

Ministry of Education and Training



NATIONAL POLICY FOR INTEGRATED EARLY CHILDHOOD CARE AND DEVELOPMENT

Maseru, Lesotho

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PREFACE

We recognise that the future of children in Lesotho, from birth to five years of age, depends on developing a unified national commitment to expand and improve early childhood services.

The *National Policy and Strategic Plan for Integrated Early Childhood Care and Development* is the result of a highly participatory and Multi-sectoral planning process. The unity of vision and purpose found in these documents was achieved through developing a strong collaboration among several ministries and non-governmental, faith-based, community-based and private sector organisations of the sectors of education, health, nutrition, sanitation and protection.

The Ministry of Education and Training led the Multi-sectoral IECCD Policy Planning Working Group that guided Policy preparation. The Working Group included the Ministry of Health, Ministry of Social Development, Ministry of Agriculture and Food Security, Ministry of Local Government, Chieftainship and Parliamentary Affairs, Ministry of Finance, Ministry of Development Planning, Ministry of Home Affairs, Ministry of Labour and Employment, Ministry of Justice and Correctional Services, Ministry of Law, Human Rights and Constitutional Affairs, Ministry of Communications, Science and Technology, Ministry of Gender, Youth, Sports and Recreation, and the Ministry of Education and Training.

Consultation Workshops on the status of children and parents and their service needs were conducted in districts and communities of Leribe, Maseru, Quthing and Thaba-Tseka. Workshop participants included parents, teachers, district and community leaders, and personnel in ECCD organisations. In addition, high-level leaders were interviewed to secure their recommendations. An extensive ECCD Situation Analysis was also prepared. Because our planning process was highly participatory, we confidently affirm that the innovative Policy and Strategic Plan reflect a consensus regarding the major needs, hopes and requests of citizens of the Kingdom of Lesotho to build a better future for their children.

We jointly affirm our strong commitment to fully implement the *Policy and Strategic Plan for Integrated Early Childhood Care and Development* of the Kingdom of Lesotho.

Minister of Education and Training

Chair, Multi-sectoral ECCD Policy Planning Working Group

Minister of Health

Minister of Social Development

Minister of Local Government
Chieftainship and Parliamentary
Affairs

Minister of Finance

ACKNOWLEDGEMENTS

A highly participatory approach was used to prepare the IECCD Policy and Strategic Plan.

- A Multi-sectoral Working Group for IECCD Policy Planning was established under the leadership of the Ministry of Education and Training, with members from all relevant sectors, all levels of government, civil society, the private sector and parents.
- Consultation workshops were conducted in several communities, districts and the capital to identify the goals of the people for improved child and family development, and to specify the strategies and activities that are needed.
- Interviews were conducted with high-level national leaders and specialist to secure their recommendations.
- An extensive IECCD Situation Analysis was prepared covering: the status of Basotho children and parents; human, institutional, training and financial resources; and related policies and plans.
- The Multi-sectoral Working Group helped to plan and review successive copies of the IECCD Policy and Strategic Plan and greatly enriched the final documents.

As a result of this participatory approach, the members of the Multi-sectoral Working Group feel confident that the IECCD Policy and Strategic plan reflects national priorities for child and family development.

Gratitude is expressed to the whole UNICEF Country Office of Lesotho, in particular, Mr Nurbek Teleshaliyev and Ms Lati Makara Letšela who consistently provided excellent support for the preparation of the IECCD Policy and Strategic Plan.

The Chief Education Officer - Primary of the Ministry of Education and Training, Ms. Thuto Ntsekhe-Mokhehle chaired the Multi-sectoral Working Group for IECCD Policy Planning. Ms. Edith Sebatane and her research assistant, Ms. Setungoane Letsatsi-Kojoana, led national technical work for the preparation of this policy. The international policy consultant, Dr. Emily Vargas-Barón, supported the work of the Multi-sectoral Working Group and worked with the national consultants to prepare the documents.

Members of the Multi-sectoral Working Group are thanked for their dedicated work. A list of members of this Working Group is presented in Annex II.

Special gratitude is expressed to hundreds of community, district and national leaders -- too many to be listed -- who generously gave their time, ideas and recommendations to help ensure that the IECCD Policy and Strategic Plan would fully reflect national priorities and goals for child and family development.

This policy is dedicated to our national treasure:

The children of Lesotho.

ACRONYMS

ADB	African Development Bank
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy (for HIV and AIDS)
ART	Area Resource Teachers
ARV	Anti-Retrovirals
BOS	Bureau of Statistics
CBO	Community Based Organisation
CC	Community Councils
CCT	Conditional Cash Transfers
CECE	Certificate in Early Childhood Education
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CFS	Child Friendly Schools
CGPU	Child and Gender Protection Unit
CHE	Council on Higher Education
C-IMCI	Community Integrated Management of Childhood Illness
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
CSB	Corn Soya Blend
CT	Cash Transfers
DC	District Councils
DCS	District Council Secretaries
DSW	Department of Social Welfare
DDCC	District Development Coordinating Committee
EC	European Commission
ECCD	Early Childhood Care and Development
ECI	Early Childhood Intervention

EFA	Education for All
EGPAF	Elizabeth Glaser Paediatric AIDS Foundation
ELDS	Early Learning and Development Standards
EMIS	Education Management Information System
EPI	Expanded Programme on Immunisation
ESSP	Education Sector Strategic Plan
EU	European Union
FBO	Faith Based Organisation
FHD	Family Health Division
FNCO	Food and Nutrition Coordinating Office
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	German Technical Cooperation
HBRP	Home Based Resource Persons
HIV and AIDS	Human Immuno-Deficiency Virus and Acquired Immuno-Deficiency Syndrome
ICAP	The International Centre for AIDS Care and Treatment Programmes
IECCD	Integrated Early Childhood Care and Development
IMCI	Integrated Management of Childhood Illnesses
IQ	Intelligence Quotient
LCE	Lesotho College of Education
LCGE	Lesotho Child Grants Programme
LDHS	Lesotho Demographic and Health Survey
LNFD	Lesotho National Federation for the Disabled
M&E	Monitoring and Evaluation
MCC	Millennium Challenge Corporation
MCH	Maternal-Child Health
MDG	Millennium Development Goals

MOAFS	Ministry of Agriculture and Food Security
MOCST	Ministry of Communications, Science and Technology
MODP	Ministry of Development Planning (from 2012 onward)
MOET	Ministry of Education and Training
MOF	Ministry of Finance (from 2012 onward)
MOFDP	Ministry of Finance and Development Planning
MOH	Ministry of Health (from 2012 onward)
MOHA	Ministry of Home Affairs (from 2012 onward)
MOHAPS	Ministry of Home Affairs and Public Safety
MOHSW	Ministry of Health and Social Welfare
MOGYSR	Ministry of Gender, Youth, Sports and Recreation
MOJCS	Ministry of Justice and Correctional Services
MOLHRC	Ministry of Law, Human Rights and Constitutional Affairs
MOLE	Ministry of Labour and Employment
MOLGCP	Ministry of Local Government, Chieftainship and Parliamentary Affairs
MOSD	Ministry of Social Development (from 2012 onward)
MOTICM	Ministry of Trade and Industry, Cooperatives and Marketing
NAC	National AIDS Council
NCDC	National Curriculum Development Centre
NGO	Non-Governmental Organisation
NGOC	Coalition of Non-Governmental Organisations for the Rights of the Child
NISSA	National Information System for Social Association
NOCC	National Orphans and Vulnerable Children's Coordinating Committee
NPA	National Plan of Action
NTT	National Teacher Trainer
NUL	National University of Lesotho
OAU	Organization of African Unity
OSISA	Open Society Initiative for Southern Africa

OVC	Orphans and Vulnerable Children
PCV	Peace Corps Volunteers
PEPFAR	President's Emergency Plan for Aids Relief
PMTCT	Preventing Mother-to-Child Transmission (of HIV infection)
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
SSRFU	School Self-Reliance and Feeding Unit
STI	Sexually Transmitted Infections
TRC	Transformation Resource Centre
UNAIDS	United Nations Agency for International Development
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organisation
WVI	World Vision International

EXECUTIVE SUMMARY

NATIONAL POLICY FOR INTEGRATED EARLY CHILDHOOD CARE AND DEVELOPMENT

The Policy for Integrated Early Childhood Care and Development (IECCD) of the Kingdom of Lesotho presents major national initiatives for child and family development. The Government places high priority on the development, education, health, nutrition, hygiene and protection of young children, from preconception to five years of age. In addition, the first IECCD Strategic Plan has been prepared to guide the full implementation of the Policy. Successive five-year IECCD Strategic Plans shall provide operational guidelines during the next 15 to 20 years.

BENEFITS FROM INVESTING IN IECCD SERVICES

Through expanding national investment in IECCD services, Lesotho shall benefit from lower costs for health and nutrition care, welfare, remedial education, and child protection services. The high costs of educational inefficiencies due to grade repetition, school dropout, special and remedial education services, and low rates of school completion, shall be greatly reduced. Culturally and linguistically appropriate IECCD services shall help to ensure equity for young children and shall enable children from all ethnic groups to succeed in school. Short, medium and long-term impacts from the provision of quality IECCD services shall help Lesotho achieve a high rate of return from its investments in children. As abundant research has demonstrated, these benefits shall produce savings that shall more than pay for investments in IECCD services. Due to expanding and improving IECCD services, national economic productivity shall be greatly increased.

PARTICIPATORY IECCD PLANNING

A participatory planning process was used to develop the IECCD Policy and Strategic Plan. The Ministry of Education and Training (MOET) led policy-planning activities and established the Multi-sectoral IECCD Policy Planning Working Group that guided Policy preparation.

The Working Group held consultation workshops in districts and communities of Leribe, Maseru, Quthing and Thaba-Tseka (UNICEF 2011, *Report on the Consultation Workshops*). Participants included parents and community, district and ministerial leaders, representatives of national and international non-governmental organisations, institutions of higher education, professional associations, hospitals and health centres, and civil society and private sector organisations. A situation analysis entitled, *Children and Families in Lesotho* was prepared using many surveys, studies and reports (UNICEF 2011). It assessed the status of Lesotho's children and families, IECCD services, human, training and financial resources, and children's policies.

Results from the consultation workshops, interviews with national leaders, and the situation analysis revealed a high level of consensus regarding the major needs of young

children and families as well as the strategies, services and activities required to meet those needs.

BUILDING ON LESOTHO'S STRENGTHS

The IECCD Policy builds on governmental and non-governmental achievements in the fields of education, health, nutrition, sanitation, and child and social protection. It reflects the strengths of Lesotho parents and communities and throughout the country. Numerous Lesotho ECCD experts dedicate their lives to providing quality IECCD services for child and family development. These services provide a good foundation for the IECCD Policy and future programme development.

The consultation workshops, interviews and situation analysis identified the major needs of children, parents and IECCD services. The following high-priority issues led to the selection of the strategies, objectives, activities and services of the IECCD Policy.

Issue 1: Birth outcomes urgently need to be improved and parent education is required.

Poor birth outcomes include high levels of infant, neonatal and maternal mortality. In addition, high levels of low birth weight and preterm infants were found along with many children born with HIV infection. Pregnant women and their partners require intensive preconception, antenatal and neonatal education and health services. These include: home visits and group sessions to prepare mothers and fathers for having good birth outcomes and becoming nurturing parents; antenatal and neonatal health care, especially for high-risk women and parents infected with HIV and AIDS; and nutrition services including micronutrients, rehabilitation and feeding services.

Issue 2: Services are lacking for the critical years from birth to 36 months of age.

Neuroscience research has revealed that the first three years of life are critically important for ensuring good child development. These years provide the foundation for all later development. Children who become developmentally delayed, disabled or socially or emotionally impacted due to a wide variety of stressors in their home environments shall be unable to learn well in school and shall cause high costs to society for remedial education, health care, justice and welfare services. Community level services are required for these children, and for this reason, IECCD Centres are proposed to meet these needs, including services for parent education in many areas, home visits on child development, and family support and referrals.

Issue 3: Lesotho has a high level of children with developmental delays, malnutrition, HIV and AIDS or disabilities.

Children with developmental delays, malnutrition, HIV and AIDS or disabilities shall cause high costs to society if they are not identified soon after birth and if they do not receive early childhood intervention services. Lesotho has professionals and paraprofessional who can be trained to provide these individualised and intensive services. When identified during the first year of life, many of these children can “rebound” and achieve expected levels of development. Without early childhood intervention services, they shall become dependent upon costly, long-term welfare support and shall prevent Lesotho from achieving a high level of national productivity.

Issue 4: Preschool services have varying quality, and children living in poverty are often unable to access quality preschool services.

Many studies have shown that in addition to the provision of services for children from 0 to 3 years, quality preschool education for children from 3 to 5 years old is essential for improving educational outcomes and reducing the costly internal inefficiencies of the school system. High levels of underage and overage children, grade repetition, and school dropout need to be reduced rapidly. Day care services as well as preschool services are often very poor in quality. Service standards are needed as well as improved teacher training, curricula, educational materials, monitoring, evaluation and supervision. In addition, transition from home and inclusive preschool to inclusive primary school services needs to be improved and expanded.

Issue 5: The rights of children and parents need to be protected, and especially those living in difficult circumstances.

Child and parental rights and responsibilities are not well understood in all homes, and services for mothers, fathers and children need to observe these rights. Existing policies for child protection, vulnerable children and children with disabilities need to focus more sharply on children from birth to five years of age. Child and social protection services are required for a wide variety of children and parents, including especially: abused and neglected children; children with diseases, developmental delays or disabilities; orphaned and abandoned children; children in abusive labour; children living or working in the streets; children of incarcerated parents in or outside of prison; and children of commercial sex workers. A national database and tracking system is needed to help ensure these children shall not “fall through the cracks.”

Issue 6: Pre- and in-service training is inadequate for all fields included in IECCD services.

University-level pre-service training at the diploma, undergraduate and graduate levels is urgently required to prepare IECCD professionals to become service directors, supervisors, trainers, planners and teachers. Standards, career ladders and certification systems are needed to upgrade the status of many professionals and uncertified paraprofessionals currently working in IECCD services. Many more professionals need to be trained, and continuous systems of in-service training are required for professionals,

paraprofessionals and volunteers. Lesotho lacks a National IECCD Resource and Training Centre and District-level Centres to ensure IECCD services are of high quality. Training for field supervisors is needed to ensure that monitoring, field supervision and in-service training are provided effectively in community service settings.

Issue 7: No system currently exists for IECCD quality assurance and accountability.

A system is required for IECCD monitoring, evaluation, action research and follow-up planning to ensure IECCD programmes provide quality services and meet their goals and objectives. Indicators, monitoring instruments and special studies are needed to ensure accountability and to help plan future steps. An IECCD Management Information System is required to assess policy implementation and ensure services are expanded and improved as outlined in the Policy.

Issue 8: Parents and community members should be informed about the Policy and receive key messages to promote good parenting and child development.

A system for consistent IECCD policy advocacy is needed for national, district and community leaders and parents. A National IECCD Forum would create a greater awareness of the critical importance of child development as well as help to promote the full implementation of the IECCD Policy and Strategic Plan. A Social Communications Plan is required to ensure key child development messages for parents are reinforced through the use of media, including community radio, television, mobile phones, social media, booklets, banners and brochures.

Issue 9: An organisational structure for IECCD services is urgently needed.

An organisational framework is required to ensure the IECCD Policy and Strategic Plan shall be fully implemented. A Multi-sectoral IECCD Council and Department for National IECCD Policy Implementation are needed, along with a simple but effective system for the decentralisation of services at the District and Community levels. The roles, responsibilities and fiscal requirements of this system need to be implemented.

LESOTHO'S IECCD VISION AND MISSION

To meet the needs of children and parents, the following Vision shall guide future work in IECCD.

Our Vision for Basotho Children and Parents

All infants and children in every region and culture of Lesotho shall be born into caring, stimulating and safe homes and communities. Parents and guardians shall be well prepared to ensure children grow and thrive physically, mentally, morally, spiritually, socially and emotionally in conditions of freedom and dignity.

The Mission Statement affirms the commitment of the Government of the Kingdom of Lesotho to achieve this Vision for all children and parents.

Our Mission for IECCD Services

IECCD services shall be easy to access, comprehensive, culturally appropriate and high in quality. To ensure all Basotho children grow up healthy, well-nourished, safe and protected, IECCD services of the public sector shall be free-of-charge for pregnant women, mothers, fathers and young children from 0 to 5 years of age. Parent education services shall help parents give their children a strong cultural identity, sound principles, respect for others, commitment to their family and community, and a positive self-worth. Education, nutrition, health, sanitation and protection services shall be integrated to help young girls and boys achieve their potential. Preschool education services shall prepare children to learn well in school and to complete, at a minimum, the free and compulsory 7-year primary education cycle.

Children with special needs shall be identified at birth or soon thereafter. They and their parents or guardians shall be offered early childhood intervention services to ensure they develop to their full potential and are included in preschool and school activities.

IECCD services shall seek to ensure all Basotho children shall lead fulfilling lives, become productive citizens, and contribute positively to their families, communities and the Kingdom of Lesotho.

POLICY STRATEGIES, ACTIVITIES AND SERVICES

In line with the Vision and Mission Statements, the following eight strategies were selected, along with key IECCD activities and services that shall be developed or expanded and improved.

Policy Strategy 1:

Improve and expand preconception, antenatal and neonatal services for mothers, fathers and infants

Strategy 1 focuses on the development of expanded and accessible services for preconception, reproductive, antenatal and postnatal education, health and nutrition care. Mothers with HIV infections are emphasised, and a strong emphasis is on prevention of mother-to-child transmission (PMTCT) and the provision of anti-retroviral therapy (ART) for mothers and their children. Neonatal services shall include extra attention for high-risk mothers and children.

Policy Strategy 2:

Develop Integrated ECCD Centres and services, with priority given to children from 0 to 3 years and their parents to ensure holistic child development

Strategy 2 includes the development IECCD Centres, especially for children from 0 to 3 years. A strong emphasis is placed on ensuring universal birth registration, developing culturally and linguistically appropriate national parent education and support services, and improving the quality of day care centres. Home visits are featured especially for vulnerable children and families, complemented by mobile teams and satellite centres for remote areas. Comprehensive and continuous maternal and child health and nutrition services are highlighted for expansion, with an emphasis on postnatal services, maternal nutrition and breastfeeding, child health and nutrition services, children affected or infected by HIV infection, abuse or neglect.

Policy Strategy 3:

Ensure vulnerable children with developmental delays, malnutrition, HIV and AIDS or disabilities receive early childhood intervention services

Strategy 3 introduces early childhood intervention (ECI) services to support families who have children with developmental delays, malnutrition, chronic illnesses or disabilities. It calls for Multi-sectoral coordination to design and implement ECI services in stages, including community outreach for the identification and referral of children and the establishment of ECI policies and procedures, standards, screening, assessments, individual plans and the provision of home-based services appropriate for each child and family's needs. It calls for ECI service coordination, pre- and in-service training, and monitoring and evaluation.

Policy Strategy 4:

Improve and expand preschool services (including centre-based, home-based and reception year services) for children 3 to 5 years old, and improve transition from home and preschool to primary school

Strategy 4 focuses on improving and expanding inclusive preschool education, including home-based and centre-based preschools for 3 to 5 year olds, and reception year classes for all five-year olds. It calls for a system of preschool registration and certification to be developed. Culturally and linguistically appropriate curricula, materials, methods and related teacher training are emphasised. Parent involvement and oversight are highlighted, along with expanded governmental support and continued community participation. Preschool standards and regulations shall be instituted, along with improved health care, feeding systems, water and sanitation, gardens and playgrounds. Pre- and in-service training, supervision, monitoring and evaluation, coordination and networking are also emphasised. A national plan and activities for transition from home and inclusive preschool to inclusive primary school shall be instituted.

Policy Strategy 5:

Promote the rights and protection of children and parents, especially for children in difficult circumstances

Strategy 5 calls for child rights to be honoured and child protection services to be expanded and improved. Special attention is given to children with developmental delays and disabilities, their parents and the implementation of the National Disability and Rehabilitation Policy with respect to children 0 to 5 years old. Cash transfers are to be focused on poor families with children as per NISSA selection criteria. Future conditional cash transfers shall include conditions for the use of IECCD services to improve child development. Communities are asked to develop plans to reduce risks to young children. Special services and support packages are included for the following vulnerable groups: abused and neglected children; orphaned and abandoned children; children in abusive labour; children living or working in the streets; children of incarcerated parents; and children of commercial sex workers. The Policy also calls for developing a National Child Database and Tracking System.

Policy Strategy 6:

Expand and improve the system for pre- and in-service training for all IECCD services

Strategy 6 calls for conducting an IECCD capacity needs assessment for workforce development in order to design and implement a comprehensive pre- and in-service training system. Key elements shall be the establishment of personnel service standards, career ladders, and a certification and recertification system. The pre-service training system shall include training for IECCD professionals at the Lesotho College of Education and the National University of Lesotho, as well as training for paraprofessionals and volunteers. An in-service training plan shall be developed, including the establishment of a National IECCD Resources and Training Centre, complemented by District Centres to ensure nationwide coverage and quality assurance. Special attention shall be given to training supervisors who shall supervise, conduct in-service training, and monitor ECCD services.

Policy Strategy 7:

Design and implement a structure and plan for policy monitoring, evaluation, action research and follow-up planning

Strategy 7 calls for a national system for monitoring, evaluating, reporting, learning and follow-up planning. An IECCD Management Information System (MIS) shall be established for quality assurance, accountability and evaluation. The system shall include monitoring and evaluation manuals, training workshops, instruments and guides. The IECCD MIS shall be linked with a Nationwide Child Tracking System beginning with birth registration and shall include all IECCD services for children. The IECCD MIS shall also provide technical and managerial support to help ensure good service quality. A national assessment of child development shall be conducted. In addition, annual plans for high-priority applied IECCD research projects shall be developed.

Policy Strategy 8:

Develop and implement annual plans for policy advocacy and social communications

Strategy 8 calls for Annual Plans for Policy Advocacy including seminars, workshops and advocacy documents. Initial advocacy activities shall include the nationwide dissemination of the IECCD Policy and Strategic Plan and a special booklet on the Policy for parents and communities. Annual IECCD Forums shall be held to advocate for policy implementation and provide training workshops for IECCD services. Annual Plans for IECCD Social Communications shall be prepared, and at least 10 messages for children, parents and communities shall be selected for nationwide dissemination through visual, audio and print media, Internet, dances, theatre, posters and banners. Child Ambassadors for IECCD shall also be selected.

ORGANISATIONAL STRUCTURE OF THE IECCD SYSTEM

The organisational structure of Lesotho's IECCD system is presented in Chapter 6 of the Policy. The National Multi-sectoral IECCD Council shall lead the National IECCD System in Lesotho. The Council's Chair shall also lead the National IECCD International Partner Committee. Upon the adopting of the IECCD Policy and under the leadership of the National Multi-sectoral IECCD Council, the Department for National IECCD Policy Implementation shall establish, train and work closely with District and Community IECCD Committees. It shall conduct annual planning and budgeting, Multi-sectoral coordination, develop and manage key projects including the IECCD MIS, and ensure all strategic activities and services are completed in a timely manner. The Department shall be located in MOET and shall collaborate closely with MOET's ECCD Unit.

INVESTMENTS IN IECCD

The IECCD Policy calls for greatly expanding national investment in IECCD through Annual IECCD Investment Plans. A core annual budget shall be specified for the Department for National IECCD Policy Implementation. The Policy provides a national IECCD investment target, as well as targets for the MOET and MOH. Targets for district and community contributions to IECCD services are also established. International development partners are also encouraged to expand their support for IECCD services.

The Kingdom of Lesotho Trust Fund for Young Children shall be created through combined national and international support. Among other sources of support, it calls for the establishment of a payroll tax on international and national businesses, and encourages benefactor organisations to support IECCD Centres and other services for vulnerable and marginalised groups. Higher education partnerships shall also be forged to help ensure IECCD activities shall receive benefits from other valuable IECCD approaches that have been developed in all world regions.

Successive Five-Year IECCD Strategic Plans shall provide operational details for the strategies listed in the IECCD Policy. Under each of the 8 strategies, activities, services, responsible organisations, indicators, timelines and budgets are presented with the aim of ensuring the full implementation of the IECCD Policy and the successful achievement of its goals and objectives.

NATIONAL POLICY FOR INTEGRATED EARLY CHILDHOOD CARE AND DEVELOPMENT

1. Introduction

CONSULTATIVE APPROACH TO IECCD POLICY PLANNING

To assist the Multi-sectoral Working Group for IECCD Policy Planning to prepare the IECCD Policy, UNICEF provided support for the work of a national IECCD consultant, her research assistant, and an international policy consultant.

The Chief Education Officer – Primary of the Ministry of Education and Training, chaired the Working Group, and its members included representatives from several ministries, national and international NGOs, and other agencies (See the list of Working Group members in Annex II). The Multi-sectoral Working Group, other national leaders and IECCD stakeholders reviewed successive drafts of the IECCD Policy before it was presented for adoption. Based on the IECCD Policy, the operational IECCD Strategic Plan was prepared.

A fully participatory approach was used to develop the IECCD Policy. Widespread consultations were conducted to draft the Policy. This document is based on four types of information sources: consultation workshops, a Situation Analysis, research studies and high-level interviews.

CONSULTATION WORKSHOPS

From 2 to 23 March 2011, a total of 11 Consultation Workshops were conducted in 7 communities and in the districts of Leribe, Maseru, Quthing and Thaba-Tseka Districts (UNICEF 2011, *Report on the Consultation Workshops*). Participants included public sector leaders from IECCD ministries, several districts and communities as well as representatives of international and national NGOs; institutes and universities; professional associations; commissions and authorities; hospitals and health centres, private sector and civil society organisations; international development partners; and parents and community leaders. The results of these workshops were especially important in preparing this Policy.

SITUATION ANALYSIS

Children and Families in Lesotho: Situation Analysis was conducted in May – August 2011 by the national consultants commissioned by UNICEF. This Situation Analysis was prepared using many surveys, studies and reports. It assessed the status of children and

families in Lesotho; IECCD services; human, financial and training resources that are available to serve them; and relevant policies regarding IECCD.

RESEARCH STUDIES

Many research studies, situation analyses and documents from Lesotho and other countries that have developed Multi-sectoral and comprehensive IECCD policies and strategic plans were consulted. (See Annex I, Bibliography.)

INTERVIEWS

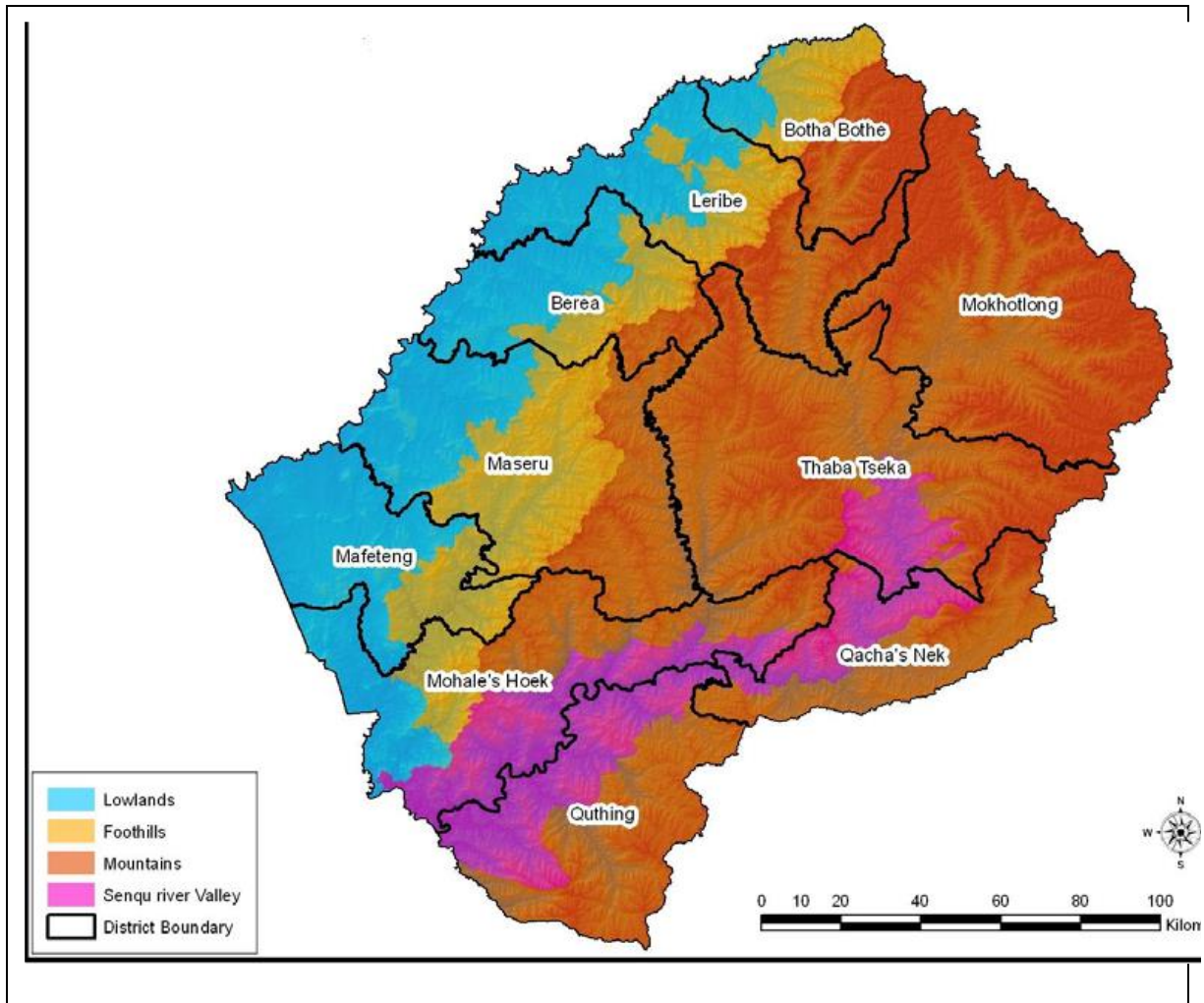
Interviews with high-level national leaders were also conducted. These interviews reinforced the findings of the Consultation Workshops, the Situation Analysis and various studies. (See the separate document entitled *Report on Interviews with High-Level Ministerial Officers*.)

This consultative approach to policy planning yielded many results including a high-level of enthusiasm and commitment among members of the Multi-sectoral IECCD Working Group and the development of several initiatives in anticipation of the adoption of the IECCD Policy and Strategic Plan. One of the major benefits of participatory policy planning is a higher level of policy implementation (Vargas-Barón, 2005).

GENERAL COUNTRY INFORMATION

GEOGRAPHY AND REGIONS

The Kingdom of Lesotho is mainly a mountainous country with a total surface area of approximately 30,355 square kilometres. The nation is landlocked and completely surrounded by the Republic of South Africa. Mountains cover the Eastern region while the remaining one-quarter is composed of lowlands and foothills in the Western parts of the country. The country is divided into four ecological zones: the highlands, lowlands, foothills and Senqu river valley.



All land in Lesotho lies at an altitude of 1,000 metres or more above sea level. Highland winters are severe with temperatures falling below the freezing point. Mountainous areas are the least populated, with most of the nation's population found in the lowlands, foothills or Senqu River Valley. The mountainous terrain is very challenging, and many remote areas are accessible only by horseback or on foot, making service provision challenging.

HISTORY AND GOVERNANCE

The Kingdom of Lesotho is a former British Protectorate that gained independence on 4 October 1966. The head of state is the King, while the Prime Minister is the leader of Government. Lesotho is a parliamentary democracy with a lower house called the National Assembly and an upper house called the Senate. In addition, there is an independent judicial system.

The country is divided into 10 administrative Districts, each with a District Administrator. Maseru is the capital city, and the territory surrounding the capital constitutes the District

of Maseru. Through the decentralization programme, specific governmental powers have been devolved to the Districts, and each District runs some of its own affairs. Each District has administrative functions similar to those at the national governmental level; however, local governance is still very closely linked to the central government. In addition to Districts, the country is divided into 80 Constituencies and then into 86 Councils that include 64 Community Councils, 11 Urban Councils, 10 District Councils and 1 City Council.

Lesotho has completed initial planning for decentralisation (MOLGC, 2009), and key IECCD ministries have devolved their services to District Councils and Community Councils. As a result, Community Councils are responsible for IECCD planning, implementation, management and service oversight in their villages and towns.¹ IECCD ministries provide Community Councils with service standards, regulations, technical guidance, pre- and in-service training, supervision, and monitoring and evaluation. Additional financial and material support from non-governmental sources shall also be required to ensure that a sufficient number of high-quality IECCD services are available in each of the communities. To ensure equity is achieved, special attention must be paid to communities with high levels of poverty and vulnerable children.

POPULATION BY ETHNICITY AND LANGUAGE

Lacking a recent national census, the Lesotho Bureau of Statistics (2010), projects a population of 1.8 million people. Others project a population of slightly over 2.000.000 (World Population Prospects, 2009, UNICEF, 2009). About 59.000 children are born annually (UNICEF, 2009)

The population is approximately 25% urban and 75% rural, with an estimated annual urban population growth rate of from 3.5% to 5.5% (UNICEF, 2009). There has been a decreasing overall annual population growth rate of 2.2% (1970 – 1990), 1.6% (1990 – 2000) and 1.1% (2000 – 2009). Life expectancy at birth has declined over the years principally due to HIV and AIDS. It is estimated to be 40 years for males and 43 years for females, and it is projected to improve to 48 years for males and 51 years for females by 2026, which is still very low. According to the Lesotho Demographic and Health Survey (LDHS), this is due principally to the high rate of HIV and AIDS in Lesotho, which is estimated to be 23% of the adult population (LDHS, 2009).

Children from birth to 19 years represent 38% of the population (955.000 children, BOS, 2009), and thus children are dependent on relatively few economically active adults. The population of children less than five years of age is estimated to be 271.000 (BOS, 2009).

Over 99% of the population is Basotho, with a few ethnic groups such as the Xhosa, Baphuthi and Ndebele. The spoken languages of Lesotho are Sesotho and isiXhosa.

¹“Community oversight” means that selected community representatives monitor services, identify progress and challenges, recommend improvements, and advocate for their implementation. Community oversight has been found to be essential to ensuring IECCD services shall meet community needs and maintain long-term community support (Vargas-Barón, 2009).

Sesotho and English are the two official languages of Lesotho, although it is recognised that early childhood services must be provided in the mother tongue to ensure families shall participate fully in them and shall understand educational materials. Research has shown that children must 1) first learn their basic concepts and how to read and write in their mother tongue, and 2) begin to learn in their second language (English) in fourth grade because then they shall learn to speak, read, write and learn subjects in English easily and rapidly (Ball, 2010).

NATIONAL ECONOMIC DEVELOPMENT

Approximately 58% of the population lives below the national poverty level (LDHS, 2009), a figure that has risen sharply from 31% in 1999 (BOS, 2010). The unemployment rate for 2008 was very high at 22.7% (BOS, 2010). In general, gross domestic product (GDP) has been steadily rising, and in 2010 it was US \$2.132.495.561 (World Bank website) with a GDP per capita of US \$1.023. Service industries provided 55% of the GDP in 2008, goods producing industries 34%, agriculture contributed 7%, and taxes only 4% (BOS, 2010). Nonetheless, the high poverty rate has led to extreme challenges for families with young children.

INTERNATIONAL IECCD FRAMEWORK

On 21 August 1990, the Kingdom of Lesotho became a signatory to the *Convention on the Rights of the Child* (CRC, 1989) and ratified it on 10 March 1992. The CRC's *General Comment 7, Implementing Child Rights in Early Childhood* focuses on national requirements to ensure young children receive their full rights (Bernard van Leer, 2006). These instruments establish children's rights to receive early childhood development services. The IECCD Policy of Lesotho is based on a full commitment to achieving all child rights as enshrined in the CRC and General Comment 7.

A *World Fit for Children*, adopted in 2002 during the Special Session of the UN General Assembly devoted to children, set priorities including the promotion of healthy lifestyles and the provision of high-quality education for every child, beginning in early childhood.

The *UN Millennium Development Goals*, adopted in 2000 by 189 nations, provides a set of measurable, time-limited global goals for overcoming poverty, famine, diseases and illiteracy by 2015. Targets under 7 of the 8 goals are directly or indirectly related to IECCD. The IECCD Policy contributes to the achievement of targets of seven of the Millennium Development Goals in Lesotho. Therefore, IECCD is the foundation for reducing and eradicating extreme and severe poverty and for improving human development in Lesotho.

The *Salamanca Statement* (UNESCO, 1994) called for formal education institutions to find ways to educate all children from preschool onward, including those with developmental delays and disabilities. On 2 December 2008-Lesotho ratified the *Convention on the Rights of Persons with Disabilities* and its Protocol. Lesotho is dedicated to disability rights,

and most especially, to serving children with disabilities and identifying them as soon as possible from birth onward to ensure they shall receive essential child development and health services to help them achieve their potential. Lesotho is also committed to providing early childhood intervention services for these children as well as inclusive preschool, primary and secondary education.

Lesotho became a signatory to the *Convention to Eliminate All Forms of Discrimination against Women* (CEDAW) on 6 June 2000, with ratification on 24 September 2004. CEDAW contains provisions that refer to protecting pregnant women and mothers and to the importance of developing policies related to children and their parents. The IECCD Policy firmly promotes the rights of pregnant and lactating women, mothers and young girl children.

With its strong emphasis on early childhood and parent education, the IECCD Policy shall assist Lesotho to achieve Goal 1 of the *Dakar Framework for Action* for attaining *Education for All* (EFA). EFA Goal 1 calls for “expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.” The IECCD Policy focuses on improving service quality and filling gaps in services as a basis for rapidly scaling up IECCD programmes.

CONCEPTUAL APPROACH TO IECCD

The Kingdom of Lesotho shall ensure that all parents, grandparents, adoptive parents, and legal guardians,² shall be able to access and participate in high-quality and cost-effective IECCD services, as they become available in or near their communities. Special attention shall be given to the nation’s most vulnerable children and families. As noted above, in addition to child, gender and disability rights that are enshrined in the Convention on the Rights of the Child and General Comment 7 regarding Early Childhood, Lesotho is striving to meet the requirements of the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities. Lesotho adheres to the following early childhood principles:

Provide comprehensive, integrated and Multi-sectoral IECCD services

- IECCD plays a **foundational role** in ensuring Lesotho’s children shall be healthy, well nourished, well developed and capable of achieving success in school and life.
- Holistic child development requires that children develop in a balanced manner in all areas: perceptual, language, cognitive, physical (gross and fine motor), social and emotional development, including the ability to regulate their behaviour.
- Multi-sectoral coordination and integrated ECCD services shall include two or more of the following sectors: health, nutrition, sanitation, education and protection. Special attention shall be given to including allied sectors, such as

² In the IECCD Policy, “parents” shall be used to refer also to grandparents, adoptive parents, and legal guardians.

agriculture, local government, rural development, workforce training and economic development, gender services, and others as needed.

- Every effort shall be made to ensure that IECCD services shall be universal, high in quality, comprehensive, and shall respond to local needs, languages and cultures, with special attention to Xhosa, Baphuthi and Ndebele communities.
- Public, private sector and civil society organisations at District and Community Council levels shall use an integrated service approach to maximise the use of existing human and material resources and to provide high-quality services at the lowest possible cost to the greatest number of children and families.
- New vertical and horizontal Multi-sectoral coordination shall be developed, most especially at the level of Community Councils along with support from District and Central levels.

Focus on equity, with priority given to the most vulnerable and marginalised children

- All children from birth to five years of age shall be eligible for IECCD services included in this policy, with priority given to vulnerable children living in poverty and/or with developmental delays, malnutrition, HIV and AIDS or disabilities.
- Respect for all ethnic groups shall be the hallmark of IECCD services, and outreach services shall be developed to ensure minority groups are included. All IECCD services shall be provided in the home language.
- Gender equity shall be sought in all IECCD services for children and parents.

Provide child-centred and family-focused services

- All IECCD services shall be child-centred, focusing on the individual needs and status of each child with respect to development, health, nutrition, education and protection.
- IECCD services shall also be family-focused to ensure the full participation of parents, including both fathers and mothers, in activities regarding them and their children, including service planning, implementation and oversight.
- Children and youth shall participate in planning, implementing and assessing IECCD services that affect them and their younger brothers and sisters.

Promote child and parental rights and ensure all children are included in IECCD services

- The IECCD policy strongly advocates for child and parental rights.
- Parents shall be fully informed about services offered to them and their children, and parental consent shall be secured for all services provided to them.
- Parents, legal guardians and adoptive parents have primary obligations as the first and most important caregivers and teachers of their children.
- Strong and enduring relationships between parents and IECCD services shall be fostered.
- All IECCD services shall be inclusive and enrol children with disabilities, developmental delays or from minority ethnic groups.

Expand and improve child protection services

- As in the CRC, legal protection shall be extended to all children and parents.
- Child protection services shall be provided for all children, with a special focus on Lesotho's most vulnerable children.
- Services for social protection, including cash transfers and conditional cash transfers, shall give special attention to children from birth to five years living in difficult circumstances.

Ensure strong community involvement in community IECCD services

- An IECCD Committee of the Community Council shall help to identify local needs and objectives, and to plan, manage, implement and oversee all local IECCD services.
- Community Councils and IECCD Committees shall be accountable and shall prepare annual reports, plans and budgets and submit them to District Councils and national ministries.
- Community partnerships and support networks shall be developed among public, private sector and civil society organisations to provide sufficient high-quality IECCD services.

Quality assurance

- IECCD service standards and regulations shall be reinforced or developed and enforced.
- High-quality educational curricula, materials, methods, and media shall be developed in all local languages and used in pre-service and continuous in-service training.
- Through monitoring and evaluating services, IECCD inputs, outputs and outcomes shall be measured.

2. SITUATION ANALYSIS

This brief situation analysis provides an overview of the following topics:

- Status and needs of children and parents in Lesotho;
- Major national IECCD resources; and
- IECCD-related policy instruments developed to date.³

STATUS AND NEEDS OF CHILDREN AND PARENTS

PREGNANCY

The World Health Organization (WHO) recommends that pregnant women receive at least 4 antenatal health care visits in order to reduce maternal and child mortality rates. In 2009, 92% of pregnant women attended at least one antenatal visits; however, only 70% of women who had a live birth received a minimum of 4 antenatal visits (LDHS, 2009).

Furthermore, only 33% of pregnant women began their antenatal visits during the first trimester, and only 35% of the pregnant women from poorer households were able to access essential vitamin supplements such as iron tablets, compared to 61% of women from wealthy households (Ibid.).

DELIVERY AND THE NEONATAL PERIOD UP TO 3 MONTHS OF AGE

Maternal mortality is very high in Lesotho: 1,155 per 100,000 Live Births (LDHS, 2009). This is due in part to 41% of births occurring still in the home and the high level of birth complications and infections. Only 55% of mothers gave birth in government health facilities and 4% in private health facilities (LDHS, 2009). A health professional was present in only 62% of the births (Ibid). Women who attend antenatal care services were found to be more likely to deliver their babies with medical attendants or in health facilities.

Deaths within the first month of life (neonatal mortality) constitute 47 per 1,000 live births while deaths between birth and one year of life (infant mortality) are 91 per 1,000 live births. Between birth and up to 5 years of age (Child mortality), the rate is 117 per 1,000 live births. Neonatal and infant mortality rose in recent years. , It is believed, to the higher incidence of HIV infection in young children. Clearly, high priority should be given in prevention of neonatal and infant mortality, which respectively constitute 40% and 78% of all deaths in young Basotho children.

³ This situation analysis is based on the study, *Children and Families in Lesotho: Situation Analysis* (August, 2011), the results of consultation workshops and interviews as well as on national and international policy documents and studies.

Both antenatal and neonatal check-ups are essential for ensuring good child and maternal health and this shall result with reduction of infant and maternal morbidity and mortality rates. Both mother and child should have regular postnatal care, but it is reported that relatively few of them are conducted. Women in urban areas are reported to be more likely to receive antenatal and neonatal care and protection against tetanus than women in the rural areas. The level of women's formal education is also related to their access to antenatal and neonatal care. Women who had not completed primary education and those with no formal education (13% to 15% of all women) are more likely not to receive any antenatal or neonatal health care services while women who attended tertiary education (4 to 7%) usually access these services. Thus, special emphasis should be placed on provision of health care services to women with lower levels of education in the rural areas.

Immunizations for the under-five children are essential in the prevention of childhood communicable diseases based on WHO immunization guidelines. This shall lead to reduction of neonatal, infant and child morbidity and mortality. Full immunization during the first year of life includes: BCG vaccine given at birth that protects the child against Tuberculosis, Pentavalent vaccine which the child shall receive three doses at six weeks, ten weeks and fourteen weeks protects the child against diphtheria, pertussis (whooping cough), tetanus, haemophilus Influenza Type B and hepatitis B, polio vaccine given at birth, then six weeks, ten weeks and fourteen weeks to protect against poliomyelitis ; measles vaccine given at nine months and at 18 months protects the child against measles. However, only 62% of children are fully immunized during their first year of life, down from 68% in 2004. But 3% of the under-five children never had received any vaccinations after birth (LDHS, 2009). Even so, individual immunisation rates have risen: BCG, 95%; DPT3, 84%; Polio 3, 75%; and measles, 80% (Ibid.).

BIRTH REGISTRATION

According to the LDHS, in 2009, only 45% of children had been registered after birth and few (18%) had been given a birth certificate. Without birth registration, a child cannot be given official status as a citizen of Lesotho and their rights to health and education services. Without a birth certificate, a child cannot be enrolled in formal schooling. It is critically important to ensure birth registration and provide birth certificates for all children in Lesotho as soon as possible.

CHILD DEVELOPMENT FROM BIRTH TO 36 MONTHS

Although the most important period of children's brain growth and development occurs between pregnancy and 36 months of age, as yet assessments of child development have not been conducted in Lesotho for this age group. Such a study would greatly assist planners to target services that are appropriate to the developmental needs of children in each geographic region in the country. It would reveal the levels of developmental delays, malnutrition, disabilities, diseases and other major issues, and thereby help to target services to the most needy children and families. The rates of low birth weight infants (9.3%, LDHS, 2009) and child stunting (39%, a malnutrition measure) are useful "proxy

indicators” for child development since virtually all children who are low in birth weight or malnourished are also developmentally delayed in one or more developmental areas.

In a recent study undertaken by the MOET on the knowledge, attitudes and practices of parents and caregivers regarding children aged 0 to 8 years, it was found that parents generally know about the importance of the early childhood development period and also hold positive attitudes about child development (UNICEF 2010). However, parents in rural areas rarely read books to children and do not encourage them to read books. The study further established that although mothers appreciate the importance of the father in the life of his child, they are not comfortable with the idea of a father being too close to a daughter due to fear that he might abuse the child (Ibid.). In some rural areas, fathers are barred from seeing their newborn children until after a certain period of time. They miss out on the most critical time to bond with their child, and this can have a detrimental effect on child development.

CHILD HEALTH STATUS

Child mortality rates vary depending on a child’s place of origin. A comparison across different ecological zones shows that under five child mortality rates are lowest in the lowlands (98 per 1,000 children) and highest in the mountainous regions (114 per 1,000 children) (LDHS, 2009). All of the regional rates are exceedingly high, and this appears to be to the high incidence of HIV and AIDS, malnutrition and morbidity.

With regard to morbidity, only 48% of children under 5 years old with diarrhoea received oral rehydration and continued feeding (LDHS, 2009). Some 66% of children under 5 years old with suspected pneumonia were taken to an appropriate health-care provider (MICS, 2005 – 2009). Young children require greatly expanded and improved preventative and primary health care.

CHILD NUTRITIONAL STATUS: BREASTFEEDING AND COMPLEMENTARY FEEDING

According to the WHO, exclusive breastfeeding during the first 6 months of life is highly beneficial for infant nutrition. Initiation of breastfeeding within the first hour of birth encourages the development infants’ sucking reflexes, helps mothers produce sufficient milk, gives the infant essential nutrients and protects the child against some illnesses. While 92% of children are breastfed in Lesotho, only 53% are breastfed within the first hour of life (LDHS, 2009). Exclusive breastfeeding during the first 6 months of life reduces infant infections and provides all of the nutrients that an infant needs. However, only 54% of infants are exclusively breastfed during that period. For a large proportion of infants, breastfeeding is supplemented by other supplementary feeds that include water (6%); non-milk liquids or juice (8%); or solid or mushy food (11%). Overall, 21% of infants aged between 4 and 5 months are fed complementary solid or semi-solid food, 19% receive infant formula in addition to breast milk at this age; 11% receive other milk, and 40%

receive other liquids excluding plain water (Ibid.). When inadequately boiled, the provision of water can lead to intestinal infections, diarrhoea and dehydration. According to the *National Reproductive Health Policy* (2008), each year many children in Lesotho lose their lives due to dehydration and this could be avoided in large part by prolonging breastfeeding and using oral rehydration fluids. Complementary feeding from 6 months onward is inadequate in many households. The LDHS states, “The results indicate that a large majority of young children in Lesotho are not being fed appropriately. Overall, feeding practices meet the minimum standards for only 18% of all children aged 6-23 months. Looking at children aged 6 - 8 months (12 percent) are the least likely to be fed according to all three Infant and Young Child Feeding (IYCF) practices. There is very little difference in feeding practices between girls and boys or by urban-rural residence. Among ecological zones, the percentage of children who are fed appropriately is highest in the Lowlands (22 %) and lowest in the Foothills (11%).” Clearly, nutrition education, promoting home, school and community gardens, animal husbandry and nutritional supplementation are key in combating malnutrition.

MICRONUTRIENTS

Some 47% of children between the age 6 and 59 months are reported to have some level of iron deficiency anaemia, which often leads to developmental delays that can become irreversible over time if iron supplements are not provided. The MOH promotes the provision of iron supplements to reduce the prevalence of anaemia among children. The MOH also provides vitamin A supplements in order to help reduce child mortality rates and various health problems. However, among children aged 6 – 59 months, only 34% received vitamin A supplementation (LDHS, 2009). Iodine is also reported to be one of the major causes of severe health deficiencies. The lack of sufficient iodine can cause hypothyroidism, goitre, impaired mental function, retarded mental and physical development, and lower IQ levels. During pregnancy, iodine deficiency contributes to increased rates of neo-natal deaths; abortions, stillbirths; and psychomotor defects. A common source of iodine is cooking with iodised salt. The LDHS reveals that although over 83% of the children are born in households that use an adequate level of iodised salt, the remainder (17%), need support to ensure an adequate ingestion of iodised salt (Ibid.).

MALNUTRITION

Stunting, or inadequate growth in terms of height, is a cumulative process resulting from poor nutrition often combined with recurrent or chronic illness. At the national level, 39% of children under age 5 are stunted, and 15% are severely stunted (LHDS, 2009). The prevalence of stunting doubles from 21% during infancy – 6 to 11 months – to about 50% in children aged 18 to 23 months. This trend is observed up to 5 years of age, leaving approximately one in every two children in Lesotho at risk of developmental delays, growth impairment and mortality during the period from birth to three. Stunting is often compounded by iron deficiency anaemia. Children with stunting or other forms of malnutrition usually have a range of developmental delays that, if not treated rapidly before

the third year of life, shall have a life-long impact on mental development and health (Grantham McGregor et al, 2008).

Some 13% of children from birth to five years were underweight (LDHS, 2009). Wasting (weight by height) is another indicator of children's nutritional status. Wasting represents a failure to receive adequate nutrition and is most commonly a result of insufficient balanced food intake coupled with repeated episodes of illness in most cases resulting in weight loss and the onset of malnutrition. Wasting is highest among children aged 6 – 8 months (11%). The LDHS further reveals that wasting is closely associated with an increased risk of child mortality. The incidence of underweight children is correlated with the level of maternal education (LDHS, 2009). Children of women with secondary to higher education studies make up 9% of underweight children, while children with mothers with some primary education comprise 16% of children under 5 who are underweight. Furthermore, "The percentage of underweight children is negatively correlated with wealth; it decreases from 18% of children in the lowest wealth quintile to 9% among those in the highest quintile (LDHS, 2009).

It is critically important that parent education about good child nutrition, child stimulation services and nutritional supplements be provided to help ensure children shall make permanent improvements in their developmental levels as well as their nutritional status (Lancet, 2008). In addition, to increase food security, the Government is promoting the development of community gardens, and by extension, preschool and school gardens (Thahane, 2012). These initiatives shall directly help to prevent malnutrition and improve the nutritional status of children especially in rural areas.

CHILD SAFETY

Although no data could be found regarding the rates of infant and young child injuries or accidents, this area is of great concern in Lesotho. Many children suffer from burns in household hearths, drowning in rivers and water barrels, electrical shocks, ingesting poisonous substances, and road accidents. Parent education could help to prevent childhood injuries by focusing on child safety and first aid in the home and community.

CHILDHOOD SANITATION ISSUES

Sanitation issues affect child health status in many communities of Lesotho. They include unsafe latrines, waste disposal, unprotected water sources, lack of potable water, and inadequate waste management in homes, day care centres and preschools. Evidence of good hygiene and sanitation practices is observable in some primary schools across the country, and they should be extended to ECCD services including reception classes and preschool education. Attention is also needed to improve sanitation in preschools, including centre-based and home-based centres, where latrines or toilets are often lacking

(UNICEF, 2011). Sanitation should also be improved in day care centres. Once established, IECCD Centres shall need assistance to ensure good sanitation facilities and practices are provided.

VULNERABLE AND MARGINALISED CHILDREN

The situation of vulnerable and marginalised young children from birth to five years of age is alarming. The main types of vulnerable or marginalised children include:

- Orphaned or abandoned children who have become “social orphans” living in institutions or child-headed households, extended family members and others;⁴
- Children infected or affected by HIV and AIDS or other diseases;
-
- Children with developmental delays or disabilities;
- Children living in severe poverty;
- Children from remote rural areas or marginalised ethnic and linguistic groups;
- Children suffering from abuse or neglect, including cases of domestic violence;
- Children in abusive child labour and children living or working in the streets;
- Children living in prisons with a parent;
- Children of an incarcerated parent;
- Children of commercial sex workers;
- Children affected by the substance abuse of the parents;
- Child trafficking;

CHILDREN AND ORPHANED CHILDREN INFECTED OR AFFECTED BY HIV AND AIDS

HIV and AIDS and other sexually transmitted infections (STI) are a major life risk in Lesotho. Lesotho is the third highest in the world with high HIV prevalence rate. HIV infection rates are estimated to have reached 23.3%, resulting in large numbers of orphaned children (approximately 100,000 in 2009). The number of pregnant women identified to be living with HIV was 16,000 (UNAIDS, 2012). The prevalence of HIV infection is higher for women than for men: 27% for women from 15 to 49 years, and 18% for men from 15 to 49 years. For both sexes, rates of infection rise with age, peaking at 42% for women aged 35-39 and at 40% among men aged 30-34 (LDHS, 2009). Over

⁴ Social orphans have a living biological mother and/or father but they have been abandoned and given to an institution. Some parents believe their children shall receive better care or they are too ill to care for them. A few simply reject their children. Every effort should be made to ensure such children are placed with extended family members, adoptive parents, caring legal guardians, foster families or a group home.

320,000 people in Lesotho are HIV positive, and of these 40,000 are children from 0 to 14 years of age (UNAIDS, 2012).

All children infected with HIV or who are believed to have a high probability of infection, require not only Anti-Retroviral Therapy (ART) but also nutritional supplementation and early childhood intervention (ECI) services to prevent or overcome developmental delays. The MOH reports that the percentage of pregnant women infected with HIV receiving antiretroviral medicines to reduce the risk of transmitting the virus to their infants has reached 80% in 2010, which is a major achievement since in 2008 only 56% were covered. However, in Lesotho as yet no infants and young children with HIV are receiving essential ECI services. A high incidence of developmental delays has been observed in children with or suspected to have HIV infection, and a study is needed to measure this situation and identify children requiring ECI services.

Some children living in institutions, in child-headed households living in the streets, are HIV and AIDS affected or infected, may be orphaned, abandoned or are social orphans. "The estimate of the total proportion of all children who are orphaned is 33.8% (paternal orphans 19.8%; maternal orphans 6%; double orphans 8%) (DSW, 2011). Some of them live with extended family members and neighbours. It is estimated that only 0.3% of households are child-headed, although some have an elderly relative present (DSW, 2011). This may have been an undercount. DSW reported that 8.1% of children (of all ages) had been abandoned.

It is essential that all orphaned or abandoned infants and young children from 0 to 3 years live with a family in order to receive loving and nurturing care and not be placed in an institution. Children who are institutionalised before the age of three years usually acquire life-long developmental delays, not only in cognitive and physical development but also in social, emotional and language development (Browne, 2009; Ellis et al, 2004).

CHILDREN WITH DEVELOPMENTAL DELAYS AND DISABILITIES

At the present time, as noted above, reliable data regarding the incidence of children from birth to 5 years of age with developmental delays and disabilities are not available. The *Situation Analysis of Orphans and Other Vulnerable Children in Lesotho* stated that "10% of all children aged 6-17 had a learning, physical or mental disability" (DSW, 2011). This contrasts with the 1993 study of 2649 teachers in 25% of primary schools that found that 17% of children had disabilities or special educational needs (Khatleli, 1995). However, no data have been provided for children from birth to 5 years of age and no measure of developmental delays has been used. It is known that many children with developmental delays and disabilities are "kept hidden from view," and some are only identified when they enter primary school. Others are simply kept at home without any developmental or schooling services. In addition, "In Lesotho the leaders of nine branches of the national association of parents of disabled children found that parents required support in how to teach, train and handle their children; information about the rights of people with disabilities and how to work with professionals; and information on how to create teaching

aids and obtain equipment (WHO, 2011; Penny et al, 2007). A national study on infants and young children with developmental delays and disabilities is urgently needed.

With respect to estimating the number of children with developmental delays, if all moderately to severely malnourished children were to be assessed (approximately 39% of all children 0 to 5 years old), virtually all of them would exhibit delays in one or more developmental areas. Additional children shall have delays due to abuse, neglect and a lack of good parenting skills. Some disabilities and developmental delays among children may result from an excessive intake of alcohol, smoking or other substance abuse and risky behaviours on the part of pregnant women and mothers. As reported by a Basotho clinical psychologist, "*Parents do not seem to have sufficient knowledge about their pregnancy period regarding any health threats to the developing baby. That lack of knowledge results in failure to apply proper interventions that might save the baby's wellbeing*"⁵. Antenatal and neonatal education and parenting education services are urgently needed to meet these important needs.

Screening and the early detection of children with disabilities, low birth weight and developmental delays should be conducted at health facilities and IECCD Centres. Many parents are able to identify disabilities and developmental needs but for many reasons they rarely seek assistance or they lack services to help them and their children. In all cases, professional assessments and child development services for children from birth to 3 years of age are required. However, as noted above, no ECI system for children with developmental delays, disabilities and atypical behaviours currently exists in Lesotho, and such a programme is greatly needed.

CHILDREN LIVING IN POVERTY

It is estimated that 43.2% of the population of Lesotho lives on less than US \$1.25 per day; and 68% lives on less than US \$2 per day (National AIDS Commission, 2009). The *Situation Analysis of Orphans and Other Vulnerable Children in Lesotho* estimates that only 3.2% of households lack any reliable income source. However, any way it is viewed, at least half of the nation's children are deeply affected by poverty and multiple deprivations including malnutrition, ill health and disease, developmental delays or disabilities.

Support for families shall be essential to ensure children living in poverty shall develop well and later help their families to lift themselves out of poverty. On the basis of considerable research in many countries, it is widely accepted that breaking the poverty cycle begins with the provision of comprehensive and continuous IECCD services from preconception and pregnancy onward (Moran, 2004).

⁵ Comment made by a clinical psychologist at the Maseru Central consultation workshop.

CHILDREN FROM REMOTE RURAL AREAS AND MARGINALISED ETHNIC AND LINGUISTIC GROUPS

Comments collected through Consultation Workshops for IECCD policy development⁶ revealed that some of the most remote communities in the country are not accessible by road, and may be reached only by horseback or on foot. Thus, the provision of various types of services, and most particularly for parent education and children's health, nutrition, education and protection, are seriously compromised due to inaccessibility. Children living far from social services rarely receive essential health, nutrition and educational services.

In Lesotho, there are some communities of minority ethnic and linguistic groups (Xhosa, Ndebele and Baphuthi). They suffer from social exclusion related especially to the language barrier in education. In those communities, schools have only used English and Sesotho as the languages of instruction. To be effective and culturally appropriate, it is essential that IECCD services be provided in families' home language, including education services in preschools and primary schools until at least the fourth grade (Ball, 2010).

CHILDREN SUFFERING FROM ABUSE OR NEGLECT

Child safety and protection are a major concern in Lesotho. It is generally stated that an increasing proportion of children suffer from domestic violence, child sexual molestation, neglect and various types of physical and emotional abuse. It was recently reported "6.8% of all households with children had at least one member of any age who was hit with an implement. Estimates of child sexual abuse are difficult to establish, but may affect 2-3% of all households with children, affecting approximately 10,000 children" (DSW, 2011). In addition, orphaned children often suffer from the loss of their inheritance, including the loss of property and material goods, which is another form of abuse and neglect.

CHILDREN IN ABUSIVE CHILD LABOUR AND CHILDREN LIVING OR WORKING IN THE STREETS

Some young children are unable to attend early childhood activities including health and nutrition services, preschools and primary schools because they must work long days in the meadows. Many other children are engaged in abusive child labour such as those who work in the fields and in homes as domestic servants. Others are required to beg on the streets by their parents or other exploiters. Current estimates of abusive child labour pertain to older children. A special study of young child labour is needed.

It has been stated that only 0.2% of households have children lacking any income source and/or begging on the streets (DSW, 2011). Some children live on the streets because

⁶ IECCD Consultation Workshops were held in Thaba-Tseka at the district level and in Dilli Dilli (Quthing) in March 2011.

they have run away from home or their parents have died or become very weak due to HIV and AIDS. Others who were born into extreme poverty have become “social orphans” with nowhere to live. Some young children run away from abusive labour, maltreatment and other circumstances and live on the streets. Youth and adults often exploit them. Children living in the streets always require child protection services, and placement with families or group homes led by trained, caring and responsible caregivers.

CHILDREN LIVING IN PRISONS WITH A PARENT

During several Consultation Workshops, concern was expressed about the status of the children of incarcerated parents. The DSW *Situation Analysis* reported “0.5% of all households with children had a child [from 0 to 17 years] with a relative in prison.” Due to their high-risk status, special attention should be given to providing parent education and child development services for parents with infants and young children in prison and for incarcerated parents and their children during visiting hours. Outreach services are also needed for children of incarcerated parents who are living with foster parents or extended family members.

CHILDREN OF COMMERCIAL SEX WORKERS

According to the observations of several Basotho specialists in health and social welfare,⁷ the children of commercial sex workers are some of the most neglected children in Lesotho. Often their mothers entered this trade due to extreme poverty and social rejection. This situation has had a very negative impact on these children, and they require special attention. They should be given opportunities to participate in IECCD services especially through home visits, and as possible, their mothers should receive skills training to assist them in changing to other forms of employment.

CHILDREN AFFECTED BY PARENTAL SUBSTANCE ABUSE

Parents who engage in substance abuse (alcohol, tobacco, street drugs and misuse of pharmaceuticals) usually harm their children physically, mentally, socially and emotionally. This damage can occur before, during and after pregnancy. As a result of parental substance abuse, some children also become addicted at a young age. Special attention must be given to reducing and ending substance abuse, with a special focus on prospective parents, pregnant women and their partners, and new parents.

⁷ Comments made during meetings of the Multi-sectoral Working Group for IECCD Policy Planning.

CHILD TRAFFICKING

Child trafficking has become a rising concern in Lesotho. Data are lacking on child trafficking (DSW, 2011) but there is a sufficient risk that both parents and children should be taught to take preventive steps to ensure child safety. A study is needed on this topic that shall include the trafficking of infants and young children.

IECCD RESOURCES

IECCD Resources include services, human resources, pre- and in-service training and financial investments. At the time of the preparation of the IECCD Policy and Strategic Plan, the Government decided to divide MOHSW into two ministries, the Ministry of Health (MOH) with jurisdiction over health, aspects of nutrition and sanitation, and the Ministry of Social Development (MOSD) that deals with social, child and legal protection among other matters. MOHSW data shall be used or cited as appropriate during the discussion below, and reference shall be made to the two new ministries for all future relevant IECCD initiatives.

IECCD SERVICES

PRECONCEPTION EDUCATION AND ANTENATAL/NEONATAL EDUCATION AND HEALTH CARE SERVICES

Except for some rural areas that lack health centres, antenatal and neonatal health and nutrition care services are generally available. More birthing centres are needed, especially for many rural areas. Preconception, antenatal and neonatal education services are also essential for all prospective mothers and fathers, but very few receive them, and especially those from vulnerable and marginalised groups. Preconception education is new to Lesotho and is greatly needed to help improve birth outcomes.

SERVICES FOR CHILDREN 0 TO 36 MONTHS

Lesotho is rapidly expanding its health and nutrition care services for children from 0 to 36 months of age. Special attention has been given to serving children with or affected by HIV and AIDS. However, for other infants and children, there is a general lack of parent education and child development services. These services are especially needed for at-risk and vulnerable children and families.

Between 0 and at least 24 months, Basotho children are usually at home or under the care of family members, and vulnerable children require home visits. Furthermore, recent scientific research has revealed that all parents require parent education and support to

ensure they help their children achieve their full developmental potential during this critically important early period of life.

Lesotho has not yet developed Early Childhood Intervention services for children with low birth weight, developmental delays, malnutrition, HIV and AIDS, disabilities and atypical behaviours, such as the autism spectrum. These individualised and intensive home visiting services are urgently needed for Lesotho's most vulnerable children who shall cause high costs later to society if they are not identified and served between 0 to 36 months of age.

DAY CARE CENTRES (EARLY CHILD CARE AND DEVELOPMENT)

At the present time, a large number of day care centres and home-based family child care services have been established, especially for infants and toddlers, around urban centres and factories. No one knows how many exist or where they all are located. Observations have revealed that the quality of these services tends to be very poor. Mothers employed in factories require these services but unless their quality is improved, the cost of later treatment for children with developmental delays, malnutrition, chronic illnesses and even disabilities shall be very high.

To support the economic goals of the National Strategic Development Plan to expand the manufacturing sector, it shall be essential to invest in setting service standards and regulations, providing training for personnel in order to improve the quality of these day care services as well as supervision and enforcement of regulations. Child care itself is a growing area of national employment. In some countries, child care and development services represent the largest source of employment, albeit with very low salaries. The quality of child care and development services urgently needs to be improved.

CHILDREN FROM 37 MONTHS TO 59 MONTHS OF AGE

An increasing number of preschool-age children are enrolled in ECCD programmes. The ECCD Unit reports that 37.2% of children from 3 to 5 years of age receive one of several types of ECCD services (ECCD Unit, 2011). Thus, 62.8% of Lesotho's preschool age children still need to access and receive ECCD services. The collaboration of many stakeholders is essential to meet needs and demands for ECCD services. To build upon the strengths of existing programme services, three preschool models should be expanded and improved over time: community-based preschools, home-based preschools, and reception year classes for 5-year olds located in primary schools. Additional data regarding these services are provided in Strategy 4 below. Attention should also be given to improving transitions from home and preschool to primary school.

HEALTH AND NUTRITION SERVICES

Health and nutrition care services are provided in a variety of health centres and hospitals mainly of the public sector, with some services offered by the private sector and NGOs. There are major needs for additional health and nutrition services in many rural areas, and especially in remote regions. Special attention should be paid to expanding the provision of antenatal and neonatal care services; infant and child well-child check-ups and immunisations; services for breastfeeding, complementary feeding, micronutrients and de-worming; and waste management and family and centre hygiene.

CHILD PROTECTION SERVICES

Although Lesotho has made major strides forward in outlining types of services required for child protection, services are still lacking. Previous work to support orphans and vulnerable children has focused on all children below 18 years of age, with little attention to the special needs of infants and children up to 5 years of age for protection services.

In relation to this area, social protection has been expanded in recent years especially through the provision of cash grants to very impoverished families with children. However, these grants lack conditions for essential IECCD services. New programme models for conditional cash transfers (CCTs) with IECCD conditions are urgently needed.

NATIONAL CHILD DATABASE AND TRACKING SYSTEM

A child tracking system includes a database that lists all children from birth registration onward using a unique number for each child. Tracking systems are used to follow up on the services each child receives, identify evolving needs for additional services and ensure each child is served appropriately. Lesotho is currently developing a national child database. In order to plan services that shall meet all young children's needs, the proposed system should include all children from birth onward in order to enable continuous follow-up and support during their early years.

IECCD HUMAN RESOURCES

IECCD human resources include not only professionals but also trained, skilled and supervised paid paraprofessionals and volunteers. In **Annex III, IECCD Human Resources: Professionals, Paraprofessionals and Volunteers**, the current status and needs for various types of IECCD personnel are presented.

On the basis of this review, it is clear that most IECCD services require many more professionals, paraprofessionals and volunteers. For this reason, the IECCD Policy places a strong emphasis on 1) conducting a detailed IECCD capacity needs assessment (manpower analysis), 2) expanding and improving pre-service training, 3) developing an expanded system of continuous and frequent in-service training, and 4) training

supervisors to be able to conduct on-site in-service training, monitoring and evaluation as well as supervisory activities.

IECCD PRE- AND IN-SERVICE TRAINING RESOURCES

The training capacity for the health sector is well described in MOHSW's *Annual Joint Review Report, 2010/11*, and therefore it shall not be repeated here. The health sector is poised to meet its training needs for maternal child health services, and MOHSW (now the MOH) has secured considerable international support to assist with meeting their stated goals for training health professionals and paraprofessionals.

In contrast, the education sector is facing an urgent need to greatly expand and improve its training capacity in the IECCD area. The only university-level ECCD training programme for professionals is the undergraduate Certificate in Early Childhood Education (CECE) of the Lesotho College of Education (LCE) that is provided through distance learning with only brief campus classes and field visits conducted by LCE lecturers. At present, this is an in-service programme because all students are employed in preschools. LCE is considering opening up the CECE programme to regular undergraduate students. The LCE programme has 5 lecturers, of whom one has a Master of Arts in Child and Youth Care Studies, and 4 have Bachelor of Education degrees with some additional training opportunities. Only 4 lecturers work full time in the CECE training programme. An additional ECCD specialist is currently teaching at the National University of Lesotho (NUL); however, at present she is not teaching ECCD courses because NUL does not as yet have a graduate-level ECCD training programme.

There is a great need to develop a full-time diploma programme at the LCE, with a focus on services for children from preconception to 3 years of age as well as preschool education. In addition, to prepare IECCD planners, trainers, supervisors, evaluators and researchers, it shall be important to establish a Master's degree programme in IECCD studies at the National University of Lesotho.

In-service training has tended to be sporadic although helpful. A regular and continuous system of in-service training is urgently required in order to upgrade IECCD personnel competencies.

IECCD FINANCIAL INVESTMENTS

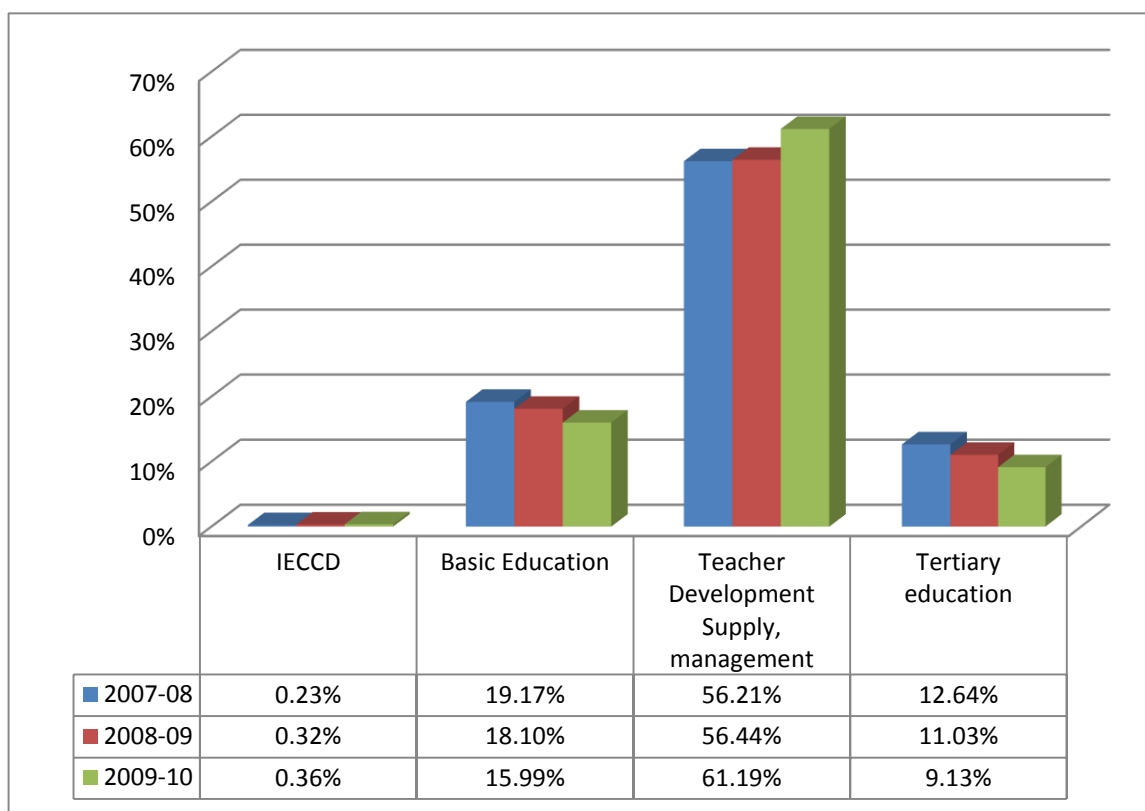
Securing up-to-date financial information about IECCD services in education, health, nutrition, sanitation and protection proved to be very challenging. However, from data presented below, it is clear that investments have been very limited to date. To improve child development and ensure IECCD services grow and achieve higher quality, IECCD budgets in all sectors shall need to be greatly expanded rapidly in incremental amounts.

Increasingly, all countries are being encouraged to increase their investments in IECCD services. It is generally agreed that from 1.5% to 2% of annual gross domestic product (GDP) should be devoted to IECCD-related services and activities. Targets for increasing funding are also recommended by sector, as is presented below.

EDUCATION SECTOR SUPPORT FOR IECCD

It is internationally recommended that at least 1% of GDP be devoted to IECCD services provided by the education sector. It is also recommended that between 10% and 14% of the annual education budget be devoted to ECCD. However, the MOET currently allocates only 0.36% of its annual budget to ECCD, one of the lowest amounts in the world. This pattern of funding has been established due to emphasis being given to other levels of education even though research has shown that ECCD services shall help to save costs related to the internal inefficiencies of the education system due to the provision of services to underage and overage children, poor academic achievement, and high rates grade repetition, school dropout and non-completion of primary school. The following chart presents the great budgetary differences between ECCD and the other levels and functions of MOET.

MOET Recurrent Expenditure by Programme 2001-2009



Source: Assessment of the Medium Term Education Sector Plan 2009-12

The current annual budget of the ECCD Unit is presented below:

Annual ECCD Unit Budget Recurrent

Budget 2012/2013 in Maloti

Subhead/Sub item	Actual 2010/2012	Budget 2011/2012	Revised 2011/2012	Budget 2012/2013	Projection 2013/2014	Projection 2014/2015
COST CENTRE	02 Integrated Early Childhood Care and Development					
Sub Cost Centre	01 ECCD Unit					
Salaries	694,482	714,691	714,691	689,621	589,861	595,732
Travel and Transport	298,171	190,800	190,800	204,272	214,272	214,272

Operating Costs	126,059	127,018	127,018	75,840	75,840	75,840
Transfers-Non Financial						
Reception subsidy/non-cap	5,898,043	0	0	4,500,000	4,500,000	4,500,000
Other Expenses (Student Grants)	0	4,500,000	4,500,000	0	0	0
<hr/>						
Total for Sub-Cost Centre	7,016,765	5,532,509	5,532,509	5,469,733	5,379,973	5,385,844
<hr/>						
Total for Cost Centre	7,016,765	5,532,509	5,532,509	5,469,733	5,379,973	5,385,844

In addition, for 2012/2013, the ECCD Unit has been given M2, 000,000 from Global Partnership for Education (formerly called the “Fast Track Initiative”) for ECCD reception year teacher salaries and children’s feeding. This brings the ECCD revised investment budget to a total of M7, 532,509 (\$965,706). However, the Global Partnership funds are paying for recurrent expenses, and they shall need to be absorbed onto the regular recurrent budget as soon as possible. This budget projection does not allow for any additional growth to meet targets for programme expansion and improvement.

Currently, most of the MOET funding dedicated to ECCD is for the reception year programme. Very little has been allocated to other forms of preschool education (such as community-based and home-based preschools) or to supervision and training. Nothing has been allocated as yet to parent education and day care improvement for children from birth to 36 months of age. To date, communities, civil society and private sector organisations have been supporting most services for early child care and development, parent education and preschool education. However, the private sector mainly serves well-to-do urban families who can afford to pay high school fees; therefore, support for vulnerable children falls to the public sector and a few NGOs that cannot fill in fully for the MOET and ensure that all children, and especially all vulnerable children, shall learn and develop well in Lesotho.

Under current projections, the MOET appears to be planning to decrease funding for ECCD. In light of prevailing needs and demands for expanded and better quality ECCD and IECCD services, greatly increased investment is urgently needed.

HEALTH, NUTRITION AND SANITATION SECTORAL SUPPORT FOR IECCD IN MOH

With respect to health budgets, 10% to 14% of the MOH budget should be devoted to maternal-child health care. This is also expressed as from 0.3% to 0.5%+ of GDP for maternal-child health care. In 2011/2012, MOHSW received 14% of the national budget (MOHSW, 2011, p. 117) a bit below the Abuja target of 15% by 2015. However, it proved impossible to identify the precise proportion of the MOHSW budget dedicated to IECCD services for health, nutrition, sanitation because they were not broken out by maternal-child health but rather by districts, establishments, special programmes such as HIV and

AIDS, or other general rubrics. When children's health was addressed, all children from 0 to 18 years were included. Within future MOH budgets, a special effort should be made to code budgets and expenditures for children 0 to 5 years old and for maternal and reproductive health.

NUTRITION EDUCATION AND RELATED SERVICES IN MOAFS

In addition to nutrition services delivered by MOHSW and now by MOH, the Nutrition and Home Economics Division of the MOAFS provides important services for food security, nutrition education, gardening, and food safety and technology. A total of M529, 000 has been budgeted for 2012/2013 for nutrition education, and M111, 600 for staff training on homestead gardening. Both programmes have directly or indirectly benefitted young children and their parents. Additional budgetary support shall be needed to overcome Lesotho's high level of child and maternal malnutrition and the developmental delays in children that are caused by malnutrition.

PROTECTION SECTOR SUPPORT FOR IECCD IN MOH/MOSD

In the past, Lesotho included its social welfare budgets for children within the MOHSW budget, and it is transferring them to the MOSD. No international targets have been recommended for the protection sector because it tends to be fragmented and arrayed very differently from country to country. Yet it is a critically important area for improving the status of many children in Lesotho.

In the Annual Review of the MOHSW, the DSW was reported to have received M5,816,264 or only 0.007% of the 2009/2010 MOHSW budget of M846,001,536 (MOHSW, 2011). However, only M2, 671,096, were expended of M694, 981,486 the total amount expended for 2009/2010, which was only 0.003% of the total MOHSW expenditures for 2009/2010 (Ibid.). Thus budget allocations for social welfare were exceedingly low, and the DSW had a low absorptive capacity. There is a major need to improve planning, services and management in the protection sector.

Slightly better figures are obtained by using the projected total recurrent centralised and decentralised budgets of the DSW and the health services of the MOHS. It was impossible to identify the budget for child protection and child health within the two budgets. However, it is instructive to see how strikingly low the projected social welfare budget is in relation to the health budgets.

MOHSW Health and Social Welfare

Projected Recurrent Costs in Maloti

Cost Areas	2012/13	2013/14	2014/15
Social welfare projected costs	38,893,193	58,148,462	87,243,194
Health-related projected costs	1,184,686,418	1,212,202,600	1,253,931,160
Total MOHSW budget	1,223,579,611	1,270,351,062	1,341,174,354
Social welfare % of total budget	0.03%	0.05%	0.07%

It shall be very important to address these budgetary issues and build upon support for the new *National Strategic Plan on Vulnerable Children, April 2012 - March 2017*. Concrete budgets for expanded child protection should be prepared as soon as possible. This new Strategic Plan calls for the development of a “sustainable financing framework” with increased financing for child development by 2017. However, the Strategic Plan does not present any budgets or timelines for specific investments to achieve its objectives and targets. It does call for, “domestic and international funding for vulnerable children’s response increased by 50% in 2014/15 and by 75% by March 2017.” No budgetary baseline was presented in the Strategic Plan.

INTERNATIONAL PARTNER SUPPORT FOR HEALTH, NUTRITION, SANITATION, PROTECTION AND EDUCATION

The MOHSW Joint Annual Review Report for 2010/2011 lists a number of partners. **Annex IV, International Development Partner Support for Health, Nutrition and Protection Sectors**, and **Annex V, International Development Partner Support for the Education Sector** presents these and other partners, and their areas and levels of support. Some partners focused on specific IECCD services and other support IECCD indirectly.

The size of international assistance for HIV and AIDS services is very large but many other IECCD services also need and deserve greatly expanded support during the years to come. External support shall be critically important in ensuring the implementation of the IECCD Policy, and the development of innovative activities, pilot projects, curricula and educational materials, and monitoring, evaluation and research. Ultimately, in order to ensure long-term sustainability, core and recurrent budgets for IECCD services must be national. Without improving the status and future productivity of Lesotho’s children the long-term growth goals of the *National Strategic Development Plan, 2012/13 – 2016/17* shall not be achieved.

IECCD NATIONAL POLICY INSTRUMENTS

A series of policy instruments pertain to the IECCD sectors of education, health, nutrition, sanitation and protection. The first instrument below focused very strongly on IECCD as did several others. Wherever possible the objectives and activities of these instruments have been included in and reinforced in this IECCD Policy.

EDUCATION SECTOR

Lesotho Education Sector Strategic Plan 2005 – 2015(2005)

This Strategic Plan calls for meeting Education for All Goal One by means of establishing a Policy for IECCD and providing a system of guidelines, standards and mechanisms for a Multi-sectoral approach to improving child development. The following objectives were listed:

- *Provide a system of guidelines and standards and a mechanism to put the rights and needs of all children at the centre of national development.*
- *Mobilise, advocate for, and empower all the stakeholders at different levels to enable them to fully support and participate in various IECCD approaches.*
- *Provide a legal structure where people from the grassroots to the national level shall participate in the planning, monitoring and evaluation of the IECCD programme and other related activities.*
- *Ensure that research, piloting of activities and documentation of best practices in IECCD are done, and that, based on the findings, the IECCD programme is improved and high quality services maintained.*
- *Create a trust fund to ensure a regular, permanent flow of funds for IECCD services.*

The Strategic Plan called for expanding IECCD approaches countrywide including parent education, home-based preschool education, and providing educational materials and equipment to community-based services.

To expand IECCD services, the Strategic Plan called for streamlining Centre registration procedures, attaching IECCD centres to primary schools, providing subsidies for disadvantaged children, expanding services to disadvantaged areas and especially under-served mountain regions, and integrating children with special needs into all IECCD services. To improve IECCD quality, the Strategic Plan stipulated conducting child performance improvement studies, expanding and improving advanced pre- and in-service training for caregivers and unqualified teachers at the NUL and LCE, in addition to providing special workshops. It also called for a curriculum review and the development of an integrated preschool curriculum. It stipulated the production and procurement of materials for children of indigenous minority language groups, including Xhosa, Ndebele

and Baphuthi. All policy documents regarding IECCD activities were to be translated into Sesotho and widely circulated.

This Strategic Plan called for IECCD service planning and programme monitoring and evaluation in addition to expanded investments. It also provided targets regarding IECCD services in the following areas:

- Expand equitable access to IECCD: 70% of children from disadvantaged groups access IECCD services, and 100% of children with special needs are able to access IECCD facilities by 2015;
- Improve the quality of IECCD programmes: significantly improve child achievement and improve IECCD curriculum by 2015;
- Increase the planning and management capacity of IECCD at headquarters and districts: achieve better managed and decentralised IECCD programmes, better stakeholder participation, including the private sector, and streamline IECCD planning and management functions by 2015; and
- Mainstream gender and HIV and AIDS in IECCD programmes by 2015.

The Strategic Plan included a strong section on planning and management, calling for the monitoring and coordinating the implementation of the IECCD Policy, transferring the function of curriculum development to the National Curriculum Development Centre (NCDC), enhancing the IECCD human resource base at central and district levels, conducting countrywide IECCD advocacy workshops at community levels, incorporating IECCD statistical data in national databases, developing disaggregated enrolment indicators, and mainstreaming gender and HIV and AIDS in IECCD decision making and planning activities.

A costing chart for the IECCD Plan was provided but it was based mainly on finding stakeholder and external funding sources. Very limited increases were slated for Government. It highlighted a 70% funding gap that would result from this costing approach. In addition, the projected level of MOET's funding for IECCD in 2009/10 was to be M10,075,000, whereas it was only M5,532,509 in 2011/12, approximately half the amount that had been projected for 2009/10.

The contents of the IECCD Chapter of the Education Strategic Plan were excellent, and virtually all of its points are included in this IECCD Policy. Under the Strategic Plan, in spite of the lack of funding MOET leaders have been successful in expanding preschool education in all geographical areas, reaching many more disadvantaged children; and developing the CECE in-service training programme at LCE. However, many of the goals of the Strategic Plan have not been achieved due to the very low level of the Government of Lesotho's investment in IECCD.

This IECCD Policy builds on the enlightened provisions of the 2005 Strategic Plan and it also projects greatly increased investment in the nation's young children, and it provides a roadmap for both expanding and improving IECCD services in a sustainable manner.

Curriculum and Assessment Policy Framework: Education for Individual and Social Development (2008)

This policy notes that IECCD is an integral part of the education system but it does not provide specific guidance with regard to curriculum or assessment. However, importantly it does establish the language policy for education. It states, “The framework recognizes the pluralism of the Basotho nation and the existence of other languages besides the two official languages of Sesotho and English. In that regard, the framework boldly asserts that mother tongue shall be used as a medium of instruction up to class 3 (resources permitting), while English shall be taught as a subject at this and other levels.” This decision effectively establishes the language of the home as the language of all IECCD services.

Education Act, 2010

The Education Act establishes free and compulsory primary education for all children of Lesotho, beginning at 6 years of age. It includes regulations for the structure, organisation, decentralisation, management and supervision of the national education system, including school registration and guidance regarding principals and teachers. With respect to IECCD, the Act allows for up to 4 years of preschool education but provides little additional guidance.

In addition to the Act, Policy and Strategic Plan listed above, a series of draft education documents have been prepared but not adopted as yet, including:

- National Policy on Teacher Education and Training, prepared in 2009
- Consolidated Government Policies and Strategies for Education in Lesotho, prepared in 2010
- Proposed Career Structure, prepared in 2009
- School Health Policy of Lesotho, prepared in 2005
- Education Sector Policy on HIV and AIDS, prepared in 2010

HEALTH SECTOR

Lesotho National Health and Social Welfare Policy (2003)

Under the topic of Child Survival and Development, this policy seeks to ensure the survival, development and protection of all children. It calls for adopting the Integrated Management of Childhood Illness (IMCI) measures to reduce child mortality and morbidity and promote immunization. It also urges using the “early childhood development strategy ... to give children the best chance for development and growth including guardian education and counseling.” Dealing also with social welfare, the Policy encourages protecting and caring for children who have undergone all forms of abuse; promoting child participation in social, political and economic development, and providing support to vulnerable children. This general Policy established a general framework for future policy planning and programme development for improved health, nutrition, sanitation (including potable water, waste management and hygiene) and social welfare.

National HIV & AIDS Strategic Plan, 2006 – 2011 (2006)

This Strategic Plan places a strong emphasis on expanding and improving services for the prevention of mother to child transmission of HIV (PMTCT) and the provision of anti-retroviral ARV services. It seeks to reduce childhood HIV infection through strengthening community education and actively promoting the concept and services for PMTCT and ARV. It calls for standardising options for infant feeding for mothers who are HIV infected, with the target of 100% of all pregnant women educated on PMTCT services through community interventions. In addition, all pregnant women are to be able to access PMTCT services, and the percentage of HIV infected infants born to HIV infected mothers is to be reduced from 25% in 2005 to 15% by 2011. Strategic objectives include to:

- Reduce transmission of HIV from mother to child to 10% by the end of 2010;
- Have 100% of pregnant women attending ANC offered testing for HIV;
- Establish PMTCT programmes in 100% of health facilities providing ANC services by end of 2009; and
- Develop PMTCT educational programme for men by the end of 2007.

A draft *National HIV and AIDS Strategic Plan, 2011/12 – 2015/16* (2011) is currently being prepared, and based on experience and research, it promises to provide considerably more detailed guidance than the previous Strategic Plan. It shall serve as a primary guide for the implementation of relevant sections of the IECCD Policy and Strategic Plan, along with the following Strategic Plan.

Strategic Plan for Elimination of Mother to Child Transmission of HIV and for Paediatric HIV Care and Treatment, 2011/12 – 2015/16

This well designed Strategic Plan presents new strategies and targets for 2015/16, including:

- 98% of pregnant women shall be tested for HIV infection
- Mother to child transmission shall be reduced from 13.5% to 4.6%
- Percent of women attending antenatal care services at least once shall rise to 98%, and at least four times shall be 90%
- Percentage of pregnant women with HIV infection who receive ARVs shall become 100%
- Percentage of infants born to women with HIV infection receiving ARVs at 6 weeks of age shall be 95%; and
- Percentage of breastfeeding infants born to women with HIV infection who are receiving either maternal or infant ARVs to reduce the risk of MTCT at 6 months of age shall be 85%.

Roadmap for Accelerating Reduction of Maternal and Newborn Morbidity and Mortality in Lesotho, 2007 – 2015 (2006)

In seeking to reverse worsening rates of maternal and newborn morbidity and mortality, this Roadmap addresses health services, the referral system, family planning services, human resources, existing policies and reproductive health indicators. It provides a vision, goals objectives, strategies, indicators and targets to reduce maternal and neonatal mortality and increase postnatal care. An Action Plan completes the document with detailed guidance for service and activity implementation. The IECCD Policy is fully in line with the objectives of this Roadmap.

National Reproductive Health Policy (2009)

The National Reproductive Health Policy was based, in part, on the Roadmap. It calls for improving the accessibility and quality of reproductive health services in order to reduce mortality and morbidity. Health services outreach and infrastructure were to be expanded and strengthened especially to serve vulnerable and at-risk groups. The roles of community health workers were redefined and targets were instituted to: increase the utilisation of sexual and reproductive health care services; increase the number of health facilities at all levels of care; and increase the budget for reproductive health care services. An essential package of sexual and reproductive health services was outlined, including a strong focus on HIV and AIDS. An organisational structure for implementing the Policy was also provided.

National Health and Social Welfare Research Policy (NHSWRP) 2007

This Policy calls for establishing a research agenda in many organisational and programmatic areas of health, nutrition and social welfare. It emphasises achieving service equity, improving research capacity, promoting service innovation, providing evidence for policy planning and securing resources for research. It has a special research focus on HIV and AIDS but no direct reference is made to young children or IECCD services. This Policy calls upon MOHSW to establish research priorities, devote 1% of its budget to research, and asks development partners to provide 5% of their funding for research.

NUTRITION SECTOR

Infant and Young Child Feeding Policy (2010)

The policy on infant and young child feeding practices in the general population and in the context of HIV and AIDS sought to guide, empower and provide consistency of information to health workers and other caregivers in order to help them provide comprehensive nutritional care and support.

Lesotho Nutrition Strategic Plan and its Implementation Matrix, 2012/13 – 2016/17 (2011)

This Strategic Plan establishes a **Maternal and Child Nutrition Working Group** under the National Food and Nutrition Coordination Committee. It calls for a life cycle approach, including the improvement of women's nutrition throughout their lifecycle, promotion of optimal infant and young child feeding practices, and the promotion of appropriate nutrition for school children and adolescents. It also calls for strengthening growth monitoring and promotion at health facilities and community levels, developing and implementing a national communication strategy on infant and young child feeding, and instituting routine assessment and monitoring of the nutritional status of children.

This Strategic Plan addresses improving the nutritional status of pre-pregnant, pregnant and lactating women to protect their own health and the health, growth and development of their children. This provision is emphasised in the preconception, antenatal and neonatal education programme outlined in Strategy 1 of the IECCD Policy. In line with Strategies 1 and 2 of the IECCD Policy, the Nutrition Strategic Plan calls for reduced malnutrition among infant and young children through improved breastfeeding and complementary feeding practices. As in Strategies 3 and 4, the Nutrition Strategic Plan stipulates the development of guidelines, standards and tools for routine health and nutritional assessment in schools and preschools, and expanding school feeding to improve the nutritional and health status of pupils, thereby helping to increase the enrolment, attendance, performance and retention of school and preschool children. It calls for expanding school feeding to promote adequate nutrition in all schools and preschools and for establishing gardens at those establishments.

This Strategic Plan includes the provision of Vitamin A and multiple micronutrient supplements for children under 5 using existing guidelines. In addition, it calls for providing foliate, iron, vitamin A and multiple micronutrients to women using existing guidelines, while also promoting the consumption of micronutrient rich foods including fortified foods. It seeks to strengthen and legislate a salt and iodization program to ensure the population accesses adequately iodised salt.

Finally, it includes developing a comprehensive communication strategy regarding priority nutrition issues, creating family and community awareness of key nutrition issues, and strengthening nutrition education through maternal and child health clinics and other entry points.

SANITATION SECTOR

Lesotho Water and Sanitation Policy (2007)

This Policy notes that, *“Access to clean water and safe sanitation therefore correlates closely with other critical MDG targets such as child mortality, gender equity and enrolment in education, and severe poverty.”* Although this Policy calls for an adequate and sustainable supply of potable water and sanitation services to all of the population of Lesotho, it lacks sections on the provision of services to households, centres and preschools or schools that are critically important to the health, nutritional status and education of young children. It does, however, call for *“Adopt and prepare guidelines for participatory approach at different phases of development programmes and projects with*

focus on traditional leaders; women, youth groupings, the disabled, orphans and all other vulnerable groups in affected communities.” This IECCD Policy calls for special attention to be given to the water and sanitation needs of pregnant women, young children and the programmes that serve them.

CHILD PROTECTION AND CHILD RIGHTS SECTOR

The National Disability and Rehabilitation Policy: Mainstreaming Persons with Disabilities into Society (2011)

This guiding document assists all other national social policies and plans to include sections relating to services for the full inclusion of persons with disabilities in mainstream society and for ensuring equality of opportunity, access to child development services, non-discrimination and full participation. Priority policy area 1 is, “Prevention, early identification and intervention,” whose objective is to “Facilitate the development of a coordinated system for the prevention, identification/detection and intervention of disabilities and reduction of secondary disabilities.” This policy area call for: research to update information; make information available to stakeholders for appropriate intervention and prevention programmes; develop and implement screening tools; provide training for service provision; lower risks of injuries; and review the current system to support early identification, prevention and intervention. The IECCD Policy is fully in line with this enlightened policy. It provides a strategy for Early Childhood Intervention Services including operational guidelines and activities to achieve its goals with respect to young children with disabilities and their parents.

Children’s Protection and Welfare Act (2011)

This Act defines a vulnerable child as “a person who is below the age of 18, who has one or both parents who have deserted or neglected him (her), to the extent that he has no means of survival and as such is exposed to dangers and abuse, exploitation or criminality and is therefore in need of care and protection.” Although functional, this definition does not include all vulnerable children, such as children with developmental delays, disabilities, malnutrition or children with one or both parents living in extreme poverty and/or unable to access essential health, nutrition and education services for good development. Other documents, including this IECCD Policy, seek to address the more holistic needs of Lesotho’s young children.

National Policy on Orphans and Vulnerable Children (2006)

The Policy addresses the needs of orphans and vulnerable children (OVC) who, because of poverty and a lack of protection, often are unable to access essential children’s services. It provides a legal framework to help guide service provision and actions targeting OVC. The policy is used as a reference point for stakeholders working in the field of child protection. For children from birth to 5 years of age, the Policy refers to preschool ECCD services and mother to child HIV transmission. Other services that are mentioned are for all ages or for only older children.

National Strategic Plan on Vulnerable Children, April 2012 – March 2017 (2012)

This Multi-sectoral strategic plan takes a life cycle and family-centred approach from infancy to adolescents, and emphasises child vulnerability rather than orphan hood and focuses especially on mother to child transmission of HIV infection through birth and breastfeeding. It also deals with children affected by poverty, poor health, nutrition and growth, referring to developmental delays and the socio-emotional impacts of disease and poverty. Although the Plan does not provide for comprehensive activities to meet these needs and overcome their negative impacts on children from pregnancy to 6 years of age, it does call for expanded “ECCD” services defined to include only preschool education for children from 3 to 5 years of age. The Strategic Plan focuses mainly on systemic issues and on services for children from 6 to 18 years of age. Monitoring, evaluation and research are emphasised as well as developing an improved strategic information management system. The Strategic Plan Is presented as a tool for resource mobilisation. It provides indicators with targets but it does not provide an action plan or an investment plan. This IECCD Policy provides a more comprehensive and Multi-sectoral approach and it presents an action plan and an investment plan for priority child protection areas that pertain directly to children from birth to 5 years of age.

POVERTY REDUCTION AND NATIONAL ECONOMIC AND SOCIAL DEVELOPMENT

Kingdom of Lesotho Poverty Reduction Strategy, 2004/2005 – 2006/2007 (2005)

The Poverty Reduction Strategy Paper (PRSP) highlighted the central importance of ECCD in reducing poverty. It stated:

This focal area is highly important for poverty reduction. Providing day care for children in a learning environment has strong gender implications as it enables women to work and participate in development activities while the children are cared for. In itself it is a significant source of employment for women in rural areas and has long-term development implications as it prepares children for school. Government support to date has been limited to curriculum development. Over the next three years this shall be augmented. Where possible, support shall be given to start covering some of the costs of the schools, particularly feeding of children in the mountain areas. Additional support shall involve: facilitating approval of the ECCD policy; providing structures, staffing and guidelines and standards to ensure that an effective nationwide ECCD programme is in place; developing and providing inclusive learning and teaching materials and equipment for promoting a home-based approach; and ensuring integration of children with special educational needs in ECCD programmes.

Thus, the PRSP reinforced the Education Strategic Plan and strongly linked IECCD to national development goals for poverty reduction and expanded productivity. This IECCD Policy is designed to meet the provisions of the PRSP.

National Strategic Development Plan, 2012/13 – 2016/17 (in preparation)

The National Strategic Development Plan, currently being finalized, includes key references to the IECCD policy and Multi-sectoral approaches to children's development as the essential foundation for skills development. It provides strong sections on early childhood health, the prevention and treatment of HIV and AIDS, prevention of malnutrition, promotion of early education, prevention, early identification and treatment of disabilities, and the provision of protection services for vulnerable children.

In conclusion, the IECCD Policy and its Strategic Plan build upon, reinforce, further extend and provide operational guidance for many key elements of national policies and plans in all relevant IECCD sectors.

3. VISION AND MISSION STATEMENTS OF THE IECCD POLICY

The Vision Statement of the IECCD Policy is based on the results of district, regional and central consultation workshops, interviews with national leaders, and an extensive situation analysis regarding the status of children and families as well as IECCD services and guiding documents.

Our Vision for Basotho Children and Parents

All infants and children in every region and culture of Lesotho shall be born into caring, stimulating and safe homes and communities. Parents and guardians shall be well prepared to ensure children grow and thrive physically, mentally, morally, spiritually, socially and emotionally in conditions of freedom and dignity.

The following Mission Statement reflects the commitment of the Kingdom of Lesotho to achieve this Vision for Basotho children and parents.

Our Mission for IECCD Services

IECCD services shall be easy to access, comprehensive, culturally appropriate and high in quality. To ensure all Basotho children grow up healthy, well-nourished, safe and protected, IECCD services of the public sector shall be free-of-charge for pregnant women, mothers, fathers and young children from 0 to 5 years of age. Parent education services shall help parents give their children a strong cultural identity, sound principles, respect for others, commitment to their family and community, and a positive self-worth. Education, nutrition, health, sanitation and protection services shall be integrated to help young girls and boys achieve their potential. Preschool education services shall prepare children to learn well in

school and to complete, at a minimum, the free and compulsory 7-year primary education cycle.

Children with special needs shall be identified at birth or soon thereafter. They and their parents or guardians shall be offered early childhood intervention services to ensure they develop to their full potential and are included in preschool and school activities.

IECCD services shall seek to ensure all Basotho children shall lead fulfilling lives, become productive citizens, and contribute positively to their families, communities and the Kingdom of Lesotho.

4. POLICY GOAL, OBJECTIVES AND STRATEGIES

IECCD POLICY GOAL

To achieve this vision for Basotho children, the main goal of the IECCD Policy shall be:

Main Goal of the IECCD Policy
<p><i>To provide all Basotho children and their parents or guardians with equitable access to comprehensive, continuous, culturally appropriate, high-quality, participatory and sustainable IECCD services from preconception to 5years of age to ensure children shall be healthy and well nourished, achieve their potential in all developmental areas, be ready for school, and become productive citizens of the Kingdom of Lesotho.</i></p>

PRIORITY OBJECTIVES OF THE IECCD POLICY

To achieve the Main Goal of the IECCD Policy, the following priority objectives shall be attained. The objectives are presented under each strategic topic.

Preconception, antenatal and neonatal services

- Provide preconception education for future parents and adolescents.
- Provide family planning, reproductive health and HIV and AIDS education for prospective parents and adolescents through formal and non-formal education services.
- Prepare pregnant women and future fathers for a healthy pregnancy, successful delivery, good birth outcomes and positive parenting through antenatal education and health care visits.
- Ensure all pregnant women receive at least 4 antenatal education home visits or classes, 4 antenatal health care visits, nutritional supplements, preparation for a medically attended delivery, and at least 4 neonatal education home visits and 4 neonatal health care visits.
- Ensure deliveries are conducted in birthing facilities of hospitals or health centres with trained skilled attendants.
- Achieve a 95% rate of birth registration within 1 year of birth, along with the provision of an official birth certificate.

Parenting education and early development for children 0 to 3 years

- Ensure all children develop well during their first 36 months of life as a foundation for all future growth, development and learning in preschool, primary and secondary school.
- Develop high-quality IECCD Centres with services for antenatal education, child development especially from 0 to 3 years, parent education, feeding and preventive health care (including public, community and private sector services), services for vulnerable children, and locate them close to local families.
- Take an integrated approach to parent education for child development, ensuring that all Basotho parents receive culturally and linguistically appropriate services based on national values and scientific research results.
- Expand and improve health care and nutrition services to provide preventive and basic health care, immunisations, well-child check-ups and breastfeeding support.
- Improve the quality of day care centres and family care for infants and toddlers.

Early childhood intervention services for children with special needs: 0 to 3 years

- Place a special emphasis on neonatal screening and the development in stages of early childhood intervention (ECI) services for children with low birth weight, developmental delays, malnutrition, HIV and AIDS and disabilities and their parents.
- Give special attention to children and mothers with malnutrition and HIV and AIDS, and ensure that infected infants and young children receive antiretroviral (ARV) treatment, nutritional supplements and developmentally appropriate stimulation⁸ to prevent and overcome developmental delays, and their parents or guardians receive parent education and support.
- Conduct early child screenings to identify all vulnerable children and ensure rapid referrals, assessment for ECI eligibility, and enrolment in ECI services.
- Develop comprehensive and feasible ECI services in stages, including programme planning, preparation, training, piloting with evaluation and monitoring, revision and expansion of services.

Preschool education, transition to primary school: children 3 to 5 years old

- Reinforce existing education policies for preschool education to provide a strong foundation for learning through offering high-quality preschool education throughout Lesotho.

⁸ "Developmentally appropriate stimulation" refers to activities that parents and other caregivers can do with young children to help them develop well in all areas of social, emotional, physical, language, and cognitive development and in a way that is appropriate for their levels of development.

- Develop and improve the quality of preschool curricula to encourage the use of culturally, linguistically and age-appropriate educational materials and active teaching methods to stimulate child development.
- Prepare preschool-age children and parents for entering primary school, introducing them to the school setting while assisting the schools to receive the children and their parents.
- End the enrolment of underage and overage children in preschools by providing nearby early care and development services and more primary schools, with special attention to using accelerated learning classes for overage primary school entrants.
- Ensure preschools have essential support services for health, nutrition and sanitation.
- Improve transition from home and preschool to primary school.

Child and parental rights and responsibilities and children in difficult circumstances

- Prepare and adopt legislation for child and maternal rights and the legal protection of young children and mothers.
- Reinforce existing national policies and plans for social and child protection.
- Provide basic packages for social protection combined with educational, health and nutritional supports for children in difficult circumstances, including orphaned children and “social orphans”; children with disabilities; children affected by or infected with HIV; abused or neglected children; children in the streets; children in abusive child labour; children of commercial sex workers; children of incarcerated parents; and others.
- Ensure communities and Village Child Justice Committees prepare Community Risk Reduction Plans for Young Children to increase child safety and improve child protection, with a focus on vulnerable children.
- Develop Multi-sectoral coordination, a child tracking system, integrated services, and strong networks and partnerships to strengthen linkages among all stakeholders dealing with child protection services.

Pre- and in-service IECCD training system for all IECCD services

- Conduct a detailed IECCD Capacity Needs Assessment to map needs for IECCD professionals, paraprofessionals and volunteers, in relation to required competencies.⁹

⁹IECCD professionals are paid and have higher education training. Paraprofessionals are paid IECCD personnel who lack professional training and usually have a secondary school education. Volunteers are unpaid; however, they may receive incentives, such as clothing, food or help with their homes or gardens.

- Establish a career ladder for professionals and paraprofessionals, including requirements for certification and continuing education for recertification on a scheduled basis.
- Expand and improve pre-service training for professionals, paraprofessionals and volunteers.
- Develop a National IECCD Resource and Training Centre, and in subsequent stages, establish District IECCD Resource and Training Centres that shall use field-tested educational materials, service standards and manuals to provide high-quality training.
- Develop a strong system of continuous in-service training at central, district and community levels.
- Train IECCD supervisors to conduct in-service training and monitoring as well as supervisory activities during site visits.

IECCD MONITORING AND EVALUATION

- Provide quality assurance and accountability through developing a system for IECCD monitoring, evaluation and reporting linked to continuous programme planning.
- Develop an IECCD Management Information System (IECCD MIS), which shall 1) collaborate with all other relevant management information systems in the MOH, MOSD, MOET and the Bureau of Statistics to secure existing data for IECCD policy indicators, 2) conduct monitoring, surveys and studies to gain data for new indicators, and 3) act as the “single point of contact” for international agencies requesting IECCD data of Lesotho.
- Conduct periodic assessments of child development to improve the targeting of services and to assess improvements in child outcomes.
- Conduct 2 to 3 action research projects each year to plan and improve IECCD services.

POLICY ADVOCACY AND SOCIAL COMMUNICATIONS

- Develop Annual Policy Advocacy Plans and provide seminars, workshops and other activities to promote the implementation of the IECCD Policy and Strategic Plan.
- Hold an Annual IECCD Forum to bring specialists and other IECCD personnel together for the purpose of sharing ideas and experiences as well as conducting policy advocacy.
- Prepare Annual Social Communication Plans using community radio, television, print media and other tools to transmit and reinforce key IECCD parent education messages for parents and communities.

Based on these policy objectives as well as the results of the Situation Analysis, consultation workshops and interviews, the following operational strategies shall be pursued.

IECCD POLICY STRATEGIES

To achieve the IECCD objectives presented above, the following strategies shall be given priority attention:

IECCD Policy Strategies

Strategy 1: Improve and expand preconception, antenatal and neonatal services for mothers, fathers and infants

Strategy 2: Develop IECCD Centres and services, with priority given to children from 0 to 3 years and their parents to ensure holistic child development

Strategy 3: Ensure vulnerable children with developmental delays, malnutrition, HIV and AIDS or disabilities receive early childhood intervention services

Strategy 4: Improve and expand preschool services (including community-based, home-based and reception year services) for children 3 to 5 years old, and improve transition from home and preschool to primary school

Strategy 5: Promote the rights and protection of children and parents, especially for children in difficult circumstances

Strategy 6: Expand and improve the system for pre- and in-service training for all IECCD services

Strategy 7: Design and implement a structure and plan for policy monitoring, evaluation, action research and follow-up planning

Strategy 8: Develop and implement annual plans for policy advocacy and social communications

5. STRATEGIES, SERVICES AND ACTIVITIES

Priority services and activities are presented below for each of the eight strategies.¹⁰ Some activities could be mentioned under more than one **strategy**. However, to ensure that double listings do not occur, activities are presented only once under the main strategy to which they belong.

Strategy 1
Improve and expand preconception, antenatal and neonatal services for mothers, fathers and infants

To ensure that all Basotho children have a strong and healthy foundation for development during their first years, and to prepare all mothers and fathers for pregnancy, delivery and parenting, special attention shall be given to developing, expanding and improving services for education during the preconception, antenatal and neonatal periods, as well as to reinforcing existing health care and nutrition services.

1.1 Plan and implement preconception education and family planning

1.1.1 Prepare a preconception education booklet and guide

Given the high level of HIV and AIDS and other challenging health and nutrition conditions in Lesotho, emphasis shall be given to expanding and improving services for preconception education, family planning, responsible parenthood, and education for reproductive health. A *Preconception Education Booklet* and an accompanying guide shall cover topics such as:

- Health care visits;
- Planning the pregnancy;
- Taking folic acid and other vitamins and minerals as recommended by health providers;
- Nutrition during pregnancy;
- Foods and substances to avoid;

¹⁰ The IECCD Strategic Plan shall provide a matrix for each of the strategic services and activities. The matrices shall provide greater detail regarding the tasks of each service or activity, the implementing agencies and organisations, timelines, expected outcomes, indicators and measures, and the budget required for each task.

- Dental care before and during pregnancy;
- Cessation of smoking and alcohol consumption;
- Double-checking on prescription drugs;
- Weight reduction in case of obesity;
- Securing needed immunisations before pregnancy;
- Prevention of HIV and AIDS and other sexually transmitted infections;
- Consideration of possible genetic risks;
- Family relations issues;
- Recommended for exercise during pregnancy;
- Home environment; and
- Preparation for pregnancy and parenting.

The booklet shall emphasise the role of fathers in preparing for pregnancy and supporting the future mother during pregnancy. The booklet shall be culturally appropriate and also deal with the roles of future grandparents. The preconception booklet and guide shall be adapted, translated, formatted, field tested, revised, copied and bound for use in Lesotho by parent educators, community health workers and nurses.

1.1.2 Prepare a Preconception Education Outreach Plan

A Preconception Outreach Plan shall be prepared to provide strong community outreach. Outreach activities shall include home visits and community gatherings conducted by community health workers and IECCD Centre personnel. Outreach activities shall especially target remote rural areas, families living in poverty, and marginalised families in order to bring them information about preparing for pregnancy, family planning, reproductive health, and how to access services for preconception, antenatal and neonatal education and health care and nutrition support.

1.1.3 Select a booklet on family planning and sexually transmitted infections including HIV and AIDS

Services for family planning, the prevention of HIV and AIDS, and other sexually transmitted infections (STI) shall be reinforced. A booklet shall be selected for parent educators and health personnel to use to ensure special attention is given to ensuring future parents are aware of and shall use these services. Teachers and others serving adolescents in formal and non-formal education services and youth groups shall also use this booklet in order to sensitise them to the importance of preventing STI and HIV and AIDS.

1.1.4 Train selected personnel in preconception and family planning education

Parent educators and health personnel, such as community health workers and nurses, throughout Lesotho shall be progressively trained on how to present the education

booklets and use the guides. They shall be encouraged to refer challenging questions to local physicians and nurses.

1.2 Facilitate Planning and implementation of antenatal and neonatal education

IECCD centers shall serve as forums for reinforcing health education on antenatal and neonatal care to parents. Health personnel shall be invited to present at this forums.

1.2.1 Collaborate with MOH to promote antenatal and neonatal care and distribution of educational materials

Shall ECCD teachers shall be trained on the following topics:

- Antenatal health and nutrition care and referrals to health services;
- Good nutrition for pregnancy with a balanced diet and nutritional supplements;
- A visual chart presentation on the stages of pregnancy, healthy lifestyles and substance abuse avoidance;
- Appropriate exercise and rest for pregnant women, and signs of possible pregnancy problems and instructions on what to do;
- Preparation for childbirth including classes on birthing and breathing techniques;
- Essential neonatal care;
- Roles of both fathers and mothers in ensuring good child development during the infant's first year; and
- Maternal health care and family planning after birth, so as to enable them to propagate health messages to parents

1.2.2 Train nurses as supervisors and trainers of antenatal and neonatal education volunteers

Nurses shall be prepared to train and supervise volunteer community antenatal and neonatal educators in order to implement antenatal education services widely and at the lowest possible cost.

1.2.3 Provide antenatal and neonatal education services

Trained volunteers shall provide antenatal/neonatal education services using the eight folders with educational materials. The services shall include at least 4 antenatal education home visits or classes, a preparation class for delivery, a home visit soon after delivery, plus at least 3 additional neonatal education home visits. High-risk pregnant women shall receive additional visits, according to their needs and requests. Families affected by HIV and AIDS shall receive more support, as is noted below.

1.2.4 *Expand antenatal and neonatal education services progressively*

Home visiting services for antenatal education shall begin at IECCD Centres and health centres. They shall be expanded progressively to serve at least 80% of pregnant women in targeted communities by 2016. After 2016, this cost-effective programme shall be expanded progressively until it is offered to all pregnant women in Lesotho.

1.3 Improve antenatal health and nutrition care

1.3.1 *Expand access to antenatal health and nutrition care services*

Access to antenatal and neonatal health and nutrition care shall continue to be provided by health facilities and services shall be expanded rapidly. A minimum of 4 antenatal health care visits, beginning during the first trimester of pregnancy, shall be provided for mothers and infants. A special emphasis shall be placed on serving high-risk mothers who are adolescents, have HIV and AIDS, live in severe poverty, or who have previously miscarried or lost children soon after birth.

1.3.2 *Offer additional antenatal services to high-risk mothers*

In order to reduce pregnancy complications especially amongst high-risk mothers, health care personnel shall encourage women with special health conditions, malnutrition or challenging home situations to seek additional prenatal health care visits.

1.4 Expand services for pregnant women and young children affected by HIV and AIDS

1.4.1 *Reinforce efforts to encourage pregnant women to accept HIV testing*

Upon giving their consent, pregnant women should be tested for HIV and AIDS at MOH health centres and other clinics. The results must be recorded and remain strictly confidential.

1.4.2 *Give high priority to expanding PMTCT and ART services*

Through fully implementing the National Strategic Plan for Elimination of Mother to Child Transmission of HIV and for Paediatric HIV Care and Treatment, special attention shall be given to pregnant women with HIV infection. All women identified to have HIV shall be offered services for the prevention of mother to child transmission (PMTCT) of HIV and AIDS and STI. For pregnant women with HIV infection, services for Paediatric Anti-Retroviral Treatment (ART) shall be provided to all infants born with or suspected to have HIV and AIDS. Special attention shall be given to expanding PMTCT and ART services for the remaining 20% of mothers, fathers and children with HIV who have not as yet received these services, with an emphasis upon serving remote mountainous regions and

other population groups where these and related services have been relatively slow to arrive.

1.4.3 Prepare protocol and referral system to Early Childhood Intervention (ECI) services

A protocol and a referral system shall be developed, adopted and implemented to refer mothers and young children who have (or are likely to have) HIV infection to Early Childhood Intervention (ECI) services (See Strategy 3).

1.4.4 Train field personnel and enable referrals to ECI services

All relevant field workers shall be trained regarding the contents of ECI services and the use of the protocol and referral system. All infants receiving ART or believed to have HIV infection shall be given services for infant and child stimulation through the early childhood intervention services (See Strategy 3) and their parents shall receive parent education services. ECI and nutritional rehabilitation services shall be closely coordinated with ART services.

1.5 Improve deliveries (Beyond the Program's capability)

1.5.1 Develop and promote the use of birthing classes

Pregnant adolescents and women and future fathers shall be offered and encouraged to attend birthing classes in health centres, with instruction on breathing methods.

1.5.2 Increase awareness of importance of deliveries in clinics and hospitals, with skilled birth attendants

Through preconception and antenatal education, prospective parents shall be provided with information on the reasons for having a medically attended birth. They shall be encouraged to avoid home deliveries and urged to give birth in health facilities, accompanied by their partner and the family members that they select. Every effort shall be made to ensure deliveries occur in birthing centres of hospitals or other health facilities that have well-trained birth attendants.

1.5.3 Develop Community Transportation Plans for births in hospitals or clinics

To overcome the lack of transportation to birthing centres in health facilities, communities shall collaborate with district and community authorities to prepare Community Transportation Plans for Healthy Deliveries in hospitals or other medical birthing facilities. The Plans shall include actions on the part of communities to ensure guaranteed

transportation is provided for women who are close to the time of delivery, if they have been unable to find other arrangements. Pregnant women living in remote areas shall be eligible for support for modest lodging close to birthing facilities when they are about to deliver their babies.

1.5.4 Develop mobile clinics that shall attend deliveries

In remote rural areas, mobile clinics shall be developed to provide medically attended deliveries. As a part of community health initiatives of the MOH, mobile teams shall include personnel and related equipment and materials to provide deliveries for women who otherwise would be unable to access health centres.) Beyond Program's capabilities)

1.5.5 Improve birth outcomes

As a result of all of the preceding activities, birth outcomes shall be greatly improved by 2016 in terms of the rates of low birth weight, neonatal mortality, infant mortality, and maternal mortality. (See 1.5.4)

1.6 Revise and improve birth registration services

1.6.1 Promote birth registration and birth certificates

In line with the requirements of the MOHPS, to overcome the low rate of birth registration, parents shall be required to register their infants without charge within 1 year of birth. Upon registering their infant, parents shall receive an official Birth Certificate. Each child shall have the right to a respectable name. Registration shall take place at a hospital or other health facility, local IECCD Centre or another designated community centre. Every effort shall be made to use existing community structures. Village Chiefs, Community Councils and Village Health Workers shall be asked to give their strong support to the registration system.

1.6.2 Implement guidelines for the enforcement of birth registration

Once the Guidelines shall be established, stipulating that all parents must officially report and register all births and infant and child deaths within 1 year of birth or death without charge. Should they fail to do so, they shall be fined at a rate that shall be established by the collaborating agencies. The regulations shall also stipulate that community and district health personnel shall be required to ensure that orphaned children and other vulnerable children lacking responsible or physically able parents or guardians shall also be registered in a timely manner. The Program shall encourage parents to abide by the registration guidelines.

1.6.3 Support national mobile birth registration campaign

A mobile campaign for birth registration and the registration of older children shall be conducted throughout Lesotho for two years in order to register all currently unregistered children from 1 month after birth to 19 years of age; IECCD centers shall support the exercise.

1.6.4 Link birth registration system to continuous child tracking system

In collaboration with the MOHA and the Bureau of Statistics, the MOH and MOSD shall establish an improved birth registration system that shall include both live births and infant deaths. To the extent possible, the registration system shall be computerised, and with appropriate privacy rules and restrictions, it shall be provided online to each Administrative District. It shall be linked and unified with the child tracking system presented in Strategy 5.¹¹

1.7 Expand and improve neonatal health and nutrition care

1.7.1 Conduct breastfeeding campaign

Neonatal care begins immediately after birth. A campaign shall be planned and launched to reach all health care personnel, including trained and certified midwives, to ensure that 95% of new mothers begin breastfeeding within one hour of delivery, including new mothers with HIV infection. Mothers shall be strongly encouraged to exclusively breastfeed for 6 months and continue thereafter to 2 years of age, along with appropriate complementary feeding. This campaign shall reinforce antenatal, neonatal and parent education modules on breastfeeding for mothers, fathers and grandparents.

1.7.2 Implement Expanded Programme on Immunisation (EPI) fully

To prevent deadly childhood diseases, the Expanded Programme on Immunisation (EPI) shall be fully implemented at birth and thereafter according to the schedule established by the MOH. At least 3 health check-ups for the mother and child shall be provided after birth within the first week of birth, 2 weeks of birth, and 6 weeks of birth. These visits shall help to prevent infant mortality and many later health and nutrition problems.

¹¹ The promising National Information System for Social Assistance that is currently under development as a continuous database system might be used as a part of the unified birth registration and tracking system.

1.7.3 Design and implement a child development screening system and select a screening tool

An infant and young child development screening instrument and guide shall be selected, adapted, translated, field tested and duplicated for use in Lesotho. Any current screening tools used for measuring child development shall be reviewed. During health, immunisation and nutrition visits, children shall be screened at birth, 2 weeks after birth, and up to 3 months of age. Thereafter, they shall be screened at 9, 12, 18, 24 and 36 months of age, with the goal of ensuring all children are regularly screened for nutritional and developmental status.

1.7.4 Refer vulnerable children to ECI services

All newborns with low birth weight, preterm status, a developmental delay, disability or who are suspected to have HIV infection or another chronic illness shall be referred to ECI services (See Strategy 3). Subsequently, infants and young children believed to have a developmental delay, malnutrition, chronic illness, disability or atypical behaviour shall be referred to ECI services for further assessment and services, if eligibility is established.

Strategy 2
Develop IECCD Centres and services, with priority given to children from 0 to 3 years and their parents to ensure holistic child development

Research has demonstrated that the most important period of child development is from pregnancy to 36 months of age. Lesotho shall place a high priority on serving children and their parents during this foundational period through providing IECCD Centres, parent education and support services, health and nutrition services, and quality day care centres for working parents.

2.1 Plan and pilot IECCD Centres and then expand them

During consultation workshops conducted to prepare this policy, high priority was placed on developing IECCD Centres in all regions of Lesotho. These integrated early childhood services shall focus initially on serving children from birth to 3 years of age. The IECCD Centres shall provide an array of core services for mothers and fathers (See 2.1.1) and additional services, as needed.

2.1.1 Develop a Comprehensive Service Plan for IECCD Centres

A Comprehensive Service Plan for IECCD Centres shall be developed through:

- Holding consultation meetings with all relevant ministries, including MOH, FNCO, MOSD, MOET, MOLGCP, MOAFS, NGOs and other stakeholders;
- Mobilizing communities to establish IECCD Centres and their services; and
- Reviewing the Comprehensive Service Plan with community representatives and others to ensure the urgent needs of young children and their parents are met.

New learning modules and services shall be provided, with a focus on infants and children from birth to 36 months of age. IECCD Centres shall be established according to the Comprehensive Service Plan, and they shall be located close to children's homes.

At a minimum, the IECCD Centres shall provide the following core services:

- Preconception, antenatal and neonatal education services, and referrals to health services (Strategy 1)
- Child development activities through home visits and centre-based activities for children from 0 to 3 and their parents together (Strategy 2)
- Provision of Toy and Book Libraries and toy making activities in each Centre (Strategy 2)
- Parent education in collaboration with other providers (Strategy 2)
- ECI services or referrals to ECI services for children with developmental delays, malnutrition, HIV and AIDS or disabilities (Strategy 3)
- Preschool learning play groups for parents and children together, especially if there are not any preschools in the vicinity of the Centre (Strategy 4)
- Family counselling, support, case management and referrals, as needed (Strategy 5)
- Monitoring of local services (Strategy 7).

Depending upon their needs and local programmes, communities may decide to add other services, such as parent empowerment activities, income generating projects, literacy classes and other activities.

2.1.2 Train local authorities in relevant skills for coordination and oversight

To ensure local authorities provide strong support and help to coordinate and oversee IECCD Centres, training workshops shall be developed for them. These workshops shall be held at the time that training workshops for IECD personnel are conducted. A training manual shall be developed and field-tested. It shall also serve as a guide for local officials after the training workshop is held. These workshops shall continue to be provided as the number of Centres is expanded.

2.1.3 Develop and adopt IECCD Centre service standards, regulations and registration system

Service standards and regulations shall be established for the Centres and for each of the services of the Centres. Supervisors, personnel, Community IECCD Committees and District IECCD Committees shall be trained to provide services that shall meet these standards and regulations (See 2.1.7 below). In close collaboration with the MOH, MOSD, MOET, MOLGCP and MOAFS, the Multi-sectoral IECCD Council shall officially register each Centre.

2.1.4 Advocate for improvement of personnel regulations, salary scales and terms of reference for Centre personnel

IECCD shall advocate for improvement of Personnel regulations and the provision of qualified personnel, including professionals, paraprofessionals and community volunteers, shall be developed for the IECCD Centres. Terms of reference shall be developed for each role in the Centres, and they shall be used to select all personnel. Paraprofessionals shall receive pre- and in-service training. They shall be paid at a rate lower than professionals but commensurate with their responsibilities and seniority. They may use local regulations if they pertain but each Centre should have written regulations that fit their needs and activities.

Each IECCD Centre shall have a paid local Director, who shall also provide services and train and supervise Centre staff and volunteers. A minimum of 3 additional paid IECCD staff members (usually paraprofessionals) shall be employed to conduct Centre activities (for a total of 4 staff members). A salary scale shall be established based on training, ability and seniority.

In addition, trained community volunteers shall provide outreach and antenatal education services. Volunteers shall also assist with parent education classes, home visits, the Toy and Book Library, toy making, child development services through home visits and classes, ECI services, and preschool age learning groups. ECI personnel shall not be included in the Centre's core budget (see Strategy 3).

2.1.5 Develop and implement a plan for educational materials, methods and instruments

In addition to existing IECCD training manuals, educational materials, and guides that are assessed to be of good quality, additional new curricula, educational materials, and evaluation and monitoring instruments shall be developed to meet needs and fill gaps. First, a plan for materials selection, adaptation or development shall be prepared. Then the plan shall be implemented. Once new and adapted items have been field-tested, they shall be finalised, translated, formatted, printed and distributed widely for use in training programmes. Toy and Book Libraries shall also be established to help ensure all parents

and children can access or make developmentally appropriate learning toys. Parents shall receive training on how to make low-cost, homemade learning toys and books.

2.1.6 Prepare a training plan, training and monitoring manuals, and an IECCD career ladder

Training manuals and a monitoring and evaluation manual shall be developed for the IECCD Centres. All personnel shall receive pre-service training as well as continuing in-service training conducted by district Centre supervisors. The Teaching Career Structure was established in 2009, creating a career ladder for teachers, along with a system for improving competencies over time. A similar career ladder shall be established for professionals and paraprofessionals working in IECCD Centres. Centre staff members shall receive considerable in-service training to improve their competencies over time. (See Strategy 6 for the pre- and in-service training of professionals, paraprofessionals and volunteers.)

2.1.7 Plan and hold pre- and in-service Centre training workshops

A pre- and in-service training plan shall be prepared. Using the training manuals, the monitoring and evaluation manual, and relevant educational materials, pre- and in-service training workshops shall be held. (See Strategy 6)

2.1.8 Organise IECCD Centres and establish formal interagency agreements

Community IECCD Committees shall mobilise their communities, implement service guidelines for IECCD Centres, and assist their IECCD Centre to plan, manage, implement and oversee its annual services. Public sector leadership, supported by MOLGCP, shall be essential for developing high-quality IECCD Centres, along with the strong participation of the private sector, FBOs, NGOs and CBOs. Partnerships shall depend upon the types of children's resources and services found in each community. MOET, MOH, MOSD, MOLGCP and other ministries shall participate in developing and ensuring the quality of IECCD services provided by both public and non-public agencies.

With support from MOLGCP, advocacy for establishing effective interagency agreements shall be conducted. Formal interagency agreements shall be drafted and signed to achieve effective coordination among all partners at national, district and local levels and to ensure that good quality IECCD services are provided for children and families in each district and community of Lesotho.

In addition, IECCD desk officers shall be designated in each ministry and agency, and guidelines shall be prepared to help them follow up on all interagency agreements and build effective vertical and horizontal coordination activities.

2.1.9 Conduct a mapping study to plan for Centre expansion

Once the pilot IECCD Centres have been initially field-tested, monitored and evaluated, a mapping study shall be conducted to ensure that new Centres shall be located where they are most needed in order to serve vulnerable children.

2.1.10 Develop an expansion plan for “going to scale”, including cost studies and a financial plan

The IECCD Centres shall be taken to scale in stages until each of the 86 Communities has at least from 2 to 3 Centres by 2016 that provide the full array of services for children from 0 to 3 years and their parents. An initial cost projection is provided in the Strategic Plan. However, based on cost studies conducted in 2014, the annual core budgetary needs of each IECCD Centre shall be projected and a full financial plan for the functioning and expansion of IECCD Centres shall be developed in 2014.

Parents shall not be charged a fee for Centre services. However, volunteer support shall be requested of all participating parents. For example, parents and other community members shall be expected to become volunteers in the Centre. They could also help to build, improve and maintain each Centre, according to guidelines that shall be prepared and issued. The high level of expected community and donated in-kind support should help to greatly reduce costs per Centre.

Each Centre shall be supported from both District and national levels, especially with respect to in-service training, supervision, monitoring and evaluation, educational materials, equipment and supplies. Community Councils and Districts shall be expected to devote a minimum of 5% of their annual budgets to IECCD Centres and their services, and this amount shall rise on an annual basis until core budgetary needs are met. The remaining financial support shall be provided from national-level budgets, private sector contributions, international donors, and the “adoption” of IECCD Centres by banks, businesses, corporations and other organisations.

2.1.11 Support implementation of mobile teams and satellite centres for remote rural areas

Once IECCD Centres have been developed, rural mobile outreach teams shall be designed and managed by the Centres. In some cases, smaller satellite IECCD centres shall be attached to nearby IECCD Centres.

2.2 Implement national programme for parent education and support

2.2.1 Plan national parent education services

A plan shall be prepared for developing and providing services for parent education and support throughout Lesotho. Parent education and support services shall be included in all IECCD Centres. Parent education modules shall also be used in other locations, such as in health centres, community centres, homes, compounds (Village Chiefs and Community Councils) and other places that are convenient for reaching parents. When appropriate, they shall be combined with family literacy, skills training and income generation services for youth and adults, with a focus on agricultural education and animal husbandry in rural areas.

In addition to parenting classes, parent education shall be provided through home visits, with a special focus on the nation's most vulnerable, impoverished and marginalised parents. Home visits are usually far more effective than classes; parents will learn better and faster during home visits.

2.2.2 Collaborate with other stakeholders in the selection and adaptation parent education materials and prepare them for use

Parent education materials and guides shall be developed or strengthened. Some key topics for parent education shall include:

- Children's rights and parents' rights and responsibilities;
- Parenting skills for good child development (according to each child's developmental level, with a special focus on social and emotional development including self-regulation and self-esteem);
- Fathers' roles in parenting to help ensure good child development;
- Toy and book libraries and "resource corners" for making toys;
- Health education, including the prevention of communicable diseases, such as HIV and AIDS, STI, tuberculosis and others, the importance of immunisations, and the care of childhood illnesses;
- Child safety, including unprotected wells, hearth fires, roads and traffic accidents, factory pollution, household poisonings due to dangerous substances, sharp objects, drowning in rivers and dams, etc.;
- Home injury prevention and care, including first aid;
- Home sanitation practices, potable water, waste management, safe and clean latrines and toilets, home hygiene, and protection from hazardous environments;
- Good nutrition, including breastfeeding, complementary foods and nutritional supplements for infants and young children, signs of malnutrition, home gardens, hygienic food preparation of foods, and inspection of prepared foods for children, with special attention to discarding packaged foods whose term of use has expired, etc.;
- Expanded food security programmes and education;
- Prevention of child abuse and promotion of good child behaviour through positive discipline and the ending of corporal punishment;

- Trauma healing and alternative behavioural training for parents and children affected by HIV and AIDS, child abuse, neglect or a death;
- Education for peace for children, parents and teachers to ensure Basotho values for community and inter-personal harmony, contribution and trust are taught and reinforced from the earliest ages, and that children develop good interpersonal relations;
- Information for parents about the damage caused by abusive child labour, including herding;
- Participation of parents in IECCD Centres, preschools and schools, including helping with Centre planning, implementation, management and oversight;
- Ways to secure additional family support services and support other families; and
- Participation of parents in family literacy and life skills education services for illiterate, semi-literate and impoverished parents.

Several parent education modules already exist in Lesotho for some of these topics. Some modules need to be strengthened and additional modules shall be drafted. If outstanding materials developed elsewhere are selected for use, then they shall be reviewed, translated and thoroughly culturally adapted, field-tested, revised and produced for use throughout Lesotho.

2.2.3 Prepare a training manual and a monitoring and evaluation manual for parent education services

A training manual for parent education home visits and classes shall be needed. In addition, a monitoring and evaluation manual shall be required, along with easy-to-use and effective instruments and guides. These materials shall also be translated and adapted for use by the nation's language groups.

2.3 Expand essential health care services

2.3.1 Reinforce Integrated Management of Childhood Illnesses (IMCI) package and use community and care for development components

In accordance with MOH annual plans, preventive and basic health care services shall be expanded and improved, with priority given to expanding the use of the basic health care package: Integrated Management of Childhood Illness (IMCI), and especially the community component and the Care for Development component (that WHO is currently revising). Through expanded outreach efforts, IMCI services shall be provided to all vulnerable children.

2.3.2 Establish coordination agreements between health facilities and IECCD Centres

Formal interagency agreements shall enable IECCD Centres to conduct community outreach for health facilities, make referrals to health services, and help parents to access

well-child check-ups in a timely manner. Strong collaborations shall be developed among village health workers, health centres and IECCD Centres. Based on mutual agreement, village health workers shall provide some of the antenatal and parent education home visits and classes. They shall also assess the nutritional status of children through taking height and weight measurements, give immunisations, provide first aid, and help to identify illnesses that require medical attention. The IECCD Centres and their Committees shall also collaborate to help improve the provision of medical supplies in health centres.

2.3.3 Continue to place high priority on Expanded Programme on Immunisation (EPI) services

To reduce childhood illnesses and diseases, a major focus shall be placed on ensuring the Expanded Programme on Immunisation (EPI) meets its service schedule and coverage targets.

2.3.4 Ensure MOH and MOSD help develop selected parent education modules

The MOH and MOSD shall assist with the preparation and upgrading of health, nutrition, sanitation and protection modules of the national parent education and support programme. Special attention shall also be given to helping ensure parents inform preschool and primary teachers about their rules for the management of their children's health problems, with a special focus on children with chronic illnesses requiring medication, HIV infection, allergies, etc.

2.4 Provide nutrition education for parents and rehabilitation and feeding services for infants and toddlers

2.4.1 Reinforce breastfeeding and complementary feeding guidance

As noted above, emphasis shall be placed on beginning breastfeeding within the first hour of birth. Mothers shall be strongly encouraged to conduct exclusive breastfeeding during the first 6 months of their infant's life, with the goal of 80% by 2015. After 6 months they shall be urged to begin age appropriate complementary feeding while continuing to breastfeed until their child is 24 months old. These measures should greatly reduce infant mortality and morbidity and promote nurturing infant care and good child development.

2.4.2 Expand and improve nutrition education and food supplements for HIV affected women and children

Women with HIV and AIDS should take ARVs and follow PMTCT advice, including exclusive breastfeeding until 6 months of age. After 6 months of age, complementary foods should be introduced in stages, along with continued breastfeeding for up to 2 years, as possible. Parent education and food supplements shall promote balanced diets for both

the mother and child and shall be combined with child stimulation and development activities to ensure good child development.

2.4.3 Encourage the expansion of the feeding programme for pregnant and lactating mothers and children from 6 months to 3 years

Given the high level of malnutrition in Lesotho among pregnant women, infants and young children who are not attending a centre with feeding programmes, food assistance for impoverished families shall be expanded in stages with priority given to pregnant and lactating women and for children from 6 months to 3 years of age. After 3 years of age, most vulnerable children are able to access feeding services in preschools or other centres. Giving priority to fragile children shall help to greatly reduce malnutrition and developmental delays as well as promote improved child development, especially amongst impoverished populations.

2.4.4 Expand micronutrient and de-worming services

Special attention shall be given to ensuring that all infants and young children receive an adequate amount of Vitamin A, iron and iodine as well as regular de-worming services. De-worming and the provision of micronutrients are highly correlated with overcoming child malnutrition.

2.4.5 Expand nutritional rehabilitation services linked to ECI services

For malnourished children, nutritional rehabilitation with intensive parent education and infant and child stimulation shall be provided. The Food and Nutrition Coordinating Office (FNCO) shall coordinate all nutrition services and ensure that service standards for child nutrition services are developed, implemented and enforced. The FNCO shall coordinate with ECI services to ensure all malnourished children from birth to 36 months of age receive intensive and individualised services for infant stimulation along with parent education for their families.

2.4.6 Improve food and inspection regulations and related parent education services

The MOH and FNCO shall also improve food regulations and the inspection of prepared foods for infants and children, especially regarding ingredients, storage and expiration dates. The FNCO shall also assist with the development of a parent education module on how to make nutritious, clean and age-appropriate baby foods and avoid spoiled or poor quality prepared foods.

2.5 Improve day care centres and family child care services for children, 0 to 3 years

At present, many non-public day care establishments for infants and children from 0 to 36 months of age and older are very low in quality. These day centres are usually located near factories, businesses and markets, and they are mainly found in urban centres. In addition, family, friends and neighbours care for many more young children in their homes, and they too often lack training and knowledge about developmentally appropriate activities for young children, learning play, and ways to feed and care safely for infants and toddlers. There is an urgent need to improve the quality of day care and family child care services.

2.5.1 Develop and adopt service standards, regulations and registration for day care centres and family child care services

The MOET shall develop and establish service standards, regulations and guidelines for registration for day care centres and family child care services.

2.5.2 Inspect, monitor and register day care centres and family child care services

Day care centres and family child care services shall be registered, and then routinely inspected and monitored. If they do not meet required MOET service standards and regulations, they shall be closed until they meet them.

2.5.3 MOET and IECCD Centres assist to improve the quality of day care centres and family child care services

The MOET and nearby IECCD Centres shall collaborate to provide in-service training, educational materials, learning activities, toys, books and toy making guidance from their Toy and Book Libraries for child caregivers in day care centres and family child care services.

2.5.4 Expand health care and feeding services for infants and toddlers in day care centres, as possible

As noted above, expanded health care and feeding programmes shall be provided for vulnerable children from 0 to 36 months of age placed in day care centres as well as in IECCD Centres and preschools. These health and feeding services shall be expanded in stages to reach all day care services for impoverished families.

Strategy 3

Ensure vulnerable children with developmental delays, malnutrition, HIV and AIDS or disabilities receive early childhood intervention services

To become internationally competitive; lower health and nutrition treatment costs; improve educational outcomes; and achieve social and economic progress; ECI services shall be developed for Lesotho's most vulnerable children.

Because the Kingdom of Lesotho currently has many children with developmental delays, malnutrition, chronic diseases such as HIV and AIDS, disabilities and atypical behaviours, such as the autism spectrum, it is essential that Early Childhood Intervention (ECI) services be developed as soon as possible. These approaches are also labelled as psychosocial and child development services and thereby would fulfil the requirements of the *National Strategic Plan on Vulnerable Children for psychosocial services, April 2012 – March 2017*.

Without such services, over 40% of Lesotho's young children shall not achieve their potential. No country can afford such a high rate of unproductive citizens. Consultation workshops and interviews conducted before preparing this policy revealed that citizens throughout Lesotho are fully aware of the need to improve the status and development of these very vulnerable young children.

ECI services are individualised to meet the needs of each child and her/his parents. They are significantly more intensive than usual IECCD services. All infants and young children from birth to 36 months with low birth weight, developmental delays, malnutrition, HIV and AIDS or disabilities should be referred to ECI services. Every effort shall be made to find potentially eligible children at as young an age as possible in order to take advantage of their brains' ability to develop rapidly and well during the first months of life. Early identification usually occurs through child development screenings and assessments. In addition, parents are usually good observers of their children, and they often note developmental issues early on.

Within the ECI programme, special attention shall be paid to children with HIV and AIDS and/or malnutrition. Research has shown that all of them need intensive psychosocial care and support. As stated in Strategies 1 and 2, nutritional supplements shall be provided for malnourished children and children with HIV and AIDS, combined with food vouchers and/or feeding services through nutritional rehabilitation services, IECCD Centres, day care centres, family child care services, and preschools as well as health centres. Special needs children, and especially children with HIV infection, disabilities or malnutrition usually require additional health care services. All of the parents of fragile children require specialised parent education, support and guidance about how to deal with their special needs child. Some parents may also require respite care and help from other members of the community. Peer support groups may also be needed for the parents of children with HIV infection, malnutrition or disabilities. Services for orphaned children with HIV and AIDS are presented in Strategy 5.

3.1 Develop Early Childhood Intervention (ECI) services

3.1.1 Stage 1: Develop a Comprehensive Plan for National ECI services

A Comprehensive Plan for National ECI Services conducted by MOH, MOET and MOSD shall be prepared to develop ECI services in stages. Work shall begin with preparing the ECI programme design. Subsequently, ECI policies and procedures shall be adopted, along with: selecting, adapting, translating and field testing ECI educational materials; preparing ECI training manuals; and selecting child assessments and other instruments for conducting services and monitoring and evaluation activities.

3.1.2 Select initial professional personnel for pilot sites

Criteria for selecting the initial ECI professional personnel shall be established and key personnel shall be selected for training. They shall be prepared to train early interventionists and paraprofessional home visitors, supervise work in 6 Pilot ECI sites located in IECCD centres and health centres, conduct child assessments, help to develop individualised plans, and monitor and evaluate ECI activities.

3.1.3 Provide pre-service training for core professional personnel

Graduate level training shall be provided outside the country to prepare professional ECI specialists, with a focus on early interventionists as well as speech therapists, physical/occupational therapists and special educators. Should fellowships not be forthcoming, training shall be provided in Lesotho with a short study tour to other countries.

3.2 Implement ECI services in stages

3.2.1 Stage 2: Prepare and adopt policies and procedures, select programme materials and manuals, and prepare for pre-service training in Lesotho and South Africa

During Stage 2, programme policies and procedures shall be drafted and adopted. Curricula, educational materials, child assessment instruments, the format and methods for Individualised Family Service Plans (IFSP), ECI service manual, and home visiting and other methods shall be selected or developed. On the basis of these decisions, all materials and manuals shall be translated and adapted. They shall then be field tested, revised and prepared for use. Training, monitoring and evaluation manuals shall be developed. Pre-service training for early intervention specialists, nurses and social workers shall be provided mainly at a tertiary education institution of Lesotho, along with regional training, as needed, for the following categories including; special educator, speech therapist, physical therapist, occupational therapist and psychologist. By the end of Stage 2, basic ECI services shall be designed, and materials and manuals shall be field

tested and ready for implementation in pilot sites. Pre-service training materials for use in Lesotho shall also be prepared.

3.2.2 Stage 3: Conduct pre-service training in Lesotho

To complement (or substitute for) international training, national and regional training services shall be provided to prepare supervisors and early intervention specialists who, in turn, shall train and supervise paraprofessional ECI home visitors.

3.2.3 Stage 4: Implement ECI services in 6 Pilot sites

During Stage 4, the ECI system shall be implemented in six pilot sites located in IECCD Centres and health centres in six different regions of Lesotho. The pilot sites shall include activities for community outreach, child screenings and assessments, IFSPs, weekly home visits and other services, referrals, case management and tracking, IFSP reviews, and transition services. Attention shall be given to frequent supervision, in-service training and monitoring conducted by trained supervisors. Monitoring and evaluation forms and reports from supervisors shall be used to monitor and evaluate pilot sites. A National ECI Office for Coordination, Training and Evaluation shall be established and linked closely with the Department for National IECCD Policy Implementation.

3.2.4 Stage 5: Review, revise and expand ECI services

Stage shall begin with a systems review, and followed by planning and programme revision activities plus the preparation of additional elements that may be required to take ECI services to scale throughout Lesotho. Six more ECI sites shall be added in 2016. Subsequently, the programme shall be expanded in stages to reach communities, with a focus on populations with high numbers of vulnerable children.

In the future beyond 2016, Lesotho may develop a Regional ECI Centre to help other African nations establish ECI services and train early intervention specialists.

Strategy 4
Improve and expand preschool services (including community-based, home-based and reception year services) for children 3 to 5 years old, and improve transition from home and preschool to primary school

According to the Education Act of 2010, various types of preschools exist in Lesotho. They include:

- Centre-based preschools, formerly called ECCD Centres;
- Home-based preschool services that are supported by communities; and
- Reception year classes for 5-year old children that are attached to primary schools.

These preschools can variously be:

- Public preschools;
- Special preschools that are partially public-funded; or
- Independent preschools that are entirely privately funded.

Preschools provide a wide range of preschool education and care services for children from 3 to 5 years of age. Some underage children begin early, attending from approximately 2.5 years of age onward. Some overage children continue to attend preschool until 7 or 8 years – or the age when parents judge their children are strong enough to walk to a distant primary school. In some communities that lack a preschool, some underage children are enrolled in primary school. These situations have led to a major problem of underage and overage children being placed in preschools and primary schools.

4.1 Reinforce education policies to expand and improve preschool education

4.1.1 Reinforce preschool policies and establish enrolment requirements

The IECCD Policy reinforces recent education legislation, policies and regulations regarding early education. Using all media and means available, parents throughout Lesotho shall be informed that preschool education begins at 3 years of age, and it is supposed to end sharply at 5 years of age with enrolment in a reception year class for 5-year-old children, if one is available in their community. To meet the demand, as they become available in their communities, 5-year-old children shall progressively receive reception year classes. For 5-year-old children who are as yet unable to access a reception year class, preparatory educational activities shall continue to be offered to them in their ECCD centres to help them transition into primary school. All children shall be enrolled in primary school at 6 years of age. A parent awareness campaign shall cover these points, and it shall also include information about a new regulation that shall stipulate that an official birth certificate is a mandatory requirement for children to be enrolled in preschool, reception year classes and primary school.

4.1.2 Reduce progressively underage and overage children enrolled in preschools and primary schools

MOET shall issue an official statement regarding overage and underage children. As primary schools become available closer to homes, overage children shall not be permitted to remain in preschool. As preschools and reception year classes become increasingly available locally, the enrolment of underage children shall be reduced. In the meantime, overage children in preschools shall be given accelerated primary school classes to enable them to join their age cohorts as soon as possible. The situation of each

child shall be assessed carefully in order to make a sensitive and individualized decision regarding grade placement in primary school. Primary schools shall expand the usage of active learning methods to ensure new entrants continue to learn in a positive manner. At the same time, a strong focus shall be placed on early literacy and numeracy skills as a strong foundation for future learning.

4.1.3 Expand community preschools progressively

Annual expansion plans shall be prepared for the development of new preschools in targeted geographical areas. Every effort shall be made to maintain and improve preschool quality while increasing service coverage. Preschools shall continue to be attached to primary schools or stand-alone preschools. The number of public, community, private and civil society preschools shall be expanded in stages.

Communities shall be mobilised and trained to help plan, build, maintain, manage and oversee community preschools, including home-based preschools. In addition, some preschools that are identified to have inadequate facilities and high demand for more classes shall be expanded and their infrastructure shall be improved, as needed. To support the expansion of community, private and civil society preschools, interagency partnerships and agreements between MOET and sponsoring agencies shall be required.

The provision of public, private and civil society preschools, including home-based preschools, shall be expanded from the current 37.2%¹² of coverage of preschool age children to a minimum of 45% of children from 3 to 5 years of age by 2016. The number of children served shall be increased from 60,117 in 2011/12 to 86,000 by 2016/17.¹³ In 2011, 3,522 preschool teachers were reported, thus yielding an average teacher pupil ratio of 1:17. Every effort shall be made to maintain this ratio for preschool classes, although it is expected to rise to some degree. The official maximum ratio is 1:30. To expand preschool coverage, more c preschools shall need to be constructed or rented and rehabilitated and additional preschool teachers shall need to be trained. (See Strategy 6)

During future years beyond 2016/17, every effort shall be made to expand overall preschool education to at least 75% of children, including all of the nation's most vulnerable children.

¹² Annual Planning Report 2012

¹³ This figure includes both preschool and reception year services but to expand coverage greatly, it shall be important to place a special emphasis upon expanding and servicing community preschools.

4.1.4 Expand home-based preschools progressively

Home-based preschools have been virtually entirely supported by communities. They have been successful in reaching many children especially in rural areas who otherwise would not be able to engage in preschool activities and prepare well for success in primary school. This model is very low in cost but due to the high quality of their training and service manual, the dedicated community teacher/caregivers have achieved a surprisingly good level of preschool services. In 2012, there were 60 home-based preschools, and the goal shall be to increase to at least 160 home-based preschools by 2016/17. With the support of UNICEF, Red Cross, World Food Programme (WFP) and other partners of the MOET, the number of home-based preschools shall be progressively expanded. A small monthly stipend of M150 shall be provided to the home-based teachers/caregivers. This monthly stipend shall help greatly to ensure programme sustainability but it shall not be considered a salary per se. MOET shall expand human resources for supervision and provide more pre and in-service training. In addition, the MOET shall increase various types of material support to assist community pre-school educators. Additional support for food, supplies, and other goods shall be sought for the home-based pre-schools.

4.1.5 Expand reception year classes progressively

Annual expansion plans shall be prepared for the construction and development of additional reception year classes in targeted geographical areas. Every effort shall be made to maintain and improve service quality while increasing coverage. Reception year classes shall continue to be attached to primary schools.

Reception year services for 5-year-old children shall continue to be public and free-of-charge, and they shall be progressively extended throughout the nation. Reception year coverage shall be expanded from 5,696 pupils in 2010/11 to at least 11,000 pupils by 2017/18. The goal for the average teacher pupil ratio is 1:30, and it is hoped that this ratio shall be reduced in future years. The total number of reception year classes shall be expanded from 227 in 2010 to at least 400 classes by 2017/18. To expand reception year coverage, more classrooms shall need to be constructed and additional teachers shall need to be trained (See Strategy 6).

4.1.6 Establish uniform preschool and reception year service standards, regulations and training manuals

In line with the Education Act of 2010, the MOET shall establish uniform service standards and regulations for all types of preschool programmes. The quality of preschool education varies greatly, from excellent to poor. For this reason, the same national service standards and regulations shall apply to all preschools. Activities shall include the further development, field testing, revision and official adoption of these core instruments, along with the preparation of training manuals and the provision of training workshops to ensure all preschools shall be able to make improvements in stages to meet MOET requirements. These instruments should be fully prepared, field tested and adopted.

4.1.7 Strengthen the preschool registration and certification system

The IECCD Policy reinforces the Education Act of 2010 with respect to registration and certification. The approach used at the school level has been extended to the preschool level. In addition, as stated in Strategy 2, this work shall also be extended to day care centres and other services for infants and toddlers from birth to 36 months.

A preschool registration and certification system has begun to be developed, and several preschool centres have already informally registered with MOET. Improved instruments for registration and certification shall be prepared. A Multi-sectoral Preschool Supervision Team shall be selected and trained to conduct the certification process. Preschools must become registered and certified by December 2014.

4.1.8 Establish supervisory roles and activities, and train supervisors

As established in the Education Act of 2010 with respect to school supervisors, ECCD supervisors shall play key roles during site visits, including:

- In-service training;
- Monitoring and evaluation activities; and
- Supportive supervision and teacher assessment.

A Preschool Supervisor Training Manual shall be prepared, including supervisory checklists and guidelines. A Preschool Monitoring and Evaluation Manual shall be drafted along with instruments and their guides for the use of supervisors during their field visits to preschools. Training workshops shall then be planned and conducted annually for the Multi-sectoral Preschool Supervision Team, mentioned in 4.1.7.

4.1.9 Promote parent-teacher partnerships and parent involvement in preschools

The IECCD Policy also reinforces the Education Act of 2010 with respect to the implementation of parent-teacher partnerships and parent involvement in preschools. Specifically, as with the IECCD Centres, parents shall be encouraged to assist with preschool planning, management, implementation and oversight. All preschools shall be required to have Preschool Boards that shall hold meetings with parents on a quarterly basis. These Boards shall include parents and representatives from relevant local services, including health, nutrition, sanitation and protection services. A Preschool Parent Involvement booklet shall be prepared, field tested, revised, formatted, printed and distributed. It shall give guidance regarding parent-teacher partnerships and parent involvement in preschools as well as the establishment and management of Preschool Boards.

4.1.10 Promote and implement inclusive preschool education for children with developmental delays and disabilities

The Education Act of 2010 also calls for inclusive education to be provided for all children with developmental delays or disabilities, with separation only for most complex situations or for those children whose parents request separate special services. Examples of such children might include those without vision or hearing or very severe disabilities.

Orphans and other vulnerable children with special needs shall also be enrolled in preschool. Inclusive education shall be provided in all public and non-public preschools of Lesotho. Children transitioning from ECI services shall be welcomed into preschool education services. ECI transition plans shall include the support of ECI personnel in helping preschool teachers to receive each child appropriately and well.

All preschool teachers shall receive training workshops on inclusive preschool education using materials that have already been prepared. In addition, a plan shall be developed and implemented for the regional training of special educators, specialists in inclusive preschool education and preschool and primary school teachers. Three special regional training centres shall be established in order to help personnel at the preschool and primary school levels learn how to work effectively with children with developmental delays and disabilities and their parents and caregivers. Demonstration and practice sessions shall be held to teach appropriate learning and play opportunities for these children individually and with their typically developing peers in regular preschool and primary school classrooms.

A plan to train inclusive preschool education specialists and special education teachers shall be prepared, and training shall be provided, in part, through international scholarships. These specialists shall provide guidance and support for regular classroom teachers.

4.2 Improve the quality of preschool education

4.2.1 Review and revise current preschool curricula and educational materials and methods

Substantial work has been accomplished to establish high-quality curricula, materials, methods and manuals for preschool education in Lesotho. All existing core preschool curricula, educational materials, methods and support services shall be reviewed and revised in light of field experience and international materials now available.

Activities shall be undertaken to revise and improve certain materials, methods and media, and to add others. All materials and manuals shall be translated into Sesotho and other languages found in the Kingdom, and they shall be carefully adapted to meet cultural values and norms. Upon the prior approval of the MOET, private and civil society preschools shall be able to provide additional educational curricula, materials and media. Those that are of high quality may be considered for adoption and use throughout the nation.

4.2.2 *Develop new preschool curricula and materials on health, hygiene, nutrition and other topics*

Additional preschool curricula and educational materials shall be developed on topics such as:

- Good child health and hygiene practices;
- Balanced nutrition for healthy development;
- Education for good communication and peaceful relations;
- Active learning through play in and out of school;
- Environmental education; and
- Community and school gardens and agriculture, especially in rural areas.

A curriculum development process for these and other topics shall be conducted, with abundant field-testing and in-service training of teachers and teacher aides (See Strategy 6).

4.3 *Provide essential preschool support services for health, nutrition and sanitation*

4.3.1 *Expand and improve health, nutrition, sanitation and protection services for preschools*

As noted in Sections 2.1.3 and 2.3.2, to provide high-quality IECCD services, preschools and IECCD Centres must be able to access health care and protection services. If possible, a nurse shall make regular visits to the preschool. Interagency agreements shall be formally established between preschools and the MOH and its local health care services to ensure parents and preschool personnel are able to access basic and urgent health care services for children. These agreements should lead to the expanded utilisation of health care services by children from 3 to 5 years of age. In addition, each preschool must have an up-to-date first aid kit with all of the items recommended by MOET. Similarly, preschools shall be able to access child protection services of the MOSD.

4.3.2 *Expand early childhood feeding services*

Given the high level of child malnutrition in Lesotho, priority shall be placed on providing feeding services in all IECCD Centres, day care services, preschools and reception year classes that serve impoverished, vulnerable and marginalised children. Special attention shall be given to the training of food handlers to ensure that a good diet is provided, and food is well cooked and hygienically prepared. The School Self-Reliance and Feeding Unit (SSRFU) shall monitor food handlers, in close collaboration with FNCO and/or MOH.

4.3.3 *Ensure good sanitation in IECCD Centres and preschools*

Preschool sanitation also shall be emphasised, including the universal provision of potable water, separate toilets or latrines for girls and boys, good school hygiene and sanitation, and school maintenance to ensure preschools are safe and hygienic. The MOH shall assist preschools to build essential sanitation systems. In coordination with these efforts, using a new booklet to be developed, children and their parents shall be taught about good centre and home sanitation practices, personal hygiene and first aid in the preschool and home.

4.3.4 *Develop preschool homestead gardening*

All IECCD Centres and preschools shall be encouraged to develop community and preschool gardens. Communities shall be requested to allocate enough land for all Centres and preschools to plant their gardens. Children, teachers and parents shall help to plant, weed and harvest the produce. Introductory agricultural education shall be included as the children participate in garden activities. They shall be supported by SSRFU in collaboration with MOAFS.

4.3.5 *Construct and improve playgrounds and develop guidelines for them*

In collaboration with the MOGYSR, guidelines for developing preschool playgrounds, including construction plans and measures for playground safety, shall be prepared and provided to all preschools. The guidance shall call for playgrounds to be developed at all IECCD Centres and preschools. Communities shall be requested to ensure there is enough land for these playgrounds and to construct and maintain the playgrounds. A small fund shall assist with some purchases of equipment or tools, as needed.

4.3.6 *Plan referrals to protection services*

All preschools shall receive a booklet providing guidance with respect to making referrals of children and parents to child protection services. Parents with special needs shall also be referred to appropriate community resources and services. The Child Helpline shall be used to receive calls from throughout the country, and callers shall be referred to appropriate services. The hotline shall be available on a 24-hour basis. Child protection services shall be requested to follow up and report on results and make recommendations for action, if needed.

4.4 *Improve transition from home, preschool or reception class to primary school*

4.4.1 *Prepare Transition Plan Guidelines*

In addition to providing reception year services, a transition plan shall be developed to ensure children and their parents are prepared for transitioning from home, preschool or reception year classes to primary school. The plan shall include activities for primary school principals and teachers in order to help them prepare to receive the children and their parents. Activities for parents shall include visits to the primary school, learning about enrolment regulations, and beginning to become involved in school stewardship activities.

Educational materials for enriched activities for children and parents together shall include early learning modules on literacy and numeracy. These modules shall be provided by preschools and primary schools. They shall especially be used with parents and children that as yet lack access to reception year services.

4.4.2 Implement Transition Plan

Beginning in 2014, the transition planning approach shall be piloted in 10 schools in different geographical regions. Based on experiences, and monitoring and evaluation results, the plan shall be revised and enriched. In 2015, the revised transition plan shall be implemented in all preschools and primary schools in Lesotho.

Strategy 5
Promote the rights and protection of children and parents, especially for children in difficult circumstances

Protection is essential to achieving child and parental rights. With respect to children, this sector includes 3 main types of activities:

- Legal protection;
- Social protection for families, women and children; and
- Child protection services.

Lesotho adheres to the Convention on the Rights of the Child (CRC). In line with the CRC, legal protection and child rights are guaranteed for all children in Lesotho.

5.1 Promote legal protection

5.1.1 Prepare booklet on parental rights and responsibilities

Parental rights and responsibilities are for both fathers and mothers. A booklet shall be prepared on parental rights and responsibilities, including especially privacy rights, for use in IECCD Centres and other services in Lesotho. The booklet shall be translated into local languages, field tested, revised, printed and published.

5.1.2 Develop special parent education module and training manual for fathers led by fathers

The important roles and responsibilities of fathers in child protection, child rearing and care giving shall be reinforced. A special module and training manual on parent education conducted by fathers and for fathers shall be drafted, translated, field tested, revised and copied for widespread use in IECCD Centres and other services. The module and training manual shall have a strong focus on promoting child development and protection and ending child abuse and neglect.

5.1.3 Prioritise the implementation of Children's Protection and Welfare Act for children 0 to 5 years old

The IECCD Policy calls for the full implementation and enforcement of the Children's Protection and Welfare Act of 2011. This Act promotes child protection, and services to protect children need to be improved urgently.

The Child and Gender Protection Unit (CGPU) shall be expanded and shall place emphasis on serving children from 0 to 5 years of age, focusing on orphans and vulnerable children. The unit shall also create a community awareness campaign on the Act, emphasising the need for child protection and presenting available services. IECCD Centres, health centres and other centres shall collaborate with the Child and Gender Protection Unit to help ensure the Act is enforced for young children.

Special attention shall be given to ensuring the rights of orphaned young children. They shall be protected with respect to guardianship, nurturing care, and rights to property and inheritance. Younger children shall be assigned legal guardians who shall put children's interests first. Older children who are orphaned and have not been adopted should be educated about their rights and entitlements and assisted to join a group home with trained and caring adult caregivers. Child-headed households shall be provided adult support, and children and siblings from 0 to 5 years of age shall be transitioned to caring families or group homes as quickly as possible to avoid development delays, malnutrition and chronic ill health.

5.1.4 *Implement National Disability and Rehabilitation Policy, focusing on children 0 to 5 years old*

The comprehensive National Disability and Rehabilitation Policy of 2009 should be fully implemented for children from birth to 5 years old. The Policy and the draft Bill on disabilities should be reviewed in the light of provisions and services for young children with developmental delays and disabilities that are included in this IECCD Policy. An Action Plan should be developed to implement identified priority initiatives.

5.2 *Ensure adequate social protection for families with young children*

5.2.1 *Place priority within the Child Grants Programme on families with children 0 to 5 years old*

Social support mechanisms that affect young children and their families include cash transfers provided by the Child Grants Programme, family support services, and nutritional supplementation services. The IECCD Policy calls upon the MOSD to place emphasis upon ensuring severely and extremely impoverished families and their children and other vulnerable children 0 to 5 years old are given priority for child grants.

5.3 *Ensure conditional cash transfers include IECCD conditions*

5.3.1 *Establish conditions for early childhood services*

When future conditional cash transfers (CCT) are considered, special conditions should be required of parents of young children. Conditions such as the following should be included:

- Enrolment and full participation in antenatal and neonatal services;
- Child has birth registration and birth certificate;
- Enrolment and full participation in parent education and child development services;
- Enrolment and full participation in IECCD Centre services for children 0 to 3 years of age;
- Enrolment and full participation in preschool education for children 3 to 5 years of age;
- Enrolment and full participation in ECI services, if the child is eligible for them;
- Timely completion of all childhood immunisations;
- Timely participation in all preventive and primary health care services; and
- Use of nutritional supplements, if needed.

5.3.2 *Develop Model CCT system for impoverished families with young children*

A model CCT-IECCD system shall be developed, monitored and evaluated for use in future expanded CCT systems. It shall be piloted in a selected community council of one

district. Child and family outcomes shall be compared with cash transfers (CT) or another CCT programme that lack IECCD conditions. A control group design shall be used to evaluate the impact of the CCT-IECCD system on child and family development.

5.4 Promote community planning for child protection services

5.4.1 Prepare Community Risk Reduction Plans for Children 0 to 5 Years Old

With the assistance of the Disaster Management Authority of the Prime Minister's Office, all Community Councils, Village Child Justice Committees (where they exist), Disaster Risk Management Committees, and or other community structures shall work together to prepare Community Risk Reduction Plans for Children 0 to 5 Years Old. The objective of these Plans shall be to protect young children and ensure their safety. A simple format shall be provided to help communities develop brief but effective Plans. Each community's Plan shall be transmitted to district and national MOH, MOSD and Disaster Management Authority offices for technical support, as needed and requested. Modest support shall be given for plan implementation in addition to services listed in this Policy.

5.5 Ensure child protection, especially for vulnerable children

Special attention shall be given to the following types of vulnerable children.

a) Abused and neglected children and children with diseases or disabilities

5.5.1 Register all protection services, require annual reports and provide supervision

All agencies, programmes and services that provide child protection services shall be registered with and approved by the MOSD. All registered protection services agencies and services shall submit annual programme reports to the MOSD. They shall receive regular supervisory visits on a quarterly basis. If infractions are found, additional supervisory visits and technical support shall be provided.

5.5.2 Provide prevention services for abused and neglected children, and children with diseases or disabilities

The MOSD and the Police Service's Child and Gender Protection Unit (CGPU) shall place a high priority on preventing child abuse and neglect and on providing child protection treatment services for abused and neglected children, including emotional, sexual and physical abuse. They shall conduct a media campaign and shall provide parent education

services in IECCD Centres to eradicate child abuse and neglect and identify and to help identify and serve children with diseases or disabilities.

5.5.3 Provide training services for personnel serving abused and neglected children, and children with diseases or disabilities

A training module with educational materials shall be prepared for training health, education and local government personnel on how to handle cases of child abuse and neglect and childhood diseases or disability. Training workshops shall be provided at the District level throughout Lesotho.

5.5.4 Provide treatment services for abused and neglected children, and children with diseases or disabilities, 0 to 3 and up to 5 years old

Special health services shall be provided to children who are also abused, neglected or are children with diseases or disabilities. Intensive check-ups and health and mental health treatments shall be provided to children, as needed.

5.5.5 Provide ECI and related services for abused and neglected children, and children with diseases or disabilities, 0 to 3 and up to 5 years old

In addition to ECI services for children from birth to 3 years of age, community-based rehabilitation and protection services shall also be provided for children over 3 years of age with disabilities, including:

- Alternative placement with a family, if parents are unable to cope or are absent;
- Respite care services for parents;
- Family counselling and therapy;
- Assistive technologies, as needed and appropriate including: Braille materials; hearing aids; wheelchairs; home health care items, etc.; and
- Assistance with enrolling children in ECI services or in inclusive preschools and primary schools.

These services shall be developed, expanded and/or improved to ensure children are safe and well nurtured in caring homes. A special fund shall be established to meet the critical needs of such high-risk children and their caregivers.

b) Orphaned and abandoned children

5.5.6 Regulate the placement of children from birth to 3 years in orphanages

To avoid child developmental delays, malnutrition and traumatising experiences, the Kingdom of Lesotho shall restrict the institutionalisation of all orphaned children or abandoned children who have become “social orphans,” from birth to 3 years of age.

An awareness campaign on the importance of not institutionalising children shall be conducted with all social service personnel, communities and parents throughout Lesotho. All current transition programmes shall be reviewed for adequacy. Then, once approved, brief transition programmes with caring and nurturing services shall be expanded, improved or developed to ensure orphaned and abandoned children are placed with families within a period of three (3) months' time or less if at all possible. Assistance shall be given for the placement of orphans with extended family members, adoptive parents, legal guardians, or if necessary, with foster parents or in group homes led by caring substitute parents. Special attention shall be given to the full enforcement of established procedures.

5.5.7 Provide CCTs and counselling for impoverished parents to prevent the institutionalisation of young children

As needed, impoverished or disabled parents, adoptive parents, legal guardians, foster parents or group homes shall receive a CT, or preferably a CCT, in order to provide for the needs of infants and toddlers. Family preservation and family therapy and counselling services shall be progressively provided for pregnant women and parents with children 0 to 5 years of age in situations of domestic violence, chronic illness including HIV and AIDS, substance abuse, extreme poverty or other challenging circumstances that could lead to child abandonment, abuse or neglect.

5.5.8 Establish and/or enforce registration, service standards and regulations for orphanages and other places serving abandoned children, and require plans for family placement

The MOSD shall require that all orphanages and similar places serving abandoned children be registered. The Department shall establish improved service standards and regulations regarding the care of young children from 0 to 5 years old who have already been placed in orphanages. Orphanages shall be required to establish rules in line with national service standards and regulations for orphanages. Owners or directors must ensure that orphanages and similar places serving orphaned or abandoned children are safe and stimulating environments for children, and are following established national service standards and regulations for orphanages.

The MOSD shall undertake improved and more frequent supervision and inspection of orphanages. Because young children are still being placed in orphanages and similar places, within 1 month of entry, orphanages and similar places shall be required to develop an individualised Plan for Home Placement within 3 months for each young child. Home placement could include return to the parents' home (with support) or the home of a relative, legal guardian, adoptive parent, foster parent or a group home with one or more caring and trained adults. Children in child-headed households shall be kept together and placed with relatives, group homes or with legal guardians who are ready and able to care well for 2 or more children.

5.5.9 Provide a package of supports for orphaned or abandoned children

A package of supports for orphaned or abandoned children shall be designed. Orphaned or abandoned children, including those with or affected by HIV and AIDS, shall receive a package of supports, including help for placement with extended family members, guardians or foster families, a conditional cash transfer with guaranteed IECCD services, free health care, food support, housing assistance, clothing as needed, guidance for their caregivers, and a free preschool education. The package of supports shall be partially provided through and/or linked with the Child Grants Programme for children from 0 to 5 years of age. Other eligible children not served by the Child Grants Programme shall also receive a package of supports.

c) Young children required to do abusive child labour

5.5.10 Identify children in abusive child labour and prevent its continuation

Some young children 5 years of age and under are engaged in field work, carrying heavy objects, working in markets, begging in the streets and other forms of abusive child labour that cause physical, mental and emotional harm. They usually lack early childhood services, including health care, nutritional supplements, preschool and primary education. Because they often go unnoticed in society, a special study shall be conducted to identify them. Once identified, a project shall be designed and implemented to serve all children 5 years of age and under who are engaged in abusive child labour as well as their parents or caregivers. The project shall include conditional cash transfers to parents or caregivers that shall require that they release their children from abusive child labour. Additional conditions shall require that parents and caregivers place their children in age-appropriate services for preschool education, primary school, health and nutrition services, and other services as needed, such as child protection services.

d) Children living or working in the streets

5.5.11 Identify young children living and/or working in the streets and parents or others who use children to beg, and offer them residential services and a package of supports

A study shall be conducted to identify young children from 3 to 5 years of age living and/or working in the streets. Guidelines for identifying and serving these children shall be developed. Those who are living in the streets shall be offered better and more secure living arrangements with families, group homes that have caring and trained adult caregivers or with legal guardians. A package of supports shall be designed and developed, including health and nutrition care along with clothing and other personal items. As possible, they shall be enrolled in preschool or primary school. Efforts shall be made to reunify families as advisable, and to address the causes that led to living or working in the streets.

e) Children of incarcerated parents

5.5.12 Provide a package of supports for children living in prison with an incarcerated parent

A package of supports shall be provided for all mothers whose children are living with them in prison, including nutritious food and health care for them and their children. Antenatal, neonatal education shall be provided for all pregnant women. Parent education shall be offered to mothers who are incarcerated and have their young children with them. Quality child care services shall be developed in prison, along with education and training for mothers in child care and development activities.

5.5.13 Give supports for children of incarcerated parents who are not living in prisons

A support package of services shall be designed for the young children (0 to 5 years old) of incarcerated mothers and fathers who are not living in prison. The MOSD shall ensure they receive age-appropriate quality child care and child development services, and that they are safe and placed with responsible relatives, a legal guardian or a foster family. If needed, additional support shall be given for health and nutrition care. A plan for visiting days shall be prepared and implemented. Attention shall be given to providing a family-friendly environment during visiting days, including parent education for incarcerated mothers and fathers, and supervision of appropriate play activities during the visits.

f) Children of commercial sex workers

5.5.14 Develop and implement an IECCD service plan to serve the children of commercial sex workers

A comprehensive plan for serving pregnant and parenting commercial sex workers and their children from birth to 5 years of age shall be developed and implemented. The plan shall include home visitors linked to IECCD Centres who shall be given special training to serve commercial sex workers and their young children. They shall give parent education and child development services during their home visits. They shall work to ensure that children develop well, receive essential health and nutrition care, are enrolled in ECI services, if needed, and enter preschool and primary school in a timely manner.

5.6 Develop National Child Database and Tracking System

5.6.1 Prepare a Plan for a National Child Database and Tracking System

A plan for a National Child Database and System for child tracking and services shall be established and linked to birth registration and the provision of an official Birth Certificate. The Ministry of Social Development, all health and education services, the Bureau of Statistics and the Ministry of Home Affairs shall design, implement and jointly coordinate the system. It shall include unique child and parental numbers, a system for interagency referrals, continuous case management, child tracking, long-term follow-up and maintenance of child and parental files.

5.6.2 Develop rules and regulations on parental and child rights and system access

Rules and regulations regarding parental and child rights to privacy and to provide consent for the sharing of information shall be developed and strictly followed by all agencies. Rules for access to the system shall also be developed. A module shall be prepared and personnel of all social and health service agencies shall be trained in these essential rights, rules and regulations.

Strategy 6
Expand and improve the system for pre- and in-service training for all IECCD services

Pre- and in-service training are essential for improving the quality of IECCD services in Lesotho. Over the years, considerable work has been accomplished to establish valuable pre-service training programmes for professionals. However, more pre-service training is needed for professionals and few training opportunities exist for paraprofessionals and volunteers. In addition, the system for continuous in-service training to improve knowledge and skills is inadequate and urgently requires upgrading. In spite of many efforts made to date, many IECCD service providers still lack not only pre-and in-service training for their direct service personnel but also adequate training for their programme supervisors in their roles as monitors, supervisors and in-service trainers.

6.1 Conduct a capacity needs assessment of the IECCD workforce

6.1.1 Undertake an IECCD capacity needs assessment

A capacity needs assessment (often called a workforce development study) of the IECCD system shall be conducted to identify and map all current IECCD human resources. The study shall assess the level of training of current IECCD personnel and project pre- and in-service training needs for professionals, paraprofessionals and volunteers for a multi-year period, perhaps up to 10 years.

For this study, a list of IECCD professional and paraprofessional categories shall be developed, including the current training status of each professional and paraprofessional role. IECCD professional and paraprofessional categories shall include, but not be limited to, the following roles:

- Home visitors for preconception, family planning, antenatal and neonatal education;
- Parent educators and child development specialists (with cross training);
- Early childhood education specialists (for day care and home visiting services for children 0 to 3 years);
- Early childhood education specialists for preschool education and reception year classes (for children 3 to 5 years old);
- Early intervention specialists (EIS) for serving children with developmental delays, malnutrition, chronic diseases, disabilities and atypical behaviours and their parents;
- Language, physical and occupational therapists;
- Specialists in maternal-child health;
- Nutritionists and specialists in nutritional rehabilitation, education and the psycho-social stimulation of malnourished children (0 to 3 and 3 to 5 years old);
- Sanitation and hygiene specialists;
- Child and social protection specialists;
- Social workers;
- Psychologists;
- IECCD programme supervisors;
- IECCD programme evaluators and researchers; and
- IECCD programme planners, administrators and managers.

6.2 Establish IECCD personnel standards, career ladders, and certification systems

6.2.1 Develop personnel standards and career ladders, and review and revise certification systems to include requirements for continuing education

Personnel standards for all major types of IECCD professionals and para-professionals shall be reviewed, revised or developed and officially established. Once adopted, the standards shall be used to develop IECCD career ladders for professional personnel, and

for paraprofessionals who aspire to achieving professional status through receiving additional training and mentoring.

As noted in Section 2.1.6, based on personnel standards, certification requirements shall be established for each major type of IECCD professional role, and some paraprofessional roles. Certification for certificates and degrees earned outside of Lesotho shall be provided as well, depending upon the quality and appropriateness of training received. The Council on Higher Education (CHE) shall facilitate the review and revision of all existing systems for professional certification and to develop new ones. In addition, rules shall be formulated regarding requirements for periodic continuing education (official in-service training) for the maintenance of certification status (recertification).

6.3 Expand and improve pre-service training

6.3.1 *Expand training of professional early childhood educators*

To provide quality services, junior professionals, paraprofessionals and volunteers require high-quality trainers, supervisors and programme directors. For this reason, more university trained professional early childhood educators are needed to: train field personnel; manage IECCD systems in the country at all levels; lead IECCD Centres and other IECCD services; plan and design programmes; train and supervise paraprofessionals and volunteers; conduct monitoring and evaluation activities; and prepare educational materials, technical documents and reports.

CHE shall address the urgent need to train more professional early childhood educators. With the help of the National University of Lesotho (NUL) and the Lesotho College of Education (LCE), the Council shall develop a Plan for Advanced IECCD Training in order to expand rapidly the pre-service training of IECCD professionals at undergraduate Certificate in Early Childhood Education (CECE) and diploma levels as well as at graduate levels in the NUL. It is possible that new faculties shall need to be established to meet demands for professional IECCD specialists addressing the holistic needs of children from 0 to 3 years of age as well as children from 3 to 5 years of age. Additional future budgetary requirements shall be included in the Plan for Advanced IECCD Training.

6.3.2 *Design cross training approaches for integrated and Multi-sectoral services*

To develop truly Multi-sectoral and integrated services and to ensure good Multi-sectoral coordination, cross training shall be required among the main IECCD sectors of health, nutrition, sanitation, education and protection.¹⁴ Cross training shall be fostered during both pre- and in-service training for all integrated and Multi-sectoral services. A Plan shall be developed to include cross training in specific pre- and in-service IECCD training programmes.

¹⁴ Cross training is often called “polyvalent training.”

6.3.3 Prepare training plans, manuals and workshops for paraprofessionals and volunteers

Paid paraprofessionals are needed to support professionals in all types of IECCD services. Paraprofessionals conduct many but not all of the direct services with parents and communities, function as aides to professionals, and often guide the work of programme volunteers. As noted above, personnel service standards for each type of paraprofessional shall be established. In addition, terms of reference shall be drafted.

Well-trained and supervised volunteers shall conduct a wide variety of IECCD activities, including: conducting antenatal and neonatal education home visits using easy-to-use educational materials; making referrals to professionals with respect to difficult situations; assisting professionals and paraprofessionals with specific tasks; conducting community outreach and public relations; managing toy and book libraries as well as conducting toy making sessions; and many other activities.

Training programmes for paraprofessionals and volunteers should be conducted in or very close to their communities to help ensure they shall remain there after training. It shall also be important to train sufficient IECCD paraprofessionals and volunteers who are from minority language and cultural groups, such as the Xhosa, Baphuthi and Ndebele. These staff members shall help ensure that programme materials, methods and approaches are culturally and linguistically appropriate. Each major IECCD programme shall be asked to focus on recruiting and training culturally appropriate personnel.

Guidelines for Developing Training Plans for Paraprofessionals and Volunteers shall be prepared. Then using the Guidelines, each major IECCD programme shall be asked to establish a Training Plan for Paraprofessionals and Volunteers, including day care centres, IECCD Centres, ECI services, home-based preschools, community preschools, community health and nutrition services, and other services. Several of these training systems and related manuals and materials are listed for development in various sections of the Strategic Plan. The Plans shall include both pre- and in-service training, along with training manuals and materials and a regular annual training schedule. Training teams and/or specialists shall be prepared to provide training for paraprofessionals. In many cases, paraprofessionals shall train Volunteers, using brief and well-structured pre-service training workshops and frequent, regular in-service training. A list of incentives for volunteers should be included in the Plans.

6.4 Develop a National IECCD Resource and Training Centre

6.4.1 Plan and establish a National IECCD Resource and Training Centre

Given the growth of the IECCD field in Lesotho since the early 1970s and the need to provide national leadership and training to expand high-quality services rapidly, a National IECCD Resource and Training Centre shall be established in Maseru. It shall conduct the following activities:

- Develop, field test, translate, transcribe and adapt, revise, produce and distribute new educational curricula, printed and audio-visual educational materials,

methods and media, and training manuals for IECCD (as outlined in this Strategic Plan);

- Transcribe materials, as needed to meet special education requirements;
- Provide guidance regarding demonstration and practice methods for child development activities, using learning toys, and teaching positive parenting skills;
- Train preschool and primary school teachers and other appropriate personnel in techniques of inclusive education;
- Provide regular in-service training workshops using national curricula, educational materials, training manuals and M&E manual and instruments;
- Conduct evaluations of programme implementation that shall inform future Centre work and the Department for National IECCD Policy Implementation (See Chapter 7); and
- Help to develop, guide and support District IECCD Resource and Training Centres in stages and locate them in or near existing leading IECCD Centres in order to use them as demonstration centres or model preschools.

A plan for designing and establishing the Centre shall be developed, along with provisions for recruiting Multi-sectoral professional personnel and project-related consultants, securing audio-visual resources and print materials, and preparing a core budget and proposals for key services and projects.

6.4.2 Establish District IECCD Resource and Training Centres

Once the Maseru IECCD Resource and Training Centre has been consolidated and demand for district-level training has risen, District IECCD Resource and Training Centres shall be established. A plan for creating the District Centres shall be prepared and implemented in stages, in close collaboration with officials and agency leaders in each district. Underutilised spaces shall be identified, and with the guidance and support of District Administrators, shall be used for these Centres.

6.5 Plan and implement continuous in-service training services

As noted above, each major IECCD programme shall develop a plan for in-service training. In-service training shall become continuous for all IECCD personnel in order to ensure quality services, encourage innovation, and keep all professionals, paraprofessionals and volunteers up-to-date with improvements in IECCD in Lesotho and internationally.

6.5.1 Develop Annual National Plans for In-Service Training

The Department for National IECCD Policy Implementation shall develop an Annual National Plan for In-Service Training that shall be submitted to the National Multi-sectoral IECCD Council for approval. The Plan shall be based in part on the Programme Plans listed above, and it shall include in-service training throughout Lesotho at 3 different levels:

- The National IECCD Resource and Training Centre shall provide in-service training in Maseru, in collaboration with the National University of Lesotho and the Lesotho College of Education. These training workshops shall provide continuing education credits to help IECCD personnel maintain their certification status. A guaranteed minimum number of days of training shall be established and shall be provided for each professional and paraprofessional. The Centre shall also offer or support in-service training workshops at the district-level.
- Once established, the District IECCD Resource and Training Centres shall provide regular in-service training workshops for continuing education credits that shall be related to specific services, such as parent education, IECCD Centres, preschools, reception year classes, health and nutrition, sanitation and hygiene, child protection and other topics.
- Supervisors of IECCD programmes shall provide biweekly in-service training in IECCD service sites, using a format for linked training sessions to upgrade personnel competencies. These training activities shall be listed in Programme Training Plans and they shall be tailored to meet the specific training needs and requests of each site.

6.6 Develop in-service training workshops for IECCD field supervisors

6.6.1 Plan for the continued training of field supervisors of IECCD services

An Annual Plan for Training IECCD Field Supervisors shall be prepared. Special training for field supervisors shall be provided at institutions of higher education, national and regional, as well as at the National IECCD Resource and Training Centre. IECCD field supervisors shall be identified in health, nutrition, education, protection and sanitation services. Field supervisors shall be prepared to conduct three main types of activities during their site visits:

- Supervision of personnel and inspection of facilities;
- In-service training, according to an agreed upon Training Plan; and
- Monitoring and evaluation activities, including service inputs, outputs and outcomes, through the use of the instruments and guides for monitoring and evaluation that shall be developed for each type of programme. (See Strategy 7.)

Strategy 7
Design and implement a structure and plan for policy monitoring, evaluation, action research and follow-up planning

Monitoring and evaluation (M&E) is essential for all major IECCD services and for assessing the results from the IECCD Policy and Strategic Plans. M&E results are especially needed to plan, revise and improve services. Results also help to identify emerging problems and needs for IECCD services.

7.1 Develop a national system for monitoring, evaluation, reporting, learning and follow-up planning

7.1.1 Plan and develop an IECCD Management Information System

As an integral part of the Department for National IECCD Policy Implementation, an IECCD Management Information System (IECCD MIS) shall be established. It shall conduct national-level IECCD monitoring, evaluation, reporting, learning and follow-up planning. It shall monitor and evaluate inputs, outputs and outcomes resulting from the implementation of the IECCD Policy and Strategic Plan. The IECCD MIS shall function as Lesotho's "single point of contact" for regional and international agencies requesting data on IECCD services and the status of children and families in Lesotho. The IECCD MIS shall recruit and train core staff members and hire consultants, as needed. Staff training and technical support shall be provided in Lesotho, South Africa and internationally, as support becomes available.

7.1.2 Establish interagency agreements for data sharing

The IECCD MIS shall establish formal interagency agreements for sharing data with the Bureau of Statistics, the Ministry of Finance and Development Planning, the Education MIS (EMIS), the Health MIS (HEMIS), and the statistics unit of MOSD. The IECCD MIS shall guide the gathering of additional data as required by the IECCD Policy and Strategic Plan.

7.1.3 Develop IECCD M&E Manual, Indicators Charts, Instruments and Guides

The Department for National IECCD Policy Implementation shall be responsible for preparing the following items that shall guide the work of the IECCD MIS:

- A Monitoring and Evaluation Manual (M&E) that shall include the plan for gathering data on indicators related to policy structures and implementation processes as well as IECCD service inputs, outputs and outcomes.
- Detailed IECCD Policy Indicators Charts shall be prepared listing each selected indicator, the responsible agencies or sources, measures, instruments and criteria; baseline data and trend line data; indicator targets; and target dates. (See Strategic Plan.)
- Easy-to-use M&E instruments and instrument guides shall be prepared for purposes of data gathering at each IECCD site.

7.2 Develop a reporting schedule and an Annual National IECCD Action Plan

7.2.1 Design and develop a reporting schedule and an Annual National IECCD Action Plan

A schedule for quarterly and annual reporting shall be developed for all IECCD service sites, supervisors, District Multi-sectoral IECCD Committees, and the Department for National IECCD Policy Implementation (See Chapter 6). These programme and financial reports shall be used to support the planning, coordination, improvement and expansion of IECCD services at national, district and community levels. They shall be used to prepare the Annual National IECCD Action Plan. Training workshops shall prepare IECCD programme personnel about how to develop their schedules.

7.3 Conduct a national assessment of child development

7.3.1 Develop a plan for the national assessment of child development

In order to meet the needs of Lesotho's most vulnerable children and plan for the careful targeting of IECCD services, a child development assessment system shall be designed, planned and conducted.

The assessment tool shall either be a child assessment scale or a structured interview of the mother. It shall be administered using a stratified random sample of households with young children in all districts and from all income levels. Children shall be assessed at three age-bands: 9 to 12 months; 18 to 24 months; and 36 to 48 months. To assess their nutritional status, each child shall also be weighed and measured. The assessment tool shall be field tested on a small number of children prior to being used nationwide.

7.3.2 Conduct the survey on child development

The child assessments shall be conducted in 2013-2014 to establish national baseline levels for child development and identify levels of developmental delay and disability per community and region. Results shall be used to expand services to the population groups where they are most needed.

7.3.3 Repeat the survey every 4 years

The child development assessments shall be repeated each four years in order to assess needs and measure improvements in child development achieved through the provision of expanded and improved IECCD services.

7.3.4 Child development improved

Due to IECCD services, the level of child development shall be improved and the rate of malnutrition shall be reduced in Lesotho. When compared to survey results in 2013-2014, the results in 2017-2018 shall reveal an improvement in child development.

7.4 Conduct action research on IECCD topics

7.4.1 Develop an action research plan and select initial topics

Based on major prevailing needs for action research, the Department for National IECCD Policy Implementation shall prepare an Annual Plan for Action Research for submission to National Multi-sectoral IECCD Council for approval. Each year, emphasis shall be given to a few key topics of Policy implementation. At least one longitudinal research project shall be included in order to assess medium- and long-term impacts as well as short-term results. The IECCD Strategic Plan shall list two to three initial topics for action research. National researchers shall be selected to conduct research and training shall be provided as may be needed.

Strategy 8
Develop and implement annual plans for policy advocacy and social communications

8.1 Conduct policy advocacy and IECCD networking

8.1.1 Prepare an Annual IECCD Policy Advocacy Plan and implement it

The Department for National IECCD Policy Implementation shall prepare Annual IECCD Policy Advocacy Plans for the review and approval of the National Multi-sectoral IECCD Council. The Plans shall include specific activities, such as policy-related seminars, workshops and special documents (See Chapter 6). Advocacy events shall be conducted at least quarterly to promote the full implementation of the IECCD Policy and Strategic Plan. The National IECCD Network shall be expanded, and it shall also hold gatherings to promote Policy and Plan implementation.

Policy advocacy shall begin with the nationwide dissemination of the Policy and Strategic Plan. An explanatory booklet for parents shall be provided to all IECCD services for wide

distribution in each District. The full IECCD Policy and IECCD Strategic Plan shall also be available online through the websites of the following ministries: MOET, MOH, MOSD, MOAFS, MOCST, MOF, MODP MOHA, MOGYSR, MOJHRCS, MOTICM, Prime Minister's Office, and MOLGCP.

8.1.2 Plan and hold Annual IECCD Forums

In addition to policy advocacy seminars, workshops and documents, an Annual IECCD Forum shall be planned and held with support from all IECCD Ministers and their specialists as well as the National IECCD Network and IECCD leaders of private sector and civil society organisations. Upon the adoption of the IECCD Policy, the First Annual IECCD Forum shall be convened to announce the adoption of the IECCD Policy and Strategic Plan as well as to hold workshops for IECCD specialists and District and community IECCD leaders.

8.2 Prepare and implement Annual IECCD Social Communications Plans

8.2.1 Develop Annual IECCD Social Communications Plans

The Department for National IECCD Policy Implementation shall prepare Annual IECCD Social Communications Plans for the review and approval of the National Multi-sectoral IECCD Council. The Plans shall include parent and community meetings and shall use all media possible to support IECCD Policy implementation, programme development, and especially, parent education. Media shall include community radio, television, print media, Internet, dances, theatre, posters and banners. Each year, a minimum of 10 key messages shall be prepared and broadcast or otherwise distributed to parents and all citizens on selected topics, such as the following:

- Child rights and parental rights and responsibilities;
- Preconception, antenatal and neonatal education, health care and nutrition;
- Birth registration within 1 year of birth and securing an official Birth Certificate;
- The reasons why young children need IECCD services;
- The importance of learning valuable parenting skills;
- Criteria for parents to assess IECCD service quality in order to make informed choices;
- Health, nutrition, hygiene and safety messages;
- The importance of the early identification of children with disabilities;
- Introduction to ECI services and inclusive preschool education and community support for children with disabilities and other vulnerable children;
- Child abuse and neglect, and how to prevent it; and
- Education about child protection services and how to access them.

8.2.2 Give special attention to radio education for parents and children

Radio education for parents and children, including stories and learning activities, shall be promoted as well as television programmes for children and parents. Radio education shall be used especially to access families in remote rural areas. Basotho early childhood specialists shall be interviewed, and call-in shows shall be aired to answer parents' questions about early childhood development and parenting.

8.3 Establish Child Ambassadors for IECCD

8.3.1 Select Child Ambassadors to promote IECCD

Lesotho shall designate public-minded children as "Ambassadors for Young Children" in order to sensitise communities and parents to children's needs. The Child Ambassadors shall strongly promote the development of IECCD Centres and other activities. Older children shall become mentors for younger children, and they shall help to advocate for children's rights and expanded services to meet young children's needs. The National Multi-sectoral IECCD Committee shall use existing mechanisms to support children's participation in IECCD advocacy.

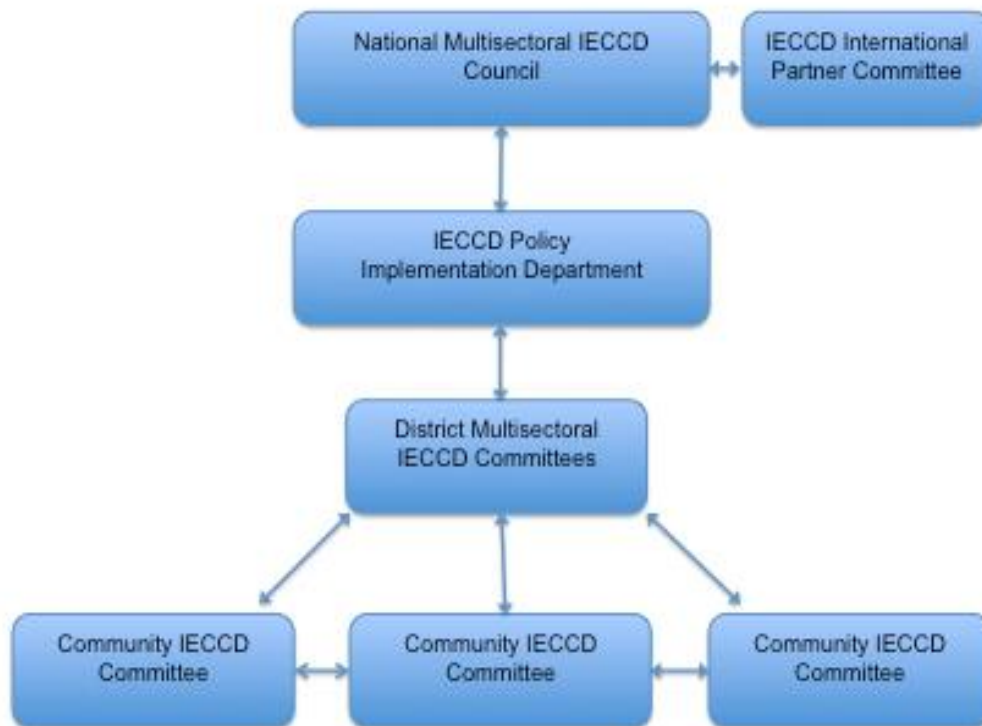
6. NATIONAL IECCD ORGANISATIONAL FRAMEWORK

The structure for implementing the IECCD Policy and Strategic plan is based on current strengths of the Government of Lesotho. The organisational framework was developed in accordance with national plans for the decentralisation of services.

The central level shall provide technical leadership, national supervision and training support. At the district level, regional services for programme coordination, training, support and supervision shall be offered. Community IECCD Committees shall conduct community-level service planning, management, implementation and oversight.

The following Organisation Chart presents the IECCD structures of the Kingdom of Lesotho at national, district and community levels.

IECCD ORGANISATION CHART



The IECCD organisational structure is composed of the following entities.

NATIONAL MULTI-SECTORAL IECCD COUNCIL

The National Multi-sectoral IECCD Council shall lead national IECCD policy implementation, coordination, assessment and planning. The Council shall review and adopt national IECCD service standards, regulations and guidelines, review reports from service programmes, communities and districts, approve annual IECCD plans and budgets, and oversee service coordination, quality, equity and accountability. The National Multi-sectoral IECCD Council shall be established upon the adoption of the IECCD Policy.

IECCD INTERNATIONAL PARTNER COMMITTEE

The Chair of the National Multi-sectoral IECCD Council shall chair the IECCD International Partner Committee. Its members shall include all international development partners that support IECCD services. They shall include: United Nations agencies; multilateral and bilateral donors; and international non-governmental organisations (INGOs) and faith-based organisations (FBOs). This Committee shall develop an Annual Plan for the Coordination of External IECCD Investments. This “mosaic of support” shall assist with key initiatives presented in this Strategic Plan. The IECCD International Partner Committee shall be established upon the adoption of the IECCD Policy.

DEPARTMENT FOR NATIONAL IECCD POLICY IMPLEMENTATION

The MOET shall host the Department for National IECCD Implementation. The Department shall become the national-level Multi-sectoral IECCD team for implementing the IECCD Policy and Strategic Plan. It shall have a minimum of 6 posts, and at least 3 of its members shall be seconded from other ministries. In addition, each IECCD ministry shall designate a specialist who shall function as the ministerial focal point to work with the Department and to link sectoral IECCD activities to other IECCD programmes. In collaboration with districts and communities, the Department shall conduct annual IECCD planning. Under the leadership of the National Multi-sectoral IECCD Council, it shall guide the implementation of the IECCD Policy, Strategic Plan and the Annual Plan and budget. It shall manage and/or supervise selected key projects; coordinate Multi-sectoral and integrated services; assist to establish formal interagency agreements and partnerships; host and manage the nation’s IECCD Management Information System to monitor and evaluate IECCD services; and prepare and review reports for National Multi-sectoral IECCD Council. The Department for National IECCD Policy Implementation shall be established upon the adoption of the IECCD Policy.

The Department shall also include the current MOET Unit for ECCD that shall be further strengthened to conduct education activities that are outlined in the Strategic Plan. The Department shall also help the MOET Unit for ECCD to coordinate well with all other IECCD ministries, and to improve and expand key educational initiatives and integrated services that include education personnel.

DISTRICT MULTI-SECTORAL IECCD COMMITTEES

District Administrators shall chair District Multi-sectoral IECCD Committees that shall be developed in each District. District Administrators may delegate this role to a District Officer in an IECCD-related ministry. The District representative of the MOLGCP shall provide guidance and support for the District Multi-sectoral IECCD Committees. The members of these Committees shall include members of the District Community Councils, District sectoral leaders for IECCD services in all IECCD ministries including the MOLGCP, plus selected District IECCD leaders from the private sector, NGOs, FBOs and Community-Based Organisations (CBOs). Under the guidance of the Department for National IECCD Policy Implementation, the Districts shall prepare District reports and plans; coordinate and integrate IECCD services according to the Annual Plan; ensure Community IECCD Committees and services are established, supported, supervised, monitored and evaluated; and coordinate and share information and experiences with other District committees. District Multi-sectoral IECCD Committees shall be established within six months of the adoption of the IECCD Policy.

COMMUNITY IECCD COMMITTEES

Community IECCD Committees shall be developed in each of the 86 communities of Lesotho. A community leader shall lead each Committee, and they shall be selected on a rotating basis. Members of the Community IECCD Committees shall include parents, representatives of the Community Council, the local chief, and other key leaders and members of local IECCD services. The Committees shall plan and manage the coordination of community IECCD services; assist with the implementation of IECCD services; conduct community oversight activities and prepare reports; and coordinate and share with other Community IECCD Committees. Community IECCD Committees shall be established within six months of the adoption of the IECCD Policy.

ORGANISATIONAL ISSUES PRESENTED IN IECCD STRATEGIC PLAN

The IECCD Strategic Plan shall provide additional information about the membership, roles, responsibilities and schedules of each of these entities. The Strategic Plan shall also outline requirements for developing programme and service guidelines, regulations and/or service standards. Manuals shall be prepared for each level of the IECCD structure to help to guide members of the entities in their work. Formal agreements among ministries and institutions of civil society shall also be outlined.

7. IECCD INVESTMENT PLAN

NATIONAL INVESTMENT TARGETS FOR IECCD

As noted in the situation analysis, various types of financial and in-kind resources are currently provided for IECCD; however they are insufficient to meet current and future needs to improve the status and development of children and the capacity of parents and caregivers to ensure good child development.

To ensure long-term sustainability and high technical quality in all sectors and at all levels, the Government shall provide the largest amount of funding for IECCD services and activities. It is in the interest of the Government to invest significantly in the development and wellbeing of young children to ensure the citizens of tomorrow shall be healthy, intelligent and productive and to meet the Millennium Development Goals and National Strategic Development Goals.

The MOET shall provide technical leadership for all early childhood education for parents and children from birth to 5 years of age, including day care centres, IECCD centres (in collaboration with the MOH and MOSD) and preschool education services, (including community preschools, home-based services and reception year services). MOET shall also provide standards, regulations, and oversee supervision, educational materials and pre- and in-service training for the use of all day care centres and preschools. .

The roles and responsibilities of the MOET for early childhood care and development are many, and yet the percentage of the education budget currently devoted to IECCD is reported to be only 0.03%, far below expected education sector levels of 10% to 14%.

The MOH provides considerable resources for maternal-child health, reproductive health, health centres and hospitals related to serving pregnant women, infants and young children. Currently, 14% of the national budget is devoted to health, and health policies and plans focus strongly on maternal – child health. However, the percentage of the annual health budget related to these maternal-child health and nutrition services is currently unknown because other types of cost categories were used in the budgeting process of the former MOHSW.

The percentages of investment in sectoral areas shall be increased in incremental stages in order to achieve a series of funding targets including 1% to 2% of GDP, 10% to 14% of

the MOET budget, and 10% to 14% of the MOH budget for IECCD activities and services. Annual targets for meeting these investment objectives are presented in the IECCD Strategic Plan.

SUPPORT FOR THE DEPARTMENT FOR NATIONAL IECCD POLICY IMPLEMENTATION

To ensure the full implementation of the IECCD Policy and Strategic Plan and the provision of essential planning, monitoring, reporting and Multi-sectoral integration and coordination, the MOF and MODP, in collaboration with the MOET, MOH and MOSD shall ensure that a core budget shall be provided annually to the Department for National IECCD Policy Implementation. This core budget shall cover the salaries and benefits of 6 professional staff members and essential costs for materials, supplies, communications, travel, office equipment, furniture, communications and other items. The MOH shall provide specialists for the Department from the fields of nutrition, health, sanitation and the MOSD shall provide a specialist for child protection.

Additional support for the Department shall be secured each year from the Kingdom of Lesotho Trust Fund for Young Children that is to be established (see below) as well as from several international partners, including United Nations agencies, bilateral and multilateral donor agencies, foundations and corporations.

DISTRICT AND COMMUNITY INVESTMENT

In line with decentralisation plans and the policy to develop IECCD Centres and services in all communities, District Councils and Community Councils shall be expected to give at least 5% of their annual budgets to IECCD Centres and other IECCD services. Annual reports shall be provided on these contributions from communities and districts, and their use for specific IECCD services.

UN Agencies and multilateral development partners

A number of UN Agencies and international multilateral partners support IECCD services, including:

- Global Partnership for Education (formerly called the “Fast Track Initiative”)
- European Union and the European Commission
- Food and Agricultural Organisation (FAO)
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Joint United Nations Programme on HIV and AIDS (UNAIDS)
- United Nations Development Programme (UNDP)
- United Nations Educational, Scientific and Cultural Organisation (UNESCO)
- United Nations Population Fund (UNFPA)
- United Nations Children’s Fund (UNICEF)
- World Food Programme (WFP)
- World Health Organisation (WHO)
- World Bank
- African Development Bank (ADB)

Bilateral development partners

Several bilateral partners shall continue to support or shall be requested to begin supporting activities presented in the IECCD Policy and Strategic Plan, including:

- Austria
- Canada
- China
- Denmark
- Germany
- Irish Aid
- Japan (JICA)
- Korea
- Luxembourg
- Norway and Norwegian Association of Disabled (NAD)
- The Netherlands
- Switzerland
- United Kingdom: Department for International Development (DfID)
- United States of America
 - USAID
 - Millennium Challenge Corporation
 - PEPFAR

INTERNATIONAL NGOS, FBOS, FOUNDATIONS AND CORPORATIONS

In addition, several international NGOs and foundations currently support or have indicated interest in supporting IECCD services. These agencies include:

- Adventist Development and Relief Agency (ADRA)
- African Capacity Building Foundation (ACBF)
- CARE
- CARITAS
- Catholic Relief Services (CRS)
- Clinton Foundation, HIV and AIDS Initiative
- Dolen Cymru (Wales)
- Dubai Cares
- Elizabeth Glaser Paediatric AIDS Foundation
- Elma Foundation
- Firelight Foundation
- La Leche League
- Kellogg Foundation
- Mothers2Mothers
- Open Society Foundation (OSF), Early Childhood Programme (ECP)
- Open Society Institute of Southern Africa (OSISA)
- PACT
- Red Cross
- Rotary International
- Save the Children
- SOS Children's Villages
- World Vision, and
- Others

HIGHER EDUCATION PARTNERSHIPS

Some foreign universities and institutes also assist Lesotho's children and families, such as the Baylor College of Medicine, Boston University and the Columbia University International Centre for AIDS Care and Treatment Programs. Every effort shall be made to identify, foster, establish and support additional higher education partnerships in child development fields for the LCE and NUL, especially for IECCD service development, evaluation and research.

ANNUAL IECCD INVESTMENT PLAN

Under the guidance of the National Multi-sectoral IECCD Council and with the full collaboration of the IECCD International Partner Committee and the MOF and MODP, the

Department for IECCD Policy Implementation shall prepare an Annual IECCD Action Plan that shall include an Annual IECCD Investment Plan.

The Annual IECCD Investment Plan shall seek to meet programme needs for service expansion and improvement, coordination, quality assurance, equity, and for developing planned new services and activities. The Plan shall include all types of national and international support, including financial, technical and material support arrayed by type of activity or service.

KINGDOM OF LESOTHO TRUST FUND FOR YOUNG CHILDREN

To fully fund all strategic initiatives, services and activities presented in the IECCD Policy and Strategic Plan, it shall be essential to develop new types of funding support. For this reason, the ***Kingdom of Lesotho Trust Fund for Young Children*** shall be established.

A feasibility plan shall be conducted to identify and secure sources of support for the Trust Fund. The following types of funding shall be sought for this fund:

- Core governmental funding and a major donation to begin the Fund;
- International development partners;
- International businesses, including factories and food, clothing and furniture stores;
- National payroll tax on international businesses;
- Extraction taxes on natural resources;
- Exportation taxes on factory goods;
- Donations from Basotho businesses and associations, including banks, taxi associations, transport associations, insurance companies, stores and others;
- Tax abatement on businesses for their support of IECCD services;
- Support from charity organisations and individual benefactors; and
- Fundraising activities, such as auctions, dinners, etc.

ADOPTION OF IECCD CENTRES

A system for “adopting” community-level IECCD Centres shall be developed. Banks, insurance companies, car dealerships, chain stores, corporations and other businesses shall be invited to provide core funding for IECCD Centres located in communities with high levels of young children in need.

THE IECCD STRATEGIC PLAN AND ANNUAL ACTION PLANS

The IECCD Strategic Plan shall include detailed projected budgets for the tasks of each activity from fiscal year 2013/2014 to 2017/2018.

Annual Action Plans and cost studies shall modify the general budget presented in the Strategic Plan; however, it shall be the guiding document for measuring the actual levels of Lesotho’s investments in IECCD for this five-year period.

8. COORDINATION WITH DEVELOPMENT PARTNERS AND CONCLUDING STATEMENT

Under the leadership of the National Multi-sectoral IECCD Council, the IECCD International Partner Committee shall develop Annual Plans for the Coordination of External IECCD Investments with national and international development partners.

The National Multi-sectoral IECCD Council shall make an annual presentation to the IECCD International Partner Committee regarding priority areas for service support, such as IECCD Centres for communities, early childhood intervention services, educational materials, etc. Partners shall be invited to support these services and activities.

The Annual Plan for the Coordination of IECCD External Investments shall feature a mosaic of investments in strategies, activities and tasks that are presented in the IECCD Strategic Plan.

Partnership meetings shall be held at least twice a year. During the year, partners shall work with the Department for IECCD Policy Implementation and with specific IECCD services or activities. As appropriate, the Department shall assist with the development of formal interagency agreements for supporting services and activities. The Department shall also follow up to ensure that work proceeds according to plan, including monitoring and evaluation for purposes of quality assurance and fiscal and programme accountability.

In conclusion, this Policy's Vision for healthy, strong and well developed Basotho children and families shall be achieved through coordinated national and international dedication to:

- 1) Achieving the objectives of the IECCD Policy;
- 2) Improving and expanding IECCD services;
- 3) Increasing national and international investment in children and families; and
- 4) Developing strong national and international partnerships for children.

ANNEX I

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ANNEX II

MULTI-SECTORAL WORKING GROUP FOR IECCD POLICY PLANNING

- T. Ntšekhe-Mokhehle MOET – Chief Education Officer, Primary (Team Leader)
- E. M. Sebatane National University of Lesotho – Institute of Education
- S. Letsatsi-Kojoana Catholic Relief Services
- M. Motjoli MOET – ECCD Unit
- M. Ntšaba MOET – ECCD Unit
- M. Kali MOET – ECCD Unit
- M. Mantutle MOET – ECCD Unit
- M. Lehora MOET – ECCD Unit
- S. Morojele-Dotoro MOET – Acting Chief Inspector Field Services
- M. Hooхло MOET – Senior Education Officer
- M. Setlaba MOET – Special Education Unit
- M. Taleng MOET – Special Education Unit
- L. Molapo MOET – National Curriculum Development Centre
- M. Liphoto MOET – Planning Unit
- T. Ntholeng MOET – Planning Unit
- Y. Mahlaha MOET – Home Base Resource Person
- L. Possa MOET- National Teacher Trainer
- M. Morahanye MOET – SSRFU
- M. Mohale MOET – Information Office
- M. Mabula MOET Information Office
- V. Lefu Home-Based Teacher
- Sr. A. Monyetsane Sisters of Charity
- T. Tsilane UNESCOM
- M. Marite MOSD
- T. Shale MOSD
- M. Maute MOSD
- M. Potsane MOAFS – Nutrition
- M. Lifalakane Food and Nutrition Coordinating Office
- P. Ntjona MOH – Expanded Programme for Immunisations
- M. Mohai MOH – Family Health Division
- M. Mahahabisa MOH – Environmental Health
- M. Mathe MOH – IMCI
- M. Khasoane MOH – Nutrition
- T. Diaho MOH – Nutrition
- S. Marealle MOH
- N. Ntlame MOH
- M. Maqhana MOH
- L. Mofo MODP - NSDP
- M. Thoosa LMPS – Child and Gender Protection Unit

- T. Shano Ministry of Tourism and Environmental
- M. Motšoane Ministry of Agriculture and Food Security
- P. Makatle Disaster Management Authority
- L. Lesholu Beautiful Gate
- M. Mokhahlane Lesotho Girl Guides Association
- N. Tšephe Lesotho Girl Guides Association
- P. Ntšonyane Lesotho College of Education
- M. Lesia Lesotho College of Education
- M. Setoromo Lesotho College of Education
- M. Maraka Lesotho College of Education
- M. Makara Catholic Commission for Justice and Peace
- B. Johnson Lesotho College of Education
- M. Moshoeshoe Lesotho Pre-school and Day Care Association (LPDCA)
- M. Matlosa Lesotho Pre-school and Day Care Association (LPDCA)
- Sr. B. Lekena Sisters of Good Shepherd
- N. Lephoto Touching Tiny Lives
- B. Cerney Catholic Relief Service
- C. Banerjee Catholic Relief Services
- L. Rasethunts'a Catholic Radio
- H. Matli World Vision (Social Protection)
- H. Habi World Vision
- M. Mots'epe Sentebale
- P. Tankiso Management Sciences For Health (MSH)
- K. Moejane PACT
- L. Masupha Lesotho Save the Children
- Sr. P. Hlobotsi Global Service Corps - IECCD
- P. Montši UNESCO
- Victor Ankrah (Dr) UNICEF
- Lati Makara Letšela UNICEF
- Farooq Mohammad UNICEF
- Farida Nouredine UNICEF
- B. Yamba USAID
- N. Matsepe WFP

ANNEX III

IECCD HUMAN RESOURCES:

PROFESSIONALS, PARAPROFESSIONALS AND VOLUNTEERS

A full and detailed assessment of IECCD human resources is urgently needed in Lesotho. The following chart presents information regarding human resources that has been secured as of April 2012.

Type of Profession	Current Situation	Number Certified	Percent Certified	Personnel Required to Achieve Policy Goals
Antenatal, neonatal, child and maternal health and nutrition professionals				
Doctors	<i>At the central level, there are few specialised doctors. Some make scheduled visits to clinics on specific days</i>	2 gynaecologists 1 paediatrician Many more specialists are needed for M-CH.	Unknown	Projections are needed, especially for rural areas.
Nutritionists	<i>At the central level, nutritionists lead programmes but many more are needed in the field as trainers, supervisors and leaders</i>	1 Nutritionist per District and 2 in Maseru. Many more are needed.	Unknown	Projections are needed, especially for rural areas.
Nurses	<i>A major effort has been made to provide more trained nurses for each type of facility (MOHSW, 2011).</i>	In some Health Centres, only assistant	Unknown	Every Health Centre should have: * 1 nurse clinician

	<i>There is critical shortage of qualified nurses due in part, to “brain drain” to South Africa and abroad.</i>	nurses are present.		<p>* 2 trained nurses/midwives</p> <p>* 2 assistant nurses</p> <p>Projections per facility have been prepared.</p> <p>MOH is expanding and improving training of nurses.</p>
Trained midwives	<i>Due to changed curriculum that allows for specialisation, many nurses are no longer required to also study midwifery and are free to choose another specialisation. As a result, there is shortage of qualified midwives.</i>	Unknown	Unknown	<p>1 to 2 trained midwives are needed per health centre.</p> <p>Projections are needed.</p>
Early Childhood Intervention Services				
Physical therapists	<i>Most physical therapists are currently hospital-based. More shall be needed for ECI services.</i>	Unknown	Unknown	<p>At least 12 community-based therapists are required for initial ECI services.</p> <p>Number needed for hospitals is unknown.</p>
Clinical and child psychologists	<i>Only 3 have been identified, and they are mainly in hospitals. More shall be needed for ECI</i>	3	100%	Many more are needed to serve in hospitals, ECI

	<i>services as well as for health facilities.</i>			services (8 initially) and some large health centres.
Speech therapists	<i>None. They are urgently needed for ECI services and inclusive preschools and primary schools.</i>	0	NA	At least 12 are initially needed for ECI and preschool services.
Occupational therapists or counsellors (social workers are below)	<i>1 has been identified. Many shall be needed for ECI services and inclusive preschools and primary schools as well as for hospitals and health centres.</i>	1	100%	Many more are needed to serve in hospitals, ECI services (8 initially) and some large health centres.
Early Intervention Specialists (EIS)	<i>None have been trained as yet, and many shall be needed to train, supervise and conduct ECI services.</i>	0	NA	A new EIS training programme shall be needed to initially prepare at least 24 EIS.
Teachers and trained child caregivers				
ECCD teachers for children 0 to 3 years	<i>None. They are needed to improve early day care services and provide home visits from IECCD Centres.</i>	0	NA	At least 300 shall be needed by 2016. A sustainable training programme is urgently required.
ECCD teachers for community preschools: children 3 to 5 years old	1,934	Very few have the Certificate in Early Childhood	Less than 3% are CECE certified.	Over 1,876 current preschool teachers require certification, and at least

		Education (CECE)		860 more shall need to be certified by 2016.
<i>ECCD teachers and caregivers for home-based preschools: children 3 to 5 years old</i>	60	None are CECE qualified.	None	These paraprofessional teachers and caregivers must receive regular pre- and in-service training.
<i>ECCD teachers for reception classes: 5 year of age</i>	229	84 teachers hold a CECE qualification.	37%	Over 145 teachers require CECE training, and at least 316 additional teachers shall need to be trained by 2016.
Teacher trainers and supervisors				
<i>Teacher trainers and supervisors of professionals and paraprofessionals serving children 0 to 3</i>	<i>None. Services for children 0 to 3 and their parents is a relatively new area for Lesotho.</i>	None	None	National and regional or international training is urgently required for at least 6 teacher trainers.
<i>National teacher trainers for children 3 to 5</i>	<i>10 including LCE and MOET employees</i>	10	100%	From 20 to 25 additional teacher trainers are needed urgently.
<i>Area Resource Teachers (ART) provide training and supervision</i>	<i>150 ARTs are currently in service, and more shall be needed to meet</i>	59 ARTs have the CECE	39%	91 ARTs need to obtain at least CECE qualification

for preschool teachers	<i>growing demand and service expansion.</i>	91 ARTs have a school leaving certificate	61%	59 need to obtain a school leaving certificate At least 75 additional ARTs shall be needed by 2016
Home-Based Resource Persons (HBRP)	<i>Only 4 HBRPs are currently in service and they are unable to meet needs for frequent in-service training, supervision and monitoring. Additional HBRPs are urgently needed.</i>	2 have the CECE	50%	20 additional certified HBRPs are needed, including at least 2 qualified HBRPs per district
Child Protection Services Workers				
Social workers, located currently mainly in Health Facilities	<i>1 per district, serving as social workers, rehabilitation officers, child welfare officers, counsellors, and auxiliary social workers. Additional trained social workers are needed to work in IECCD Centres, Health Centres and hospitals, and ECI and child protection services.</i>	10	100%	At least 70 additional trained social workers shall be needed by 2016.
Child and Gender Protection Unit	<i>22 CGPU specialists have been trained and are currently working at</i>	22	100%	Initially 2 specialists shall be

(CGPU) personnel	<i>the central level. More shall be needed soon to serve parents and children from 0 to 5 years of age.</i>			needed to serve children 0 to 6 in the CGPU. At least 5 more shall be needed by 2016.
IECCD Support Roles				
Monitoring and Evaluation (M&E) Specialists	<i>Currently 1 is employed in MOET and 3 in MOSD. The National Department for IECCD Policy Implementation shall need 2 M&E specialists.</i>	4	100%	2 additional M&E specialists shall be required for the Department.
Policy advocacy and social communications	<i>Only 1 media specialist is employed in the Family Health Division of MOH. More are needed to fully implement Strategy 8 of the Policy.</i>	1	100%	At least 2 additional part-time media specialists shall be needed to help conduct policy advocacy and social communications activities.

Types of Paraprofessionals and Volunteers Needed

Paraprofessionals and volunteers needed by policy strategy	Numbers of paraprofessionals/volunteers				
	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017
Strategy 1: Preconception, antenatal and neonatal services					
Volunteer Community Antenatal/Neonatal Educators	100	100	150	200	250

Strategy 2: IECCD Centres and services					
Paraprofessionals for IECCD Centres (3 per Centre working under 1 professional director)	NA	60	60	300	600
Volunteers (possibly retired community members with knowledge of health, nutrition, education and psychosocial care and support)	NA	120	120	600	1,200
Paraprofessional parent educators (1 per IECCD Centre initially)	NA	20	20	100	200
Community council and village IECCD volunteers	NA	40	40	200	400
Strategy 3: Early childhood intervention services					
Paraprofessional ECI community home visitors, working under professional guidance	NA	24	24	48	72
Community outreach volunteers to identify and screen eligible vulnerable children	NA	12	12	24	36
Strategy 4: Preschool services					
Paraprofessional Home-Based Resource Persons (HBRP)	80	100	120	140	160
Volunteer ECCD teacher classroom aides	200	300	400	500	600
Community Preschool Board members and other volunteers	100	150	200	250	300
Strategy 5: Child protection					
Paraprofessional child protection workers, trained and working under CP specialists	50	100	250	300	350
Volunteer community outreach workers	100	200	500	600	700

Strategy 6: Pre- and in-service training					
Paraprofessional teacher assistants in National and District IECCD Resource and Training Centres	NA	10	10	30	30
Strategy 7: Monitoring, evaluation, action research					
Paraprofessional monitoring, evaluation and research assistants, as needed per project	5	10	10	15	15
Strategy 8: Policy advocacy and social communications					
Volunteer media specialists	5	10	15	15	15
Members of National and District-Level Multi-sectoral IECCD Committees who shall work with community volunteers to promote the nationwide implementation of the IECCD Policy and key IECCD messages.	50	100	150	200	250

ANNEX IV

INTERNATIONAL DEVELOPMENT PARTNER SUPPORT FOR HEALTH, NUTRITION AND PROTECTION SECTORS

These data were compiled from the *MOHSW Annual Joint Review Report*, May 2011. The areas listed below include focussed IECCD support OR partial support for IECCD services or institutions. It was impossible to identify the proportions of support for IECCD, so entire grants or loans are listed. In the case of HIV and AIDS, most of the grants are for general services but some proportion of them benefit pregnant women and young children. Most grants or loans listed below only indirectly benefit IECCD services. It is important to know that these international development partners are already contributing to various types of IECCD services.

Partners	Areas of Support	Budget		
		2009/2010	2010/2011	2011/2012
World Bank	HIV and AIDS Capacity Building		USD \$5 million for 5 years	
African Development Bank	Social welfare and mental care services	M20,000,000	M39,908,678	
Irish Aid and Clinton Foundation	* Human resources development * HIV and AIDS support	M75691334	M51,169,666	M50,000,000
WHO	* HIV and AIDS & tuberculosis * Family & community health * Disease prevention * Strengthen health system,	M4,000,000	M6,166,000	M6,500,000

	partnerships and coordination			
UNICEF	* Increase access to and coverage of IECCD * Improve service quality and collaboration	M2,700,000	M4,900,000	M5,000,000
UNFPA	* Reproductive health * Gender * Population and development	M2,140,000	M2,300,000	M2,400,000
Global Fund to Fight AIDS, TB & Malaria	* Strengthen management of TB programme * HIV and AIDS	\$5,750,933 \$24,822,478	\$5,768,432 \$25,176,726	\$7,873,284
EU – Skillshare	* Improve socio-economic status of persons with disabilities	€20,273	€20,273	€20,273
EU	OVCs via UNICEF and MOHSW	Included in UNICEF funding		
Kellogg Foundation	* District health services, clinical & management * Institute post-graduate Family Medicine training programme * Increase return of Basotho	\$894,000	\$806,000	-0-

	<p>physicians to Lesotho</p> <p>* Improve retention of Basotho health professionals</p>			
Millennium Challenge Corporation/MCA	<p>* Strengthen health care systems</p> <p>* Improve health service delivery by upgrading health centres, etc.</p> <p>* Improve health waste management</p> <p>* Support health systems strengthening</p> <p>* Support MOHSW Research Unit</p>	M100,000,000	M126,306,395	M266,227,841
PEPFAR	* HIV and AIDS responses to reduce incidence	\$26.5 million	\$29.2 million	\$29.2 million
Norwegian Association of Disabled	<p>* Implement national disability policy and UN Convention on Disability</p> <p>* Help establish national Steering Committee</p> <p>* Lead development of</p>	M1,216,275	M2,216,772	M2,320,437

	stakeholder work plans			
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Additional support for health and nutrition

Sebatane and Letsatsi-Kojoana (2011) found the following additional international financial, technical and material support for health and nutrition.

Partners	Areas of Support	Budget		
		2009/2010	2010/2011	2011/2012
World Food Programme	<ul style="list-style-type: none"> *Improve management of acute malnutrition *Improve child growth and development, with particular attention to reducing stunting and micronutrient deficiencies *Improve nutrition and health practices * Enhance capacity to inform and manage national nutrition improvement programmes * Support child nutrition programmes (FHD) *Distribute of food parcels to OVC and the needy 		US\$5,445,408 (January 2011 – December 2012)	(Same)
Germany	Procure ARV's for MOHSW		NA	
Japan – JICA	Provide vaccines and		NA	

	Injections for MOHSW EPI programme			
PACT	<ul style="list-style-type: none"> * Train community volunteers in health referrals of OVC for suspected chronic illnesses, low birth weight and child developmental delays, and disabilities * Conduct nutritional screening of OVC for supplementary feeding program * Provide child protection services for OVC and their families and referrals for child protection including legal support * Help OVC families with birth registration * Provide OVC home visits regarding health status, children's immunization cards and health needs 		M4,875,091 (US\$696,442) Funds from USAID	
CARE	Collaborate with OVC programme implementation (DSW)		NA	
CRS	Collaborate with OVC projects at community level (DSW)		NA	
Clinton Foundation	* Support clinicians at health centres to address the paediatric HIV and AIDS cascade in their catchment area.		M15,000 (x 4 districts) =M60,000 (US\$8,571)	

	* Provide paediatric ARV's (MOHSW)			
Elizabeth Glaser Paediatric AIDS Foundation	Support PMTCT programme		NA	
Red Cross	* Collaborate with OVC projects at community level (DSW) * Collaborate with provision of health services (clinics)		M5,300,000 (US\$757,143)	
Rotary International	* Donate wheelchairs and other assistive devices for people with physical disabilities (DSW) * Support Expanded Programme on Immunization (EPI) (MOHSW)		NA	
World Vision	* Support nutrition at community level for children and women		NA	

ANNEX V

INTERNATIONAL DEVELOPMENT PARTNER SUPPORT FOR EDUCATION

These data were compiled from a review conducted by Sebatane and Letsatsi-Kojoana, 2011. The areas listed below include focussed IECCD support OR partial support for educational services or institutions providing ECCD services.

Partners	Areas of Support	Budget		
		2009/2010	2010/2011	2011/2012
Global Partnership for Education (formerly "Fast Track Initiative")	<ul style="list-style-type: none"> * Reception class block grant (care provider, food, learning materials) * Evaluation of reception classes 		US\$2,000 000 (to be used during 3 years (2011 to 2013))	(Same)
Irish Aid and World Bank partnership	<ul style="list-style-type: none"> * Evaluation of reception classes 		US\$50,000	
UNICEF	<ul style="list-style-type: none"> * Increase access to and coverage of IECCD * Improve service quality and collaboration * Technical and Financial support to ECCD activities (Policy development) * Research studies and materials development, training materials development, etc. 	M2,700,000	M4,900,000	M5,000,000

Japan - JICA	Support for MOET to build primary schools; some with preschool classes attached		Not calculated separately	
USAID	Takalani Sesame Project with support for preschools and educational materials		No information provided	
PACT	<ul style="list-style-type: none"> * Train community volunteers and OVC caregivers/parents in ECCD related issues * Adapt ECCD, PMTCT and paediatric ART materials for community outreach * Referrals of OVC between 0-5 to ECCD teachers or community volunteers trained in ECCD 		Included in amount listed above under MOHSW	
PACT	<ul style="list-style-type: none"> * Support to increase access to ECCE for all children, particularly those in remote areas and disadvantaged children. * Support for ECCD programme Takalani Sesame and provision through: <ul style="list-style-type: none"> - Adaptation of teacher/caregiver training materials and caregiver manual including translation into Sesotho - Training of teachers and caregivers - Broadcast of TS on LTV 		US\$ 36,000+	

Catholic Relief Services	<ul style="list-style-type: none"> * Development of IECCD Committees * Training workshops * Provision of IECCD Centres and services 		NA	
Open Society Institute of Southern Africa (OSISA)	<ul style="list-style-type: none"> * Support Lesotho Preschool and Day Care Association's ECCD programme * Support LCE CECE training programme 		NA	
Red Cross	<ul style="list-style-type: none"> * Construct and maintain Home-Based Centres in two project areas * Provide caregiver stipends and training of caregivers * Provide water and sanitation suitable for children * Provide psychosocial support * Provide toys, assistive devices and reading materials 		Amount included in total Red Cross budget under health	
Save the Children	<ul style="list-style-type: none"> * Provide temporary shelter, food and household items * Provide crisis support for children * Provide preschool education for children 1 to 5 years old (caregiver, toys 		M388,549 (US\$55,507)	

	<p>and other learning materials)</p> <ul style="list-style-type: none"> * Train caregivers at the ECCD centres (at least every six months) and provide caregiver support, as needed * Provide stipend for caregivers * Conduct follow up on placed children and family reunification * Provide food and household support for placed children (counselling, fees for preschools, uniform <p>viii)</p> <ul style="list-style-type: none"> * Give social worker/counsellor stipend or allowance * Provide transportation and travel-related costs (fuel and per diem) * Support Child Helpline activities (MOHSW) 			
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