted in Seychelles, also revealed the need to provide training and support to childminders as well as the need to establish minimum standards in terms of health, safety and service

provision. Establishing sound behavioral practices amongst children so that they grow up to be healthy responsible adults is an important part of this oral health prerogative.

Description

The project will be implemented by Dental Therapists in the School Dental Service Unit, Ministry Of Health. Ministry of Education will provide training and capacity building for Dental Therapist to reinforce and develop teaching skills.

Dental Therapist will perform the following duties for 3 to 4 year-old children in their respective dental clinics using standard clinical equipment. Baseline information will be gathered through oral health examinations to assess 3 year-old oral health status.

Interviews of parents and caregivers will be carried out to assess:

- Oral health knowledge
- Dental visits/ use of service
- Compliance to MCOH appointments
- Oral hygiene
- Dietary practices

The target list of 0-3 year old babies will be obtained from SDS register and cross checked with the MCH register in health centers. Class list will be obtained from the head teachers for children already in school.

First Phase: Consultative and planning phase

- Seek approval from Health Care Agency/Dental Section
- Form technical working group
- Liaise with MOEHRD for Dental Therapist Training

- Review, design and print Information, Education and Communication (IEC) materials
- Procure visual aids and motivators

Second phase: Implementation phase

- Training of Dental Therapists
- Data collection

Third Phase: Evaluation phase

- Data analysis
- Report writing
- Dissemination of results

Budget Narrative

The MOH will fund the human resource requirements and other sources of funding will be sought for the Dental Therapist Training, printing of the IEC materials, and purchasing of models. The estimated budget for this project is SCR 216, 270. The training fee is estimated at SCR 20,000 and consultancy fee at SCR 100, 000 for data analysis and write-up.

Expected Outcomes

An improved oral health status of 0-8 year old children in Seychelles

- **Dental status** - Children will have a reduction in new caries on their recall examination
- **Oral hygiene** - children will have low plaque score
- There will be a decrease of **gum disease** in the children's mouth
- **Sugar consumption** - children will consume less sugary foods
- **Dental visits/Use of service** - a high turn-out for dental visits
- **Increase attendance** of children for their recall examination
- Positive and enjoyable **dental experience** at the dental clinic

Performance Indicators

- Percentage of 0 to 8 year old children with sound teeth/ low DMFT/DMFT (decayed, missing, filled teeth)
- Percentage of 0 to 8 year old children with low plaque index
- Percentage of 0 to 8 year old children with healthy gums
- Percentage of 0 to 8 year old children with low sugar intake
- Percentage of 0 to 8 year old children attending their dental appointment for examination
- Percentage of 0 to 8 year old children attending their dental appointment for follow-up treatment until completion
- Reduction in dental phobia amongst 0 to 8 year old children

Plan

Activities	Output	Timeframe
1. Seek approval from the Health Care Agency/ Dental Section	Report of approval	June 2017
2. Form technical working group	List of members and TOR	June 2017
3. Sensitize Dental Therapists	Report of Sensitization Meetings	July 2017
4. Liaise with MOE for D.T. Training in teaching skills	Training Plan and Programme	July 2017
5. Training of Dental Therapists	Report of training and evaluation of DT's knowledge and skills	July 2017
6. Designing/ revising of IEC materials	Printing and launching of IEC materials	July 2017
7. Procurement of visual aids and motivators	List of materials available	September 2017
8. Develop Questionnaire	Questionnaire Instrument	July 2017
9. Data collection	Data available for analysis	September 2017
10. Data analysis	Report of results	September 2018
11. Evaluation	Final report and dissemination of results	November 2018

Project Title

Improving the administration of the Denver Developmental Screening Test (DDST) to strengthen policy information system

Goal

- To improve accuracy of test results and ensure that children's records are effectively managed
- To review the conditions and administrative procedures associated with the administration of the test

Objectives

- To strengthen the DDST screening technique
- To strengthen the referral system
- To institute training and continuous refresher training for nurses
- To strengthen supervision and support system
- To advocate for full time retention of nurses delivering child health services
- To advocate for additional staff for the Child Health Programme
- To sensitize parents on child development
- To ensure procurement and stocking of Denver Kits

Background and Rationale

The Denver Development Screening Test (DDST) is the tool adopted by the Ministry of Health to assess early childhood development. It is designed to be used with children between the ages of birth to six years and administered by assessing a child's performance on various age-appropriate tasks. The test is valuable in screening asymptomatic children for possible problems, and provides information across the four main developmental areas: gross motor, fine motor, and language, personal and social.

Screening can be carried out at any time during the period of early development, however the national child health schedule targets children aged six weeks, six months, one, two, three, and four years. The test is carried out at the health centre where the child is registered and forms part of the well-baby care package inclusive of other components such as: immunization, physical assessment, growth monitoring, nutrition and dental care.

The Early Childhood Intervention Centre (ECIC) has put in place a protocol stipulating referral of children who failed the DDST after two trials. In 2015 a total number of 120 referrals were made to the various early intervention services, out of which there were 45 general cases and 75 referrals were specifically addressed for Speech Pathology.

Information on child development outcome was a key recommendation of the SABER-ECD REPORT for Seychelles. In line with this the Institute of Early Childhood Development (IECD) initiated a study on the effectiveness of the DDST as a project under the ECCE National Action Plan (NAP 2016-2017). The results revealed various limitations in the administration of the test such as: staff movements and shortage, lack of training, poor techniques, inadequate supervision and support, inadequacy of testing rooms, shortage of equipment.

Description

The Child Health Programme Manager of the Family Health and Nutrition Section will be the focal person for the project and she will be assisted by the Technical Working Group (TWG). The DDST was introduced over two decades ago, and the main goal is to strengthen its administration based on the recommendations made in the study carried out by IECD in 2016. Therefore all health centres will be implicated in the exercise.

The English River district has been selected to report on the progress of the DDST. This health centre has been selected due to its central location and accessibility in the evening. It serves an extensive catchment area, covering families from different backgrounds. Moreover, the nurses allocated to the child health programme are relatively permanent. The data sample is estimated at around 600-700 covering tests administered over a period of three months. Data collection will start from August to October, 2018. A consultant will be recruited specifically to design a database and carry out data analysis.

The nurse manager and the programme manager for child health are expected to play a more active supervisory and supporting role during the implementing phase, and a schedule of visits will be drafted for that purpose. Capacity building of nurses will be instituted and delivered under the directives of the NIHSS. All testing facilities at health centre level will be assessed and a report submitted to the CEO.

The project will be implemented in four phases as follows:

First phase – Consultative

- Seek approval from the Health care Agency to deliver the project
- Form a technical working group to oversee implementation of the project
- Liaise with NIHSS to institute DDST training
- Link with the Central Medical Store management for procurement and stocking of Denver Kits

Second phase – Administrative

- Advocate for full time retention of the child health nurse at health centre level

- Review staffing of the Child Health Programme and make provision for a health promotion officer to assist the child health programme manager. (It is best that this post is occupied by a nurse)
- Assess testing facilities at health centre level

Third phase – Training

- Deliver training (strengthen screening techniques and address issues of delays, referrals for early interventions)
- Implement screening
- Carry out data entry

Forth phase – Data management and report writing

- Data analysis
- Report writing
- Validation and dissemination of report

Budget Narrative

The estimated budget for the project is one hundred fifty thousand rupees (SCR 150, 000) and the main budget dispersal will include the purchase of DDST Kits, consultancy, data management, development of protocol, and training of nurses.

Expected Outcomes

- Improved test administration
- Improved reporting of child development outcome in the central district
- Development delays screened and referrals made

Performance Indicators

- Percentage of children screened for gross motor, fine motor adaptive, language and personal and social skills
- Percentage of children displaying developmental delays
- Percentage of children referred for early intervention

Plan

Activities	Output	Timeframe
1. Seek approval from the Health Care Agency	Proposed budget endorsed	April 2017
2. Formation of technical working team	List of members	June 2017
3. Sensitize nurse managers	Report	July – Aug 2017
4. Training	Training programme and report	July – Dec 2017
5. Implement testing	Testing record	Jan 2018
6. Develop protocol to follow up drop-outs	Guidelines developed	Feb 2018
7. Sensitize nurses to early childhood intervention system	Sensitization report	Sept – Dec 2017
8. Sensitize parents on key development at each stage	Leaflet for parents	July – Dec2017
9. Procurement of DDST Kits	DDST Kits stock available	July – Dec 2017
10. High level discussion to review staffing of the child health services and programme	Minutes meeting and report	Aug 2017
11. Inspect testing facilities	Submit report of recommendations	June - Aug 2018
12. Set up data base	Data base developed	Oct 2018
13. Data entry	Data entry completed	Aug – Oct 18
14. Analysis, report writing and dissemination of results	Disseminate technical report	Nov 2018

Project Title

Expanding the implementation of the Special Aids Programme for the Provision of Aids for Children with Special Needs

Goal

To provide and ensure usage of special aids for children with special needs between the ages of 1 year to 8 years in order to facilitate their development, learning, and ability to function to the maximum in the activities of daily living

Objectives

- To provide and monitor usage of Special Aids
- To sensitize parents, teachers and other care givers on the utilization of these special aids so as to ensure children achieve maximum occupational performance at home and at school
- To provide ongoing training to teachers and parents through specific intervention sessions

Background and Rationale

In 2016 the Rehabilitation Services implemented a project entitled Provision of Special Aids Project as part of the ECCE National Action Plan 2015-2016. Hence, following procurement of these aids in 2016 the rationale behind this project is to continue to provide and monitor the use of those special aids. This is in line with United Nation 2006 Article 20 of the Convention of the rights of person's with disability which states that countries should facilitate access by persons with disabilities to quality special aids as well as provide training to the beneficiaries of these aids and to specialist staff working with persons with disabilities.

In pursuit of its mission, "Health for All Health by All", the Ministry of Health has a responsibility to support children with special needs to receive the necessary health care in the form of special aids as well

as trained supporters to help them achieve optimum performance. As the ECCE motto states: "No child should be left behind". Children with special needs need time to learn new skill such as the use of a special aid.

The main beneficiaries of this project would therefore be the children, their parents as well as their teachers.

Description

This project will be implemented by a multidisciplinary team consisting of occupational therapist, occupational therapy technician, speech pathologist and audiologist. It is expected that each child identified in need of an aid will be assessed, the aid provided and use of the aid monitored. The child may use the special aid at school or at home.

The main activities to be implemented are as follows:

- Gain approval from the Health Care Agency
- Re-activate working team
- Review of existing profile and update
- Assess the children and provide intervention in line with use of the special aid, in the therapy unit, at school or at home.
- Monitor the use of the aid through regular school and home visits once a month
- Update profile for each child with record of performance
- Train teachers and parents on use of the special aid
- Gain feedback from both parents and teachers through a short survey
- Collect and analyze data
- Write Final Report

Budget Narrative

The special aids and leaflets are already available. The Ministry of Health current budget will cater for intervention which includes school and home visits. Funds approximating SCR 100,000 will be required for consultancy work, workshop for teachers, data collection and data entry. Funds will be sourced from the Government of Seychelles and other external donors.

Expected Outcomes

- Maximum occupational performance achieved by children through the use of special aids

- Increased knowledge and skills of Teachers in the School for the Exceptional Child and those in main schools in managing children using Special Aids
- Increase knowledge and skills of parents to teach, manage and support their children with special needs

Performance Indicators

- Percentage of children and the nature of the benefits through the use of diverse Special Aids
- Percentage of teachers and parents sensitized and trained on use of the Special Aids.
- Teacher and parent satisfaction with the programme and it's benefits

Plan

Activities	Output	Timeframe
1. Reactivate working team	List of members - TOR	June 2017
2. Review existing profile	Updated profile	July 2017
3. Children assessed	Record of performance for each child on Profile	August 2017
4. Training of teachers at School with Exceptional School (SEC)	Training Programme	September 2018
5. Implement interventions at school and home	Teaching Tool	October 2017-July 2018
6. Teacher and parent small scale survey	Training Report	July 2018
7. Complete children's profile	Home and school report	By October 2018
8. Analysis of data	Survey Report	By November 2018

Project Title

Introduction of universal neonatal screening for Inborn Errors of Metabolism (IEMs)

Goal

To identify infants with potentially life threatening IEMs that is relatively prevalent and treatable

Objectives

- To detect Inborn Errors of Metabolism in new-borns
- To provide opportunity for early intervention
- To train nurses to administer the test
- To adapt and institute the test protocols and test forms
- To set-up laboratory facilities
- To train laboratory technicians to deliver the tests
- To set up a reporting system
- To set up a support system to assist parents
- To sensitize parents and the general public
- To arrange for diagnostic testing and confirmation by specialized laboratory testing, interpretation and treatment
- To select and dispatch samples abroad for comparison and confirmation of results during the initial phase

Background and Rationale

The Universal Newborn Screening for Inborn Errors of Metabolism (IEMs) is a public health programme for screening all babies shortly after birth, for a list of potentially life threatening conditions that are treatable (or controllable). However, these conditions are not clinically evident in the new-born period.

Due to the severe clinical consequences of IEMs, they are an important cause of morbidity and mortality in clinical practice, especially in paediatrics. Delay in the diagnosis and treatment of

these disorders can lead to significant adverse outcomes, including severe neuropsychological dysfunction, intellectual disability and death. Each disorder is individually rare, but their cumulative incidence is relatively high, around 1 in 1500 to 1 in 5000 live births (Sanderson S. et al., 2006; Raghuvver T. S.,2006).

Since Dr Robert Guthrie introduced the first new-born blood spot for Phenylketonuria (PKU) screening test in 1961, several tests have been developed to screen for more than 30 different inborn errors of metabolism. In Seychelles, we plan to introduce six of them; Phenylketonuria, Congenital Hypothyroidism, Galactosemia, Sickle Cell disease, Congenital Adrenal Hyperplasia and Cystic Fibrosis. Some of these conditions are on the increase e.g. Sickle Cell disease which occurrence depends entirely on the presence of Negro blood, even though in extremely small amounts.

Description

The project will be coordinated by the Consultant Paediatrician of the Health Care Agency assisted by a Technical Working Group (TWG). All midwives and nurses delivering care to new-born babies on the Post Natal Ward and Neonatal Intensive Care Unit (NICU) will be trained to administer the test. Four local very experienced nurses have been identified as facilitators for administration of the tests.

Screening of every new-born will be performed between 24 and 72 hours of age before the baby is discharged from the hospital. A blood spot will be extracted through a heel prick and placed on a Guthrie card and dried and the sample will be sent to the laboratory immediately after extraction. The sample will be examined by the Tandem Mass Spectrometry.

The initial phase of the project will involve the setting up of the laboratory including procurement of laboratory equipment and training of laboratory technicians. Since this is a new test, designing

and printing of laboratory forms is required. Upon introduction of the test, for the first three months, selected samples will be sent abroad to reputable Lancet laboratory in the region, to confirm the precision of results.

A national sensitization campaign will be initiated to sensitize health professionals, parents and the general public. The campaign will comprise media adverts and a leaflet will be designed for educational and information purposes.

A support system will be established to support families whose babies are tested positive. A team consisting of a paediatrician, a nurse, a psychologist and a social worker will be indentified to assist and support families. Terms of reference will be developed to guide the team's function.

A reporting system will be established with the assistance of the Statistical Unit of the Ministry of Health. This will facilitate monthly reporting, nationally.

The project will be implemented in phases as follows:

First phase – Consultative

- Seek approval from the Health Care Agency
- Form a Technical Working Group (TWG)
- Meet with laboratory management to initiate project.

Second phase – Setting up of laboratory facility

Third phase – Training and development of protocols

- Training of nurses
- Training of laboratory technicians
- Adapting and instituting test protocols

- Developing and printing of test forms
- Setting up of reporting system

Fourth phase – Sensitization campaign

- Sensitization of parents and general public
- Sensitization of health professionals
- Setting up support system for families

Budget Narrative

The estimated budget for the project is SCR 400,000 and the main budget dispersal will be for the setting up of the laboratory including procurement of test machinery. The sensitization campaign will include production and airing of TV adverts as well as leaflets to sensitize parents and the general public. Other cost entails the development and printing of the protocol, designing and printing of laboratory forms and setting up of the support system.

Expected Outcome

Early diagnosis and intervention of children with Inborn Errors of Metabolism conditions

Performance Indicators

- Percentage of children screened with inborn errors of metabolism conditions
- Percentage of children screened positive for any of the six IEM conditions
- Percentage of children referred for early intervention
- Parent perception of supportive actions



Activities	Output	Timeframe
1. Seek approval from the Health care Agency	Proposal including budget endorsed	June 2017
2. Formation of technical working team	Provide technical support	June 2017
3. Sensitize health professionals	Acknowledgement	July 2017
4. Training	Staff capacitated	Aug - Dec 2017
5. Adapt and print test protocol	Test standardized	Oct - Dec 2017
6. Develop and print lab forms	Forms designed	Oct - Dec 2017
7. Procurement of laboratory equipment (machine, reagents)	Laboratory equipped	Oct - Dec 2017
8. National sensitization campaign	Media adverts and leaflets produced	Nov- Dec 2017
9. Set up support system	Established	Oct - Dec 2017
10. Introduced test	Test instituted	June 2018
11. Set up reporting system	Reporting system established	Oct 2018
12. Report writing and dissemination of results.	Evaluation report disseminated	Nov 2018



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It is imperative that we remember that a safe childhood is not a privilege – it should be seen as a right. A right that we, the adults, must uphold and guarantee so that the children of today can thrive and become the adults we would like them to be, tomorrow.

*Dr Erna Hellen Athanasius MD FAAP
Seychelles Ambassador for Women and
Children*



Project Title

Introduction of Universal New-born Pulse Oximetry Screening

Goal

To screen all new-born babies, using pulse oximetry, for early detection of Critical Congenital Heart Disease

Objectives

- To detect Critical Congenital Heart Disease in new-born babies
- To provide opportunity for early intervention
- To train medical officers to administer the test
- To adopt and institute the test protocols and test forms
- To set up a reporting system
- To set up a support system to assist parents
- To sensitize health professionals, parents and the general public

Background and Rationale

Heart defects are one of the leading causes of infant mortality worldwide. Critical Congenital Heart Defects (CCHDs) is defined as heart conditions which are likely to cause significant mortality in infancy. These babies are often born asymptomatic. CCHDs account for 6% to 10% of all infant deaths and 30% to 50% of all deaths from congenital malformations.

Studies across Europe and the United States of America, have found that about 30% of newborn babies with CCHDs are discharged from the hospital undiagnosed. This diagnostic gap is likely to be higher in low-income resource countries. As a result, children are diagnosed late, when they are already sick, hence rendering corrective interventions difficult and complicated. Some infants who survive these conditions may have long term cardiac and neurodevelopment problems. This translates into significant socioeconomic costs to the

families of these children and to the country as a whole, due to their prolonged stay and often multiple interventions in hospital.

Pulse oximetry is a biomarker for the detection of hypoxaemia (abnormally low level of oxygen in the blood) which would not necessarily produce visible cyanosis (bluish or purplish discolouration of the skin due to low oxygen), in apparently healthy new-born babies. Several large randomized trials have shown that universal pulse oximetry screening help in early diagnosis of critical congenital heart disease, as a degree of hypoxaemia is usually present in the majority of affected new-born babies. In addition, pulse oximetry screening can detect other significant pathologies which produce hypoxaemia that may otherwise have gone undetected prior to discharge, for instance, sepsis and respiratory compromise.

Description

Seychelles is a country with a unique advantage. Close to 100% of our live new-born babies have full contact with the health service in the first 24 hours of their lives. We plan to screen all new-borns in Seychelles for early detection of CCHD.

The project will be coordinated by the Consultant Paediatrician of the Health Care Agency who will also be the lead trainer. A Technical Working Group (TWG) will be formed to assist with implementation. All Medical Officers on the Paediatric Team, midwives and nurses working in the NICU will be trained to administer the test.

The Centres for Disease Control (CDC) and Prevention – USA; (Kemper et al, 2011) protocol for the screening exercise will be adopted and utilized for the project. This protocol is well respected and widely used in most countries carrying out the screening activity.

A national sensitization campaign will be initiated to sensitize health professionals, parents and the general public. The campaign will comprise of media adverts and a leaflet will be designed to strengthen education and information.

A support system will be established to support families whose babies are tested positive. A team consisting of a paediatrician, a nurse, a psychologist and a social worker will be indentified to assist and support families to cope. Terms of reference will be developed to guide the team's function.

To facilitate screening only pulse oximeters designed specifically for use in neonates will be used. Screening will take place on the post natal ward (Maternity 2) and tests performed 24 hours after birth. Babies in NICU will be tested when their condition permits. It is important that the baby is calm and awake during screening to prevent and reduce false positive test results. Test forms will be designed and printed and results will be clearly stated and placed in the patient's case notes for follow up and audit purposes.

A reporting system will be set up with the assistance of the Ministry of Health Statistic Unit to assist with monthly reporting.

The project will be implemented in phases as follows:

First phase - Consultative

- Seek approval from the Health Care Agency
- Form a Technical Working Group (TWG)

Second phase - Setting logistic

- Procurement of pulse oximetry
- Organize training

Third phase - Training and development of protocols

- Training of medical officers
- Adopting and instituting test protocols
- Develop and printing of test forms
- Setting up of reporting system

Fourth phase - Sensitization campaign

- Sensitization of health professionals
- Sensitization of parents and general public
- Setting up of support system for families

Budget Narrative

The estimated budget for the project is one hundred and fifty thousand rupees (SCR150,000.00) and the main budget dispersal will be for the procurement of pulse oximetry, national sensitization campaign, printing of test protocol, designing and printing of test forms, training, and setting up of the support system.

Expected Outcome

Early identification and diagnosis of congenital heart diseases and intervention actions

Performance Indicators

- Percentage of children screened and diagnosed with CCHD
- Percentage of children referred for early intervention.
- Parents' satisfaction



SEY
Plan

SEYHELLES

SEYHELLES

Activities	Output	Timeframe
1. Seek approval from the HCA	Proposal including budget endorsed	June 2017
2. Formation of technical working team.	List technical team members, TOR	June 2017
3. Sensitize health professionals	Report of activity	July 2017
4. Training	Training programme and report	Aug - Dec 2017
5. Adopt and print test protocol	Protocol available	Oct - Dec 2017
6. Develop and print test forms	Forms designed and printed	Oct - Dec 2017
7. Procurement of pulse oxymetre	Pulse oxymetre stocked	Oct - Dec 2017
8. National sensitization campaign	Materials design, report on activities	Nov- Dec 2017
9. Set up support system	Guidelines on system	Oct - Dec 2017
10. Introduce test	Test instituted	May 2018
11. Set up reporting system	Reporting system establish	Oct 2018
12. Evaluation Report writing and dissemination of results.	Technical report and dissemination	Nov 2018

Project Title

Establishing the nutritional status in the first 1000 days of life

Goal

To determine the nutritional status of children aged one to two years in Seychelles

Objectives

- To analyse anthropometric measurement data of 1-2 year-old children using the 2006 WHO growth standards
- To evaluate the dietary intake of children aged 1-2 years, using the WHO 'Indicators for assessing infant and young child feeding practices' questionnaire
- To assess the prevalence of iron deficiency anaemia (Hb concentration of <11 g/dL) amongst children aged 1-2 years
- To examine the correlation between diet diversity and blood iron concentration

Background and Rationale

It is well documented in the literature that the first 1000 days of life is a critical stage in terms of determining future growth, health and brain development of an individual. During this period therefore it is important that there is good nutrition to ensure that all essential nutrients are being provided in a timely manner to attain optimal potential. This foundation however can easily be weakened by several health conditions such as malnutrition and micronutrient deficiencies leading to poor health, substantial loss of neurodevelopment potential as well as earlier mortality.

Whilst all nutrients are important for the growing brain, there are certain key nutrients found to be critical at certain stages of development in the first three years of life including protein, polyunsaturated fatty acids, iron, zinc, folic acid, and iodine, as well

as Vitamin A, B6 and B12. Out of these, the period of peak brain iron requirement and therefore of highest risk of iron deficiency-induced neurobehavioral impairment are during the first three years of life. The developing brain at these time points requires iron to support speed of processing in the brain, as well as behaviors such as affect and emotion, and learning and memory. It is important therefore to identify children in the neonatal period, infancy as well as toddlers who are at risk or who have iron deficiency early for intervention as late diagnosis often leads to irreversible neurological damage even when treatment is given.

Iron deficiency anaemia in children is a major public health concern in Africa. Globally, iron deficiency is one of the most common nutritional deficiency as well as leading cause of anaemia. It is estimated that 47% of all preschool-aged children are anaemic worldwide, with approximately half of these as a consequence of iron deficiency. The prevalence of iron deficiency in children below five years in Seychelles is unknown. In fact data on children below 5 years in Seychelles is limited for several other nutrition indicators such as stunting, wasting, overweight and obesity. The nutritional status of children below five years is therefore unknown. Routine testing for anaemia only occurs during pregnancy via the Maternal Child Health Programme and data shows high rates of anaemia necessitating the need for tests in young children.

The quality of the diet of young children is important in establishing the level of micronutrient deficiency and determining overall nutritional status. The World Health Organisation (WHO) recommends adequate and timely introduction of safe, affordable and nutritious complementary foods from 6 months of age. This is also one of the recommendations of the "Seychelles Strategy for the Prevention and Control of Non-Communicable Diseases, 2016-2025" which recommends the development of policy measures that engage food

retailers to improve the availability, accessibility and acceptability of healthy food products. The current Nutrition Surveillance being conducted in the community collects data on feeding mode with a focus on the rate of exclusive breastfeeding until six months of age and the age when complementary feeding starts. There is no data however on the types of food being offered to children from 6 months and whether or not the diet is nutrient-dense.

This study will establish the rate of iron deficiency anaemia, of physical growth, and the nutritional adequacy of the diet of children aged one to two years in Seychelles. This will potentially help in early identification of nutritional problem to improve management and interventions, and, in turn, aid in the child's mental and physical development.

Description

The Family Health and Nutrition Section of the Ministry of Health (MOH) will be the coordinator of the project alongside a local consultant who will work in close collaboration with the Institute for Early Childhood Development (IECD) mainly for technical support. A technical team will be set up comprising individuals from MOH and IECD.

This is a pilot project whereby one health centre will be selected for each region including the inner islands (six health centres). The target group will be a total of 200 children aged one to two years. The study will include an interview, anthropometric measurements and screening for anaemia. The interview and other data collection will be conducted in the health centre when the child attends for routine testing at 12 months, 18 months and 24 months. Since the names of the children will be known in advance on the register of that health centre, the children will be randomly selected to take part in the study.

The parents will be interviewed about the child's food intake using an adapted questionnaire from the WHO 'Indicators for assessing infant and young child feeding practices' which will include local foods and will be translated in Creole. The children will be screened for anaemia by using the HemoCueHb system and those with a positive value will undergo further testing. All data, however, will be recorded on the data form provided. Anthropometric measurements namely height, weight and head circumference are already being collected by child health nurses during routine visits, and these will have to be entered on the data form and also on the 2006 WHO Growth Standard Charts.



Budget Narrative

The total cost for the project has been estimated at SCR 288,800. This will include consultancy services, procurement of equipment and materials, data collection and administrative logistics. It is anticipated that most of the funds will be sourced from external donors.

Expected Outcome

Availability of relevant data on nutritional status of children aged 1-2 years to inform policy makers at the Ministry of Health

Performance Indicators

- The percentage of children aged 1-2 years with obesity, underweight, stunting and wasting disaggregated by sex and region
- The percentage of children aged 1-2 years with iron deficiency anaemia disaggregated by sex and region
- The percentage of children consuming each of the core food groups
- The percentage of children consuming food groups that are rich in iron
- The percentage of children exclusively breastfed for the first 6 months of life

Plan

Activities	Output	Timeframe
1. Seek approval from the HCA	Proposal including budget endorsed	June 2017
2. Formation of technical working team	List technical team members, TOR	June 2017
3. Sensitize health professionals	Report of activity	July 2017
4. Training	Training programme and report	Aug - Dec 2017
5. Adopt and print test protocol	Protocol available	Oct - Dec 2017
6. Develop and print test forms	Forms designed and printed	Oct - Dec 2017
7. Procurement of pulse oximeter	Pulse oximeter stocked	Oct - Dec 2017
8. National sensitization campaign	Materials design, report on campaign	Nov- Dec 2017
9. Set up support system	Guidelines available	Oct - Dec 2017
10. Introduce test	Test records	May 2018
11. Set up reporting system	Procedural guidelines for reporting	Oct 2018
12. Report writing and dissemination of results.	Disseminate technical report	Nov 2018

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Access to quality early childhood education helps develop a child’s full potential; the skills developed in early childhood form the foundation for future learning and success at school.

Minister Macsuzy Mondon
*Designated Minister and Minister for Local Government
Chairperson, High Level ECCE Policy Committee*



From Left to Right – Ms. Raymonde Benstrong, Mr. Mike Morel, Ms. Beguita Melanie, Mr. Damien Ally, Mrs. Murielle Marie, Mr. Daniel Adeline and Mrs. Betty-Mai Sofa.
Missing Mr. Francis Remie

Project Title

Expand Day Care Centre Provisions

Goal

To cater for the developmental and educational needs of children, and the social needs of parents

Objectives

Construct standardized Day Care Centre Facilities

Increase accessibility to quality early learning and care facilities

Background and Rationale

The Ministry of Local Government is mandated to build, maintain and ensure equitable access to community infrastructural facilities, notably, Community Centres, Day Care Centres and Play Grounds. To date, the Ministry has built 13 Day Care Centres which are each catering for the needs of 30 to 50 children. However, there is a growing demand for safe, child-friendly, stimulating environment which will be conducive to the holistic development of the child. At the same time, these services need to be affordable, appropriate, and conveniently situated.

One of the priorities of The Strategic Plan (2017- 2020) of the Ministry relates to the decentralization and harmonization of public services. This would imply that early learning and care services should be appropriately located within district areas to serve the community. This is in line with the Seychelles Framework for Early Childhood Care and Education which places emphasis on quality standards for the provision of functional spaces in early childhood settings.

The Day Care Centres constructed by the Ministry of Local Government are rented out to Day Care Operators and are managed by the District Administration Office. They provide early stimulation opportunities for children; they promote community engagement, and support working parents.

Description

Ministry of Local Government will oversee the implementation of the project in collaboration with the Planning Authority, Ministry of Education, IECD, Ministry of Health, and the Fire and Rescue Services Agency. The Project generally includes the construction of three new Day Care Centres (in the district of Grand Anse Praslin, Anse Aux Pins and Takamaka, see Plan 1, 2 & 3, below). Moreover, the newly-built Day Care Centre in the Bel Air District (see Plan 4, below) will become operational and the quality of provisions will be assessed.

Construction of new Day Care Centres will entail the following works:

- Land clearing activities for the construction of the Day Care Centres
- Compiling documents for approval by Planning Authority and Development Committee
- Defining Scope of work
- Tender process and contract award
- Construction work
- Procurement of furniture and basic items
- Landscaping and installation of mini playground

Budget Narrative

The total cost for the construction of the three Day Care Centres has been estimated at SCR 13.5 million. All funding will be sourced from the Government of Seychelles with the possibility of private partnership arrangements.

Expected Outcomes

- Expanding access for children (0 -3 years), to innovative facilities
- Meeting the needs of the community

Performance Indicators

- Contractor delivery agreement and project management
- Day Care Centres built in compliance with standards for physical infrastructural design, external design and outdoor elements, child and family friendly facilities, staffing/supervisory arrangements
- Number of children using the service per caption area
- Stakeholders collaboration and satisfaction (Participating Agencies, Community Personnel, Targeted Parents)





Plan 1

Grand Anse Praslin Day Care Centre

Activities	Output	Timeframe
1. Finalize Design	Standardized design as per National requirements	May 2017
2. Consult Donors and confirm Design	Consolidated private partnership and sponsorship - Report of Meetings, Agreement, MOU	May - June 2017
3. Submit Plan to Planning Authority & Development Committee	Approved Day Care Plan - Presentation to main authorities	June 2017
4. Define scope of work for contractors	Clearly laid out tasks to be completed by contractors - TOR	June 2017
5. Tender procedures		June 2017
6. Award tender	Selected contractor	July 2017
7. Clear land & Stone laying ceremony	Earmark commencement of construction	August 2017
8. Start construction	Newly built Day Care Centre	September 2017
9. Construction completed	Standardized Day care facility	Dec 2018



Plan 2

Anse Aux Pins Day Care Centre

Activities	Output	Timeframe
1. Finalize Design	Standardized design as per National requirements	June 2017
2. Submit Plan to Planning Authority & Development Committee	Approved Day Care Plan	June 2017
3. Define scope of work for contractors	Clearly laid out tasks to be completed by contractors	July 2017
4. Tender procedures		July 2017
5. Award tender	Selected contractor	August 2017
6. Clear land & Stone laying ceremony	Earmark commencement of construction	October 2017
7. Start construction	Newly built Day Care Centre	October 2017
8. Construction completed	Standardized Day care facility	Dec 2018

Plan 3

Takamaka Day Care Centre

Activities	Output	Timeframe
1. Finalise Design	Standardized design as per National requirements	May 2017
2. Consult Donors and confirm Design	Consolidated private partnership and sponsorship- Report of Meetings, Agreement, MOU	May – June 2017
3. Submit Plan to Planning Authority & Development Committee	Approved Day Care Plan - Presentation to main authorities	June 2017
4. Define scope of work for contractors	Clearly laid out tasks to be completed by contractors - TOR	June 2017
5. Tender procedures	Selected contractor – signed contract	June 2017
6. Clear land & Stone Laying Ceremony	Short Article on Ceremony	August 2017
7. Construction Work	Assessment of delivery -Progress Report (Nov 2017) Completed Day Care Centre	September 2017 - November 2018
8. Complete Day Care Centre construction	Final Report – Case Study	Nov/Dec 2018

Plan 4

New Bel Air Day Care Centre

Activities	Output	Timeframe
1. Renovation and maintenance completed Handing over Keys to Day Care Operator	Equipped Centre with appropriate furniture Case Study Report	June 2017
2. Official Opening	A new facility for working mothers with children aged 3 months – 4 years – Newspaper Article	July'2017
3. Development of service brochures	Brochures displaying the variety of services and programmes on offer	July 2017
4. Satisfaction survey	Questionnaire for parents and community -Results	October 2017
5. Evaluation	Final report – Case Study	Nov 2017

Project Title

Up-scaling the Community-Based Kid's Gathering Initiative

Goal

To promote the social and physical development of children (3 months-4 years old) attending home-based child minding services by increasing access to community-based early learning opportunities

Objectives

- Promote community centres as safe places for children (specifically in the age range of 3 months to 4 years)
- Increase access of those children in home-based child minding services to quality early learning and developmentally appropriate district-based facilities
- Monitor the impact of the initiative on the social and physical development of a cohort of children

Background and Rationale

Following the recommendations of the National Child Minding Study carried out in 2013 by the Institute of Early Childhood Development, the Community Development Department piloted the Kids Gathering Initiative to promote outdoor learning amongst home-based child minding establishment. The sponsorship from the National ECCE Trust Fund was used to procure toys and educational materials.

From the previous plan, the Department managed to pilot the initiative in only one district — St Louis. This was primarily because the other districts could not provide appropriate facilities or adequate staffing. With the ministerial changes and new management structure there has been further emphasis on the decentralization of public services, and the Ministry of Local Government remains committed to contribute towards

the development of Early Childhood Care and Education. Such a commitment is visible in its strategies to promote transparent and inclusive services, programmes and projects, and implement infrastructural projects that respond to the needs of all inhabitants in the district regardless of their age. To ensure optimal outcome, a new Technical Team has been established and staff with specific expertise and experience from all Divisions within the Ministry has been recruited.

The International Biennale Conference held this year has given new impetus to this initiative. A number of speakers elaborated on the significance of learning through play and outdoor experiences and has highlighted the gains in terms of social, emotional and cognitive advancement.

As stated in the previous project proposal, apart from the children from whom a general improvement in developmental outcome is anticipated, the child minder will benefit in the delivery of quality services. This project is also seeking to strengthen the existing working relationship between the District Administrator, the community and the child minders, and develop a better understanding of the childminding conditions and services.

Description

Lessons learned in the pilot will guide the replication of the initiative in another three districts in 2017 and another three in 2018.

The Ministry of Local Government is the leading agency of this project, which will be implemented in collaboration with the District Authority, Ministry of Education and Human Resource Development and participating child minders.

A project team of seven individuals will oversee the entire project including its monitoring and evaluation aspects. Guidance and support will be sought from IECD and other sectors as and when necessary. At the district level, a resource person will be identified and trained and together with the individual child minder, they will be responsible for the implementation of the project. The other responsibilities of the resource person will be to ensure the cleanliness of the toys and community centers before and after each visit; maintain records on the number of children and child minders accessing the initiative and keep the project team informed of progress.

To assess the impact of the initiative on the social and physical development, a cohort of 5 children will be selected from each participating child minding establishment. Children will be of mixed gender and age. Parental consent will be sought and the selection will be done using a randomized approach. All districts involved in the initiative will be included in the assessment, making a total of four districts and 20 children. An assessment will be carried out at the onset to acquire baseline data (social and physical ability before accessing the intervention). Thereafter another assessment will be done mid-way and at end of the project. This assessment will be a standardized checklist administered by a group of trained professionals from the Ministry.

Some of the main aspects of the process are:

- Sensitization of child minders in collaboration with IECD
- Finalizing assessment tool and training of assessors
- Assessment and analysis of results
- Ensuring safety of children accessing the initiative and the provision of quality toys in a conducive environment

Budget Narrative

The estimated cost for the project is SCR105, 000. The sum of SCR 80, 000 is remaining from the National ECCE Trust Fund sponsorship to procure additional toys and educational materials when and where necessary.

The remaining (SCR 25, 000) is expected to be disbursed from the Ministry's Budget and it should cover the cost of utilities, renting of halls or centers, the facilitation of training, transport (boat and airfares), accommodation (Praslin and La Digue) and remuneration for assessors.

Expected Outcomes

- Children's early learning experiences, physical ability and social interaction enhanced
- Strengthened working relationship indicated by increased contacts between District Administrators and childminders where the project is being implemented
- Learning through play being promoted in secure and safe community facilities

Performance Indicators

- The percentage of children accessing the programme and their social and physical development
- The level of satisfaction of stakeholders with the quality of the programme
- The perception of childminders accessing the programme on the support provided by the District Administration Offices
- The perception of District Administrators involved in the programme

Activities	Output	Timeframe
1. Assess new districts in which the initiative will be extended	Confirmed list of new districts	April 2017
2. Cleaning of district facilities	Safe, secure and clean district environment	Ongoing
3. Sensitization of childminders	Sensitized child minders on the rationale, process and benefits of the pilot project	May 2017
4. Review inventory of toys and educational materials in the La Digue and Grand Anse Praslin community Centre	Available and intact toys and educational materials Updated Inventory	June 2017
5. Identify and sensitize resource persons and assessors	Informed resource persons and assessors on the rationale, benefits and processes of the project	June 2017
6. Fine tune the social and physical development assessment tool	Finalized assessment / observational tool	June 2017
7. Training of assessors	Trained professionals to assess the social and physical development of children accessing the initiative — training programme	July 2017
8. Distribute toys and educational materials to Roche Caiman District	Equipped Community Centre with appropriate toys and learning materials — allocation report	July 2017
9. Pre assessment / pre test	Baseline of social and physical developmental status (St Louis, LD, GAP, RC)	August 2017
10. Opening of the projects on Praslin, La Digue and Roche Caiman	Service accessible — article on the process	August - September 2017 (school holiday)
11. 2nd Assessment of children's social and physical development	Recorded data of each participating children / progress made during the access (StL, LD, GAP, RC)	November 2017
12. Monitoring of the provision of the service and data management	Progress of service recorded Monitoring / Progress reports	Every two months (October & Dec 2017 and February, May, August, Nov 2018)
13. Third Assessment of children's social and physical development	Recorded progress on all the children accessing the service	March 2018

Project Title

Baby Gymnastic Programme

Goal

To promote a culture of sports in children (9 months to 4 years old)

Objective

- Facilitate the development of basic physical activities
- Facilitate access to appropriate resources and training
- Encourage parents to participate in the programme and take specific interest in the physical and social development of their children

Background and Rationale

Realising the importance and benefits of physical activities among early childhood children, the National Sports Council (NSC) initiated the Baby Gym Programme in 2005 to cater for the overall physical development of children aged 9 months to 4 years. It is evident that there is a lack of commitment from local community, professionals and care providers to enhance the physical development of early childhood children in Childminding and Day Care establishments. Local research on Childminding carried out in 2013 has showed that there is also a lack of appropriate space, equipment and trained persons within the establishments to cater for the physical development of the children in that age group. Furthermore, the shift in housing development from single houses to apartments also limits space for outdoor activities.

According to international research, young children can benefit physically and emotionally from gymnastics, as it is one of the most comprehensive lifestyle exercise programmes available to children, incorporating strength, flexibility, speed, balance, coordination, power, and discipline. For this reason, a milestone agreement was

signed between the Seychelles and the Belgium Government in 2005 directed towards the development of physical activities for the early childhood children. The cooperation aimed at promoting participation in gymnastics to help early childhood children become physically active, and stay fit and healthy thus reducing the risk of diseases and for early detection of limitation in their development. The programme will also provide opportunities for a solid foundation for early childhood children preparing to participate in future sports activities.

Through the programme, the care providers will be equipped with skills through training in order to assist the children entrusted in their care. The outcome of the programme will also improve the relationship between parents, care providers and professionals thus enhancing service delivery. Besides, it will increase the level of participation in activities and expose a large majority of early childhood children to new skills for wholesome development.

With La Digue as a new venue for the programme, special attention will be given to monitoring the progress of children to provide some evidence of the effect of the programme on the physical and social development of children.

Description

In the implementation of the programme, NSC as the main facilitator will work in close collaboration with the operators in Day Care Centres, Childminders in the district, and other partners, namely, NSC, IECD, and MOH. The following procedures will be included:

- Facilitate proper maintenance of existing facilities and equipment
- Preparation and implementation of operational plans for Day Care and childminding establishments (weekly and termly plans)
- Development of measurable observation techniques to monitor children's progress

- Identification and training of facilitators
- Organization of decentralized programmes by setting up a new centre on La Digue
- Provide access to quality equipment and facilities
- Facilitate training for Day Care and childminding operators
- Organisation of events to show case participants abilities

Budget Narrative

The estimated cost for the programme will be approximately SCR215,000 and funds have been secured by NSC. This fund will cover expenses for maintenance of facilities and equipment, transportation of participants attending the activities, and administrative and data management cost.

Expected Outcome

Children's motor, coordination, equilibrium skills and self-confidence improved, through training and continuous monitoring of progress of basic gymnastic movements

Performance Indicators

- Percentage of children showing improvement in the ability to perform basic physical activities
- percentage of children with improvement in children's attitudes and self-esteem
- Level of appreciation by the community and parents



Plan

Activities	Output	Timeframe
1. Assess the status of equipment	Status report and requirement for maintenance	January 2017
2. Upgrade equipment and facilities	Renovated facilities and equipment.	January 2017
3. Identify Day Care Centers and childminding establishments	Confirmed list of participants	February 2017
4. Prepare operational plan	Programme of activities	January 2017 - Mahé
5. Access service to childminders and Day Care operators	Scheduled plans	February/ ongoing 2017
6. Identify children's physical status	Children's performance status record	February / ongoing 2017
7. Procure equipment for new centres	Lists of equipment	May 2017
8. Identify Day Care Centers and childminding establishments	Confirmed list of participants	May2017 - La Digue
9. Prepare operational plan	Programme of activities	July 2017
10. Launch service on La Digue	Launching Ceremony Report	August2017
11. Access service to childminders and Day Care operators (La Digue)	Scheduled plans	August/September 2017 ongoing - La Digue
12. Identify children's physical status (La Digue)	Children's performance status record, Database design, data entered	August 2017 - La Digue
13. Assess children' physical development (La Digue)	Data entered, Progress Report,	November 2017
14. Evaluation of the programme	Evaluation report	November 2018 Mahé - La Digue



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We all share the same dream that our children grow up and live in a country where unity prevails and our joint efforts ensure their protection whilst providing them with the best possible chances of enjoying a happy childhood.

Minister Jeanne Simeon
Minister for Family Affairs



From left to right- Mrs. Lucille Mousbe, Mrs. Nicole Larsen, Ms. Beryl Laboudallon, Ms. Natasha Louise, and Ms. Myra Ah-Tive.
Missing Ms. Michelle Marguerite

Expected Outcome

Increased use of RIF as a tool for child protection through early referrals

- Breakdown of referrals by type, organisation, and follow-up intervention
- Level of satisfaction of stakeholders in the use of the RIF Tool

Performance Indicators

- By the end of 2018 referrals through the RIF would have increased by at least 200

Plan

Activities	Output	Timeframe
1. Form Technical Team to work on recommendations from Work Plan	List of members, TOR	December 2016
2. Review the forms	Reviewed forms	August 2017
3. Review the manual	Manual reviewed	August 2017
4. Train Professionals on the usage of the new forms	Training Programme Report on Training Sessions	November 2017
5. Devise Monitoring and Evaluation Mechanisms for RIF	Instruments developed Structural Guidelines	September 2017
6. Sensitise focal persons on the Monitoring and Evaluation devise	Report on sensitization processes	November 2017
7. Implement new forms	Number of referrals made	November 2017
8. Monitor Implementation	Minutes of Meetings with focal agencies Survey report	January 2018-November 2018
9. Evaluation of project	Workshops Report Results of questionnaire	October 2018
10. Compile report	Final Report	November 2018



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Children’s brains are infinitely buildable and the right blocks, the right platform and a strong base for early learning, once established, will serve them throughout their lives.

Captain David Savy
Chairperson, IECD Board



From left to right –Mrs. Audrey Sally, Ms. Julina Franchoise , Dr. Andre Leste, Mrs. Shirley Choppy, Mrs. Vereine Louis-Marie and Mrs. Romia Mellie

Project Title

Establishing structures and procedures for data collection based on ECCE indicators for the Health Sector

Goal

To strengthen the policy environment for ECCE for decision making and reporting, through readily available information

Objectives

- To develop an Indicator Framework Manual to collect information systematically
- To develop a Procedural Manual and establish an information pathway with IECD for ECCE indicators
- To build capacity of professionals for the trial implementation of the Indicator Framework and Procedural Manual
- To produce the Indicator Framework and Procedural Manual documents for the institutionalization of the new modified processes in the Health Sector.

Background and Rationale

From the Seychelles SABER-ECD Country Report 2013 and post recommendations from the 3rd Biennial National Conference on Early Childhood Care and Education (ECCE) hosted in 2015, the need to develop sound indicators for a national database and data management system on ECCE was expressed with some urgency.

It was reiterated that there was a lack of readily available information (including statistics) on ECCE at the level of Sectors, for policy formulation, decisions and actions, and for international reporting.

However, it was noted that whilst most of the ECCE Sectors do have their information or data on ECCE available on file, retrieval and analysis is cumbersome and in most cases impractical. Some of the reasons which have hindered the conversion of information from

paper format to electronic format have been technical - that is, the data fields were not comprehensive enough to allow for extensive multi-sectoral information to be collected; and human - there was generally limited human resource capacity to update the data into the information system.

Through this project, the Institute of Early Childhood Development seeks to encourage all Sectors and their respective specialized services to take the lead and systematically strengthen their information system so that data on ECCE/ECD, which can be shared regionally and internationally, are readily available. This will enable Seychelles to earmark areas in Early Childhood Development that need immediate improvement and identify opportunities for further development.

Apart from making the process of data entry/management more feasible and convenient, this project will place Seychelles on par with other countries regionally and internationally when comparing the country's ECD system against evidence-based global standards using readily available and detailed data and information on ECCE. Similarly to other initiatives spearheaded by IECD, this project will also further promote inter-sectoral co-operation and collaboration.

Description

The Institute of Early Childhood Development will oversee the implementation of the project. Initially, it will be implemented in the Health Sector with the technical assistance of an international expert from World Bank.

Following approval of funding from international donor agency, the project commenced in September 2016 with a mission from the Consultant recruited by the World Bank. The first stage of the project started with a situational analysis on the existing procedures

and systems to establish the nature of the data to be collected. This was done through a series of consultations with various stakeholders in the Health Sector. The findings were presented to health professionals and other key partners in ECCE in a National Sensitisation Workshop.

The second and subsequent stages will be implemented as follows:

Second Stage: Analysis of the business processes associated with the ECD indicators of the targeted sector (Health) will be further extended in order to establish the full set of requirements to obtain the ECD related information based on agreed indicators. The consultant will also work with the relevant partners, to identify possible solutions (business process modification or otherwise) to gaps identified in obtaining the ECD related data in the sector. These solutions will be based on internationally recognized best practices or successful case studies. The consultant will share a draft of the proposed Indicator Framework and Procedural Manual.

Third Stage: Validation and Training Workshops of the Indicator Framework and Procedural Manual (drafted by the consultant) will be held with key stakeholders in the targeted sector (Health) whereby the ECD data requirements will be presented along with the proposed solutions for the identified gaps for consideration by the targeted sector. The targeted outcome is the buy-in and support for the proposed trial implementations to capture and report on ECD data.

Fourth Stage: This stage involves piloting the data collection processes from the Procedural Manual in the Health Sector, and incorporating the usage of IT systems to support the data collection and monitoring of the ECD variables. This will be partly supervised by the consultant. The outcome will be an Evaluation Report and

publication of the Indicator Framework and Procedural Manual, which is expected to lead to full institutionalization of the new modified processes in the Health Sector. After which, the Health Sector will furnish information, including statistical data, to IECD as the authority for early childhood development, as prescribed in its legal framework.

Budget Narrative

The estimated cost for the project is SCR 600, 000. It is anticipated that funding will be sourced from local and external donors. The cost includes validation and training workshops in the use of the Indicator Framework and Procedural Manual documents; supervision of and support during pilot implementation; accommodation, travel and fees for the Consultant; launching ceremony of the project and related documents among other administrative and logistical costs.

Expected Outcome

Standardised data collection procedures in the Health Sector to strengthen monitoring, evaluation and reporting of ECCE

Performance Indicators

- Indicators based on World Bank ECD available for Health Sector in the following domains: Survival - infant mortality, births, illnesses
- Pre-natal and ante-natal health care
- Preventative care - Immunization
- Nutrition - breastfeeding, and supplements, anthropometry
- Treatment (mother, child)
- Parenting – Well child visits, post-natal visits
- Cost – Health, nutrition ECD



Plan

Activities	Output	Timeframe
1. Validation of the Draft Indicator Framework Outline of Procedural Manual and Training Workshops with professionals from the Health Sector	Draft Indicator Framework and Procedural Manual documents List of Professionals from the Health Sector responsible for collecting data Workshop Report from the Consultant	June/July 2017
2. Review ECD Indicator Framework and Procedural Manual, and submit to IECD	Reviewed documents	August 2017
3. Pilot data collection processes using Indicator Framework and Procedural Manual	Monitoring report of pilot by Consultant to revise the two documents	August to December 2017
4. Finalize Indicator Framework and Procedural Manual (from information gathered in the pilot)	Production of Indicator Framework and Procedural Manual	March 2018
5. Launch Indicator Framework and Procedural Manual	Launching Ceremony	April 2018
6. Develop and implement a plan for institutionalization in collaboration with Health Sector	Approved roll-out and monitoring plan	June/December 2018

Project Title

Measuring change in the understanding of ECCE issues through advocacy strategies and campaigns

Goal

To evaluate whether there has been a change in the level of knowledge/understanding of policy-makers, the workforce, professionals in ECCE and the population in general on ECCE issues in order to strengthen and enhance advocacy action across all ECCE Sectors

Objectives

- To evaluate the impact and importance of advocacy for ECCE issues across all Sectors
- To determine which areas of ECCE need more emphasis across all Sectors
- To build partnerships to enhance advocacy campaign
- To find out what works best for a diversity of audiences influenced by ECCE matters
- To develop work on new methods/medium to use to disseminate advocacy information/issues to the population and monitor impact

Background and Rationale

The role of the Institute of Early Childhood Development (IECD) is to provide leadership in Early Childhood Care and Education (ECCE) and to improve the quality and accessibility of early childhood care and education so that every child develops holistically, has positive learning experiences, and builds a strong foundation for success in school and everyday life.

One of the objectives of IECD is to communicate information through advocacy initiatives to create awareness among policy-makers, the workforce, professionals in ECCE, and the population

in general. Ultimately, such advocacy initiatives require the efforts of all ECCE sectors in providing effective and adequate information on best practices and new emerging developments in ECCE. The multi-sectoral approach that already exists between IECD and the key ECCE Ministerial Sectors guarantees more interventions and programmes in ECCE, in the best interest of all children in Seychelles.

In the first round of the survey conducted in 2015, one of the recommendations made was for its replication so as to determine if there would be positive shifts in respondents' knowledge, attitude and practice pertaining to early childhood care and provisions. It was also concluded in this first survey that important gaps existed in the participants' knowledge on a wide range of ECCE-related issues and these included misconceptions about how children developed, child and social protection, legal and regulatory aspects of the early childhood sector, on accountability, and on the need to implement strategies to reach out to the wider community through the use of different media.

The main purpose of this survey is therefore to ascertain if there have been tangible changes in participants' knowledge of and attitudes towards these issues. It is envisaged that the same methodological approach will be used including the administration of the same instruments and application of the same analytical techniques.

Description

The Advocacy and Information Section will oversee the implementation of the survey, which will target a specific group. The technical assistance of a local consultant will be sought to:

- Train data collectors/enterers
- Enter and analyze data collected
- Submit a report on the findings of the survey

The survey will be carried out in three phases:

- First Phase:** Review of targeted group for distribution of questionnaires
- Second Phase:** Sensitization campaign through information letters and media-based programmes/adverts
- Third Phase:**
 - (1) Data collection and analysis
 - (2) Submission of report on findings to IECD
 - (3) Dissemination of results to partners and stakeholders in ECCE
 - (4) Publication of survey results

The main instrument used in the survey to obtain information for analysis will be an ECCE Questionnaire. Questions will be in English and Creole and will target all ECCE Sectors (Education, Health, Social Affairs, Local Government, NSC, and, of course, IECD) and the wider population. Participants of the survey may opt to remain anonymous. For the purpose of obtaining good data for analysis, the questionnaires will be coded to identify the targeted groups.

Budget Narrative

The estimated cost for the project is SCR90, 000. This includes training workshops, actual data collection among other field activities, consultancy fee and allowances for data gathering, stationery, printing and logistical requirements, and dissemination. It is anticipated that some expenses will be incurred from the programme's recurrent budget whilst the remaining funds will be sought from external donors.

Expected Outcomes

- Targeted population showing understanding of ECCE issues
- Increased visibility of ECCE and sensitization of issues among the population, across all Sectors
- Constructive suggestions/criticisms on ways to improve and increase visibility of the advocacy campaign across the different sectors

Performance Indicators

Overall proportion (70% or more) of targeted audience indicating sound knowledge of ECCE issues from the different Sectors, showing a high level of understanding on the importance of early childhood development and the need for every child to develop holistically



Plan

Activities	Output	Timeframe
1. Write Project Profile	Profile developed	May 2017
2. Identify consultant	Local Consultant identified, TOR	May 2017
3. Confirm instrument for the survey	Questionnaires finalized	June 2017
4. Identify target group who will take part in the survey	Target group identified -Sample frame	June 2017
5. Sensitization of the population about the survey.	Description of media materials	July 2017
6. Training of data collectors	Training programme and report	July 2017
7. Data collection	Fieldwork report	Aug/Sept 2017
8. Analysis and Report Writing	Survey report	Oct/Nov 2017
9. Dissemination of survey results to stakeholders and partners in ECCE	ECCE Forum, Dissemination Sessions	January 2018
10. Production of survey report	Survey report produced	Jan-March 2018
11. Publication of survey results	Article published in appropriate medium	March 2018

Project Title

Assuring the quality of the Childminding Programme: building the capacity of home-based childminders - training of a cohort of childminders

Goal

The main aim of the project is to train childminders to implement national standards in their practice to improve Childminding Services

Objectives

More specifically, the following objectives would need to be achieved:

- Build capacity of home-based childminders in the use of the National Standards for Childminding Regulations
- Ensure compliance with the established mandatory national standards for registration and further improvements in services

Background and Rationale

In order to improve their practices, it is of utmost importance that Childminders are sensitized and given training on the quality standards which they need to implement. The National Standards for Childminding Services which emanated from recommendations of the Childminding Study, 2013 and the SABER-ECD Country Report, 2013, have been developed by the Institute of Early Childhood Development (IECD) in collaboration with the Early Childhood Care and Education Sectors, namely, Health, Social Affairs, Education and Community Development and Sports, as well as Seychelles Fire and Rescue Services Agency (SFRSA). It consists of ten core areas and associated requirements to promote an all-inclusive high quality service provision. The IECD, National Standards on Childminding Regulations, 2016, recommends that Childminders complete a pre-registration sensitization and training programme based on the National Standards prior to registration.

Two previous cohorts of about 110 Childminders have already completed the pre-registration training programme and are currently undergoing registration. The training programme in 2017 will provide an opportunity for another cohort of Childminders who have not yet attended the training programme, as well as prospective Childminders, to be sensitized and trained on the national standards and other related topics.

Description

The project will be implemented by IECD in collaboration with all ECCE sectors and key external partners. IECD will be responsible for coordinating the development and delivery of the training programme whilst the associated sectors and partners will provide specialized inputs through related training materials and facilitation of experienced-based training sessions. IECD will also produce resource materials among other related administrative tasks.

The Pre-registration Sensitization and Training Programme will be implemented over a period of three months, including information sharing about the role of the Institute, registration process, and procedures for medical examinations, criminal and suitability check screening. This is equivalent to approximately 50 notional hours. Following completion of the training programmes, the participants will receive a certificate of attendance from the Institute.

A group of twelve childminders who have already completed the pre-registration training will also undergo training in Basic Paediatric First Aid. This will be facilitated by the Red Cross Society of Seychelles and each Childminder will be awarded with a certificate.

Budget Narrative

The cost for the project is estimated at SCR 225,000.00. This will include the development and production of training resources, consultancy services including facilitation of training sessions (with the Basic Paediatric First Aid component), report writing and meeting, renting of training facilities, procuring of consumables and stationery, production of adverts, transportation and transfers to Islands, organisation of certification ceremony and associated logistical arrangements.

Expected Outcome

Childminders trained on the quality standards to register their services, maintain good practice or improve their practice.

Performance Indicators

- Number of Childminders who have completed the Pre-registration sensitization and training programme and their level of satisfaction with the training and the different aspect of the standards
- Number of Childminders who have completed the Basic Paediatric First Aid tailor-made training programme and their level of satisfaction with the different component of the training programme



Plan

Activities	Output	Timeframe
1. Revise the pre-registration training programme, related materials on the national standards, and undertake printing of materials	Finalized training programme	March 2017
2. Introductory meeting and working session with facilitators about the training	Agenda Reviewed TOR Minutes of Meeting	March 2017
3. Production and airing of TV and Radio adverts about the new training programme for Childminders	Advert produced and aired	March 2017
4. Information session with the new cohort of Childminders	Agenda Minutes of meeting	April, 2017
5. Carry out training sessions with Childminders on Mahé and Islands	Training Report	April – May 2017
6. Carry out training sessions with Childminders on Basic Paediatric First Aid	Training Report	May 2017
7. Presentation of Attendance Certificate to Childminders	List of Childminders with 100% training attendance Report on Presentation Ceremony	June 2017
8. Evaluation of training programmes	Facilitators Training Reports Final Training Report	June 2017
9. Prepare articles and profiles of trained Childminders for print-based media houses	Articles and profiles published	June-august 2017
10. Conduct sensitization meetings with parents and prospective parents on the National Standards	Agenda Minutes of meeting	June - August 2017
11. Evaluation of the Project	Final Progress and Financial Report for submission to Sponsor of the Project	July 2017

Project Title

Implementation of the National Standards for Childminding Services: A Pilot Study

Goal

The main aim of the project is to evaluate the implementation of the ten core national standards for Childminding Services by registered Childminders.

Objectives

Specifically, the objectives are to:

- Monitor the level of implementation of the four mandatory standards - Health, Child Rights and Protection, Safety and Staffing - to assure maintenance of those defined standards
- Measure the level of implementation of the national standards on Early Learning, Interaction, Administration, Nutrition, Family and Community Engagement and Physical Environment
- Determine the challenges in the implementation of the ten national standards
- Gauge the knowledge and understanding of the registered Childminders on the ten national quality standards

Background and Rationale

Traditionally, in Seychelles, the childminding service has been an individualized and largely unregulated form of childcare. Parents and childminders make informal arrangements and the service is provided in the home of the childminder. Unlike centre-based Day Care Services, home-based childminding services operated without specific guiding standards.

In 2013, the quality of the services being provided by childminders was placed under scrutiny through the Childminding Study. From the

study, gaps and inconsistencies were identified, and this prompted the development of National Standards for Childminding Services. Standards were established to assure quality service provision and to set national benchmark. Childminders had to implement the standards to satisfy regulatory principles and enhance quality management. Those standards sought to promote the adoption of best practices for childminders, and, consequently, contribute to raising parental awareness on early childhood care and education.

The National Standards for Childminding Services which was approved by the Cabinet of Ministers in 2015 was legislated in 2016. The Institute of Early Childhood Development (National Standards on Childminding Services) Regulations, 2016, provides the basis for the registration, monitoring and evaluation of home-based childminding services.

In preparation for the registration of Childminders, the Institute of Early Childhood Development (IECD) initiated a pre-registration sensitisation and training programme in 2015. The training programme based on the national standards is aimed at sensitizing Childminders and building their capacity to implement the new standards. Over a hundred Childminders participated in the training programme between the year 2015 and 2016. Upon registration, Childminders are expected to comply to the four mandatory standards on Health, Child Rights and Protection, Safety, and Staffing. Although not part of the initial registration requirements, Childminders are also encouraged to apply the national standards on Early Learning, Interaction, Nutrition, Family and Community Engagement, Administration and Physical Environment, in their practice.

The proposed Pilot Study is intended to monitor the implementation by the registered Childminders of the national standards. The

findings will be used to inform the development of initiatives to enhance or support the implementation of the national standards. They will also provide relevant information for the review, if necessary, of the quality standards and associated guidelines.

Description

The project consists of a Pilot Study which will be undertaken by IECD with the assistance of an external local consultant. It will involve:

- Conducting a refresher training programme over two half-days for the selected registered Childminders
- Collecting data through monitoring visits
- Collecting data through field observation and the administration of questionnaires to childminders and parents
- Analysing the data and writing up policy briefs
- Disseminating study findings to stakeholders

Budget Narrative

The cost for the project is estimated at SCR 86, 900. This will include the refresher training programme for the selected Childminders, consultancy services for ECCE professionals to facilitate the

refresher training sessions, travel expenses to Islands and the technical assistance of a Consultant. Funds will be made available from the IECD budget.

Expected Outcomes

- Policy suggestions for policy dialogue and actions on the implementation of the national standards
- Established baseline to assess the level of implementation of the national standards

Performance Indicator

Twenty-five percent of registered Childminders monitored on the implementation of the national standards for compliance with the four mandatory standards, and progress in the application of the six desirable standards



Plan

Activities	Output	Timeframe
1. Develop project profile	Project profile developed	March, 2017
2. Set up Technical Team	Terms of Reference for Core Team Developed	March, 2017
3. Conduct refresher training sessions on the national standards with selected registered Childminders	Training plan Training report	April, 2017
4. Childminders implement the national standards	Monitoring visit reports	May – July, 2017
5. Develop instruments for pilot study	Instruments developed	May/June, 2017
6. Training in data collection for data collectors	Training report	July, 2017
7. Data collection	Monitoring visit reports	Aug – Sept, 2017
8. Data entry training for data collectors	Training plan	September, 2017
9. Data entry	Training report	September, 2017
10. Data analysis & write up	Database	Oct - Nov 2017
11. Dissemination of research findings	Policy briefs published	December, 2017

Project Title

An assessment of the learning environment in pre-school settings (Crèche) to develop quality standards

Goal

To establish the quality status of the learning environment in Crèche in Seychelles

Objectives:

- To develop measures to assess the learning environment in Crèche
- To analyze the quality of the learning environment in Crèche
- To establish a baseline for policy development

Background and Rationale

The development of standards is an on-going process for strengthening the Early Childhood Care and Education (ECCE) in Seychelles. It is by establishing standards that monitoring structures can be designed to maintain effective service and programme delivery and to improve quality. Since 2004, Day Care Centres have been required to follow the guidelines for infrastructural, material and human resources, and have been regulated by the Ministry of Education. In 2016, the Institute for Early Childhood Development (IECD) in collaboration with ECCE Sectors and other partners put in place National Quality Standards for Childminding Services. However, standards for Crèche facilities are subsumed under the Regulations for Provision of Physical Facilities for Education Institution (2006) which considers mostly general infrastructural and space requirements. As a result, the specific learning environment of pre-schooling settings for Crèche has not received the necessary attention.

The importance of a safe, responsive, and nurturing learning environment cannot be over emphasized as it forms the basis for

healthy growth, development and early stimulation. In The Seychelles Framework for Early Childhood Care and Education (2011), the limited resources and manipulative materials in Crèche were noted and the need to develop and revise core standards was advocated. The SABER-ECD Country Report (2013) insisted that quality standards must go beyond the minimum infrastructural facilities. The setting up of the early learning environment is one of the key practices elaborated in The Seychelles Early Learning Framework (2014) as the fundamental baseline for education activities, wellness of the child and a boost for relationship and experiences.

In a situational analysis carried out by UNESCO in 2016, the need for "a better defined learning environment" for ECCE in Seychelles was expressed. In the wake of recent cutting edge research in ECCE on environmental factors affecting learning and with the necessity for pedagogical structuring of the learning environment, particularly, during the sensitive period of the early years, clarifying the current situation in Crèche is an indispensable process in the development and review of standards in ECCE.

Obviously, the notion of the learning environment can be quite complex as it evolves with time and with new knowledge. As described by Dr. Fabbi (First International Biennial Conference on ECCE, 2017), the learning environment is "the mix of spaces and context in which a young child grows and learns". It can range from the standard of infrastructural facilities, classroom settings, teacher characteristics, intergenerational relationship, community involvement, and out of school settings - as demonstrated by Professor Tim Waller in the "Schools Without Schools Project" (ibid., 2017). In the pre-schooling context of Crèche and, essentially, for this project the early learning environment comprises the physical setting indoors and outdoors, management structures to encompass the teacher-pupil and pupil-pupil-relationship, resources and their use in creating learning opportunities, and teacher characteristics

and qualification. Through the study it will be possible to carry out an audit and gauge the quality of the learning environment in Crèche to define a baseline. From the findings, policy suggestions will be made to guide the review of mandatory standards for equity and coverage, and to extend national quality standards for ECCE in Seychelles.

Description

A survey of the quality of the learning environment in Crèche in Seychelles will be undertaken and this will include observation and questionnaire methods. Four main areas of quality will be investigated: the physical environment indoor and outdoor, material resources and their organisation, human resource input (teacher qualification, teacher pupil ratio) and classroom climate. These will be adapted from the Early Childhood Environment Rating Scale-Revised (ECERS-R) and Classroom Assessment Scoring System (CLASS). Information will be gathered through an observation checklist which will be supplemented by responses to a questionnaire from the Class Teacher, Teacher-in-Charge and the Early Childhood Coordinator.

Data Management and analysis

A specifically designed database will be developed with the assistance of a local consultant. Data will be entered, double-checked, cleaned and merged. SPSS (Statistical Package for the Social Scientists) will be used to analyze both the observation and questionnaire data to identify patterns, make comparisons and explain emerging trends.

Participants

This study is meant to include all Government Crèches with associated Early Childhood Coordinators, Teachers-in-Charge, Classroom Teachers.

For the Pilot Study four crèches, and both Year I and Year II classes, will be selected. It is anticipated that this judgement sample

of crèches will represent the four broad classifications of crèches as shown in the Table 2.

Table 2: Selection of Crèches for the Pilot Study

Category of Schools	Characteristics
Small	Less than 400 students
Medium	Less than 700 students
Large	Less than 1000 students
Extra Large	More than 1000 students

In addition to size, type and location, the physical state of the crèche will be factored into the selection process.

Budget Narrative

The total cost of the Project amounts to SCR 350,000. Costing is in two phases: a total of SCR 100,000 is estimated for the Pilot Study and SCR 250,000 for the Main Study. Funds will be sourced from external partners.

Expected Outcomes

- Tools for measuring the early learning environment in Crèche developed
- Baseline to monitor quality standards of the early learning environment in Crèche defined
- Requirements for the development of national standards for early learning environment in Crèche established

Performance Indicators

- Percentage of teachers and their professional characteristics
- Percentage of teachers and the characteristic of their physical learning environment
- Percentage of teachers with access to material resources
- Percentage of teachers and the quality of the classroom climate

Plan

Activities	Output	Timeframe
PILOT STUDY		
1. Consultation & Negotiation	Approved Proposal and sensitization of all partners	April - May 2017
Sampling	Sample Frame	April - May 2017
2. Developing observation schedule checklist	Observation Checklist	April - May 2017
3. Developing Questionnaires	Questionnaires for Class Teachers, Senior Teachers/Teachers-in-charge, Early Childhood Coordinators, and Head Teachers	April - May 2017
4. Developing Database	Database design	June 2017
5. Develop data collection procedures	Draft data collection guidelines	June 2017
6. Train data collectors	Training Workshop	August 2017
7. Data collection and capture	Merged data files	September 2017
8. Data Analysis	Descriptive statistics for instrument review	Sept - Oct 2017
9. Consultation and Working Sessions	Reviewed instruments and data collection guidelines	October 2017
10. Report Writing	Report of the Pilot Study	November 2017
11. Presentation of Report of -Pilot Study	PPT Presentation	December 2017
MAIN STUDY		
Sampling	Sample Frame	Jan/Feb 2018
1. Produce camera-ready copies of instruments and guidelines	Copies for printing	Jan/Feb 2018
2. Prepare database	Database	March 2018
3. Training data collectors and enterers	Report on training sessions	March 2018
4. Main data collection	Field Report	April 2018
5. Data Capture	Observation and questionnaires data entered and cleaned	May - June 2018
6. Data Analysis	Data Tables for Teacher Characteristics, Classroom Climate, Material Resources, Indoor Space, Outdoor Space	June/July 2018
7. Report Writing	1. Policy Brief on Physical Early Learning Environment 2. Policy Brief on Teacher Characteristics 3. Policy Brief on Classroom Climate 4. Policy Brief on Material Resources	August - October 2018
8. Dissemination and Consultation	PPT Presentation	November-December 2018

SECTION II: IMPLEMENTATION



The National Action Plan 2017-2018 is a framework to translate imminent ECCE priorities into realistic and realizable actions. Although the implementation of the Plan is the operational responsibility of the ECCE Technical Teams in each sector, the management, coordination and administration of the Plan encompass a dynamic collaborative governance structure.

Organisational Structure

The High Level ECCE Policy Committee consisting of the Ministers for Health, Education, Family Affairs and Local Government, Finance, and the Ambassador for Women and Children chaired by the Designated Minister is the lead body which oversees the implementation of the ECCE Framework, along with all actions that derive from the SF-ECCE, and, more specifically, the NAP 2017-2018. It will issue policy guidelines for improving and strengthening ECCE and it is also the forum for policy coordination, policy review and policy direction at national level.

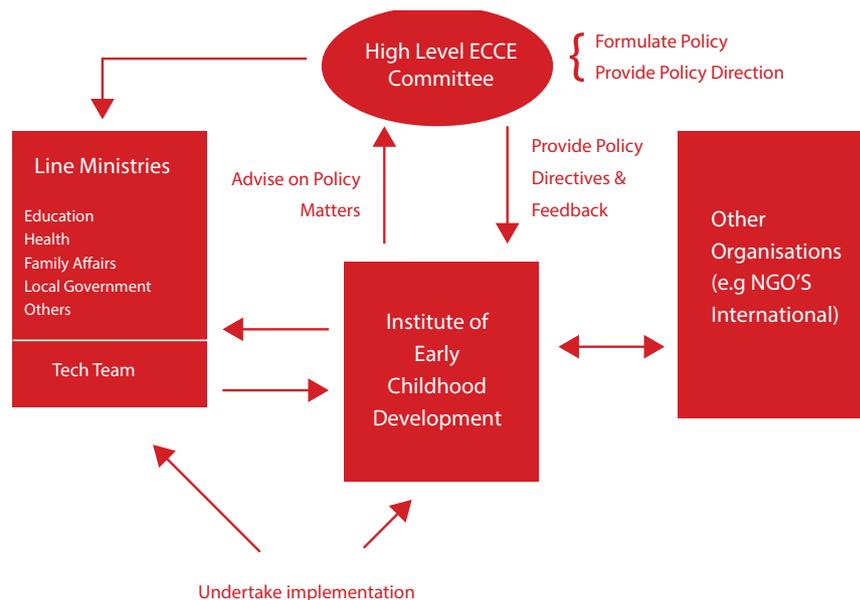


Figure2: Organisational Structure

At the next level, the Institute for Early Childhood Development (IECD) has been described as the anchor for ECCE. It provides leadership and strategic direction for developments in ECCE. Apart from its promotional and regulatory role, it has a coordinating function. IECD coordinates the development and implementation of the NAP 2017-2018. It supervises the implementation of the Plan, harmonises all the actions in the plans, help in strengthening collaboration amongst ECCE sectors and liaise with other partners in the implementation of the Plan, support the sectors in the realization of their plans and execute cross-sectoral projects and conducts illuminative and policy research.

In partnership with IECD four ECCE **Technical Teams** set up within the Ministries of Education, Health, Family Affairs, Local Government undertook the design of project profiles and the development of the action plans contained in this document. The Technical Team headed by a chair has a major role to play in the execution of the action plan. With the latest ministerial changes, it is anticipated that a team from the National Sports Council in the Ministry of Youth, Culture and Sports will be formally mandated. The Technical Team has the challenging task of leading the implementation of strategies within the Plan, making appropriate representations, building capacity, reporting on progress and promoting the Plan within their sectors and with other partners.

Collaboration

Seychelles had a very strong foundation on which to build the ECCE system. However, much of the work in ECCE had been carried out in parallel by individual organisations and agencies. Changing the approach and working style was necessary for coherence and for the realization of the common ECCE vision. The Seychelles Framework for Early Childhood Care and Education makes broad reference to an "integrated approach" as a required implementation strategy and

in the National Action Plan while the action plans are presented at the level of sectors, the activities are to a large extent collaborative and cross cutting. Collaboration is the guiding principle in the implementation of the NAP. It promotes three levels of collaboration.

Intra-sectoral- This involves ECCE Technical Team Members working through committees and sub-committees within their sectors where there is facilitative interchange between participants in other departments.

Inter-sectoral – This refers to the linkages that are formed between sectors. Although a sector may lead a particular project, other sectors interact either as partners or through substantive participation or by making substantial input.

Multi-sectoral – This involves a multi-level and cross-sectional process which is the ultimate implementation strategy, when communication pathways have been established, relationships networks have been strengthened and sectors are linking with other sectors and with other agencies, and mutual support are solicited and provided with a concerted effort towards effective implementation.

The burgeoning of positive inter-sectoral relationships, collaborative working practices and partnerships have been one of the major although complex forces which have produced some the dramatic changes in the implementation of ECCE in Seychelles and which propelled Seychelles to be designated as a “Best Practice Hub for ECCE”. With the pivotal role of IECD, this needs continuous strengthening through the National Action Plan to promote multi-level collaborative actions and a culture of collaborative professionalism and support.

Monitoring and Evaluation

Assessment, analysis and evaluation are essential processes to monitor progress, record achievement and measure impact. The multi-sectoral nature of the National Action Plan implies that monitoring and evaluation has to take place at different levels and across a wide range of groups and institutions. However, IECD is the central body responsible for monitoring and evaluating the Action Plan and this forms part of the role of the Co-ordinating Committee comprising the chairpersons of the Technical Teams, and headed by the CEO of IECD.



Figure 3: Monitoring and Evaluation

Monitoring components

Inherent in the Project Profiles are the main components for monitoring and evaluation. For all the strategic activities output

indicators have been designed. This together with the timeframe information will facilitate the tracking of progress and will mark the designated interval when specific data will be collected. Secondly, these outputs are directed towards achieving the expected outcome, and performance indicators have been inserted as a means of verifying to what extent the outcome has been achieved and the kind of data needed for monitoring. Thirdly, where appropriate, baseline information has been provided: A baseline is an important monitoring element to measure change.

Monitoring strategies

There will be three structural processes for monitoring: a) monitoring using the Sector's Operational Plan, b) monitoring through the National Coordinating Committee (NCCOM), c) monitoring through an Annual Progress Report.

a) Monitoring using the Sector's Operational Plan

- IECD Officers carry out three-monthly **surveillance visits** to track activities
- Sector Operational Plan will be updated and implementation strategies confirmed or reviewed
- Progress towards the achievement of related outputs will be assessed by IECD
- A Sectoral Visit Report will be produced by IECD

b) Monitoring through the monthly NCCOM

- The ECCE Technical Chairpersons will provide **feedback** on the implementation of the projects
- Sectoral Visit Report will be presented and discussed
- Recommendations are adopted to maintain progress or address shortcomings

c) Annual Report

An analytical National **Progress Report** (from the monthly report) will be produced highlighting performance on the projects and implementation of the plan. This will be presented to High Level ECCE Policy Committee for approval, to be forwarded to the Cabinet of Ministers as Information Note.

Evaluation

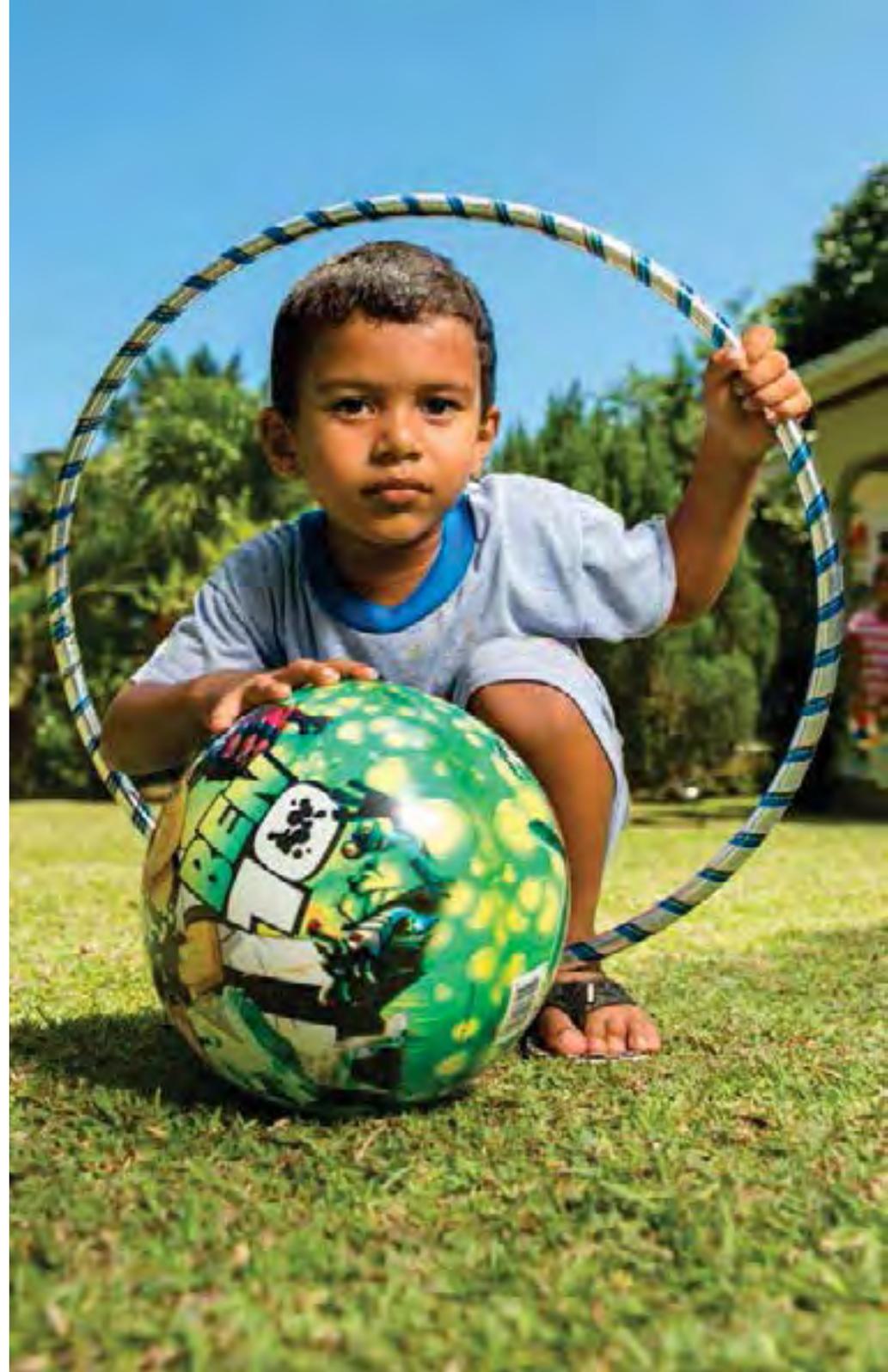
An Independent review process of evaluating the National Action Plan will be undertaken. A result-based framework will be utilized for the evaluation. Inputs to the plan will be factored in and accumulated evidence from the compiled reports will be analysed. The **achievement of the expected outcome in relation to the strategies** for each project and across projects will be assessed using project documentation and additional data collected from specifically designed research instruments. Also the level of **impact of the whole plan** will be assessed and an **Evaluation Report** will be produced as the final documentation of performance and results. This report will be presented to High Level ECCE Policy Committee for approval and then submitted to Cabinet of Ministers for information.

Conclusion

In the First International Biennial Conference on Early Childhood Care and Education in 2017, the urgent need to monitor results was highlighted and a more targeted approach to measure achievement and developmental outcome, assess quality in settings and systems, use data for policy decisions, and consolidate partnership arrangements were proposed. The diagnostic monitoring methodology developed by Seychelles through National Action Planning was highly commended.

This National Action Plan (2017-2018) for ECCE aspires to make considerable contribution in aligning to these ECCE injunctions. It builds on the recommendations of the two previous plans, stays in tune with global trends, resonates with ideas from the First International Biennial Conference on ECCE and proceeds to accelerate the implementation of the SF-ECCE. The project-based approach which was effectively adopted in the second plan is further strengthened with increased focus on ECCE priorities to maintain achievements and address problematic areas such as data availability, development of standards, and improvement in service delivery.

The National Action Plan has become a unifying document. It is multi-sectoral, participatory and outreaching. It has also become a learning document and responds to the complex challenges of integrating ECCE across organizational divides. It provides strategic directions to address key priorities in ECCE. It has become a reference point for sectoral interchange and interaction. With the collaboration of all ECCE Sectors and Partners, the prestigious IECD international status and the strong high level national commitment, this National Action Plan is predicted to become the tour de force of the ECCE system in Seychelles.



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National Action Plan 2017-2018 Early Childhood Care and Education

The National Action Plan for Early Childhood Care and Education (ECCE) 2017-2018 represents the collaborative endeavours of key ECCE Sectors from Line Ministries, mainly, Education, Health, Local Government, Social Affairs, and Sports. The development of the Plan has been coordinated and facilitated by the Institute of Early Childhood Development (also an implementing sector) to promote the holistic development of children and strengthen the ECCE system in Seychelles.

Six main thematic areas address issues relating to Data Availability and Policy Formulation, Accountability and Service Delivery, Quality Access and Community Participation, Training and Professional Development, Early Detection and Intervention, Early Stimulation and Programme Design. These have been derived from The Seychelles Framework for Early Childhood Care and Education whilst taking into consideration emerging international trends, and subsequent recommendations from the First Biennial ECCE Conference. Through a result-oriented, research-driven methodology, the Plan increases focus on ECCE priorities, such as, development outcome, the learning environment, quality standards, service delivery, improving practice, with anticipated implementable priority actions.

An array of twenty projects has been designed with each ECCE sector making its contribution. A monitoring and evaluation structure forms an integral part of the Plan. It is being overseen by a High Level ECCE Policy Committee, supervised by IECD and implemented by sectoral Technical Teams.

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