

# National Policy on Integrated Early Childhood Development (IECD)



Ministry of Basic and Senior Secondary Education (MBSSE)  
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## FOREWORD

Early Childhood Development is about the overall wellbeing and welfare of a child as it encompasses the child’s cognitive, language, social, emotional, and motor development. Early Childhood Development (ECD) is recognized as a critical foundation for fostering positive lifelong outcomes, human capital development and sustainable national development.

The Government of Sierra Leone (GoSL) is committed to advancing its national development through an intentional focus on quality education. Under His Excellency President Julius Maada Bio’s New Direction government, pre-primary education was formally integrated in the education sector service delivery plan. This was framed within the 2018 Free Quality School Education (FQSE) initiative, which focuses on promoting equitable access by making education free for all learners from pre-primary through senior secondary schooling. Global evidence strongly outlines the place and importance of policy frameworks that provide structures of equitable access to quality ECD for all children ages 0-8 years. This national Integrated Early Childhood Development (IECD) policy provides an overarching framework with shared vision, mission, goals, and objectives for the delivery of holistic ECD interventions and services for all children ages 0 to 8 years; and ensures that all Sierra Leonean children have the best start in life and are able to achieve their full potential.

The IECD policy invites the nation, cities, communities, and families to commit to the holistic development of all children. Stakeholders including Ministries, Departments and Agencies; Civil Society Organizations; development partners; and communities all have clear roles to play and responsibilities to bear for the effective implementation of this policy. This policy was developed through collaborative work and it is hoped that the same spirit of collaboration will drive us as a nation towards its intended goals for our children and our national development.

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## **ACKNOWLEDGEMENTS**

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Our profound gratitude also goes to our Development Partners, especially UNICEF and the World Bank for their invaluable technical and financial support in making the development of the IECD Policy a success. We are also grateful to the Foreign Commonwealth and Development Office (FCDO) for supporting the work of the Education Partnerships Group (EPG) which provided technical expertise to MBSSE’s Operations Planning and Policy in coordinating the development of the policy.

Finally, we would like to extend our deepest appreciation to all who helped in diverse ways in the development and completion of this policy.

## ACRONYMS/ABBREVIATIONS

ACRONYM/ ABBREVIATION	EXPLANATION
CRA	Child Rights Act
CEO	Chief Education Officer
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECE	Early Childhood Education
EFA	Education for All
ESP	Education Sector Plan
FQSE	Free Quality School Education
HDI	Human Development Index
IECD	Integrated Early Childhood Development
JSS	Junior Secondary School
LCs	Local Councils
MBSSE	Ministry of Basic and Senior Secondary Education
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MEST	Ministry of Education, Science and Technology
MICS	Multiple Indicator Cluster Survey
MLGRD	Ministry of Local Government and Rural Development
MOFED	Ministry of Finance and Economic Development
MOHS	Ministry of Health and Sanitation
MOSW	Ministry of Social Welfare
MOGCA	Ministry of Gender and Children's Affairs
MTHE	Ministry of Tertiary and Higher Education
MTNDP	Medium-Term National Development Plan
NCF	Nurturing Care Framework
NGOs	Non-Governmental Organizations

SDGs	Sustainable Development Goals
SLNNS	Sierra Leone National Nutrition Survey
SOP	Standards of Operation
SSA	Sub-Saharan Africa
SSS	Senior Secondary School
TSC	Teacher Service Commission
UFMR	Under-Five Mortality Rate
WASH	Water, Sanitation and Hygiene
WGECD	Working Group on Early Childhood Development
WHA	World Health Association
WHO	World Health Organisation

## GLOSSARY OF TERMS/DEFINITIONS

TERM	DEFINITION
<b>Early Childhood Development</b>	Holistic development of children from conception to age eight. Early childhood development encompasses a child's cognitive, language, social, emotional, and motor development.
<b>Integrated Early Childhood Development Policy</b>	Policy guiding a collaboration of multi-sectoral services for the delivery of early childhood development (ECD) services
<b>Nurturing Care Framework</b>	Framework developed by WHO, UNICEF and the World Bank, which identifies the domains of Health, Nutrition, Security and Safety, Responsive Caregiving, and Early Learning as critical for ECD.
<b>Nurturing Care</b>	The conditions created by public policies, programmes, and services. These conditions enable communities and caregivers to ensure children's good health and nutrition and protect them from threats. Nurturing care also means giving young children opportunities for early learning, through interactions that are responsive and emotionally supportive.
<b>Stunting</b>	Child has a very low height for their age. Indicates malnutrition.
<b>Wasting</b>	Extreme thinness –a very low weight for height or small mid-upper arm circumference. Indicates malnutrition.
<b>Under Five Mortality (UFMR)</b>	The probability of a child dying between birth and before reaching age five.
<b>ECD Services</b>	Multi-sectoral services comprising of health, nutrition, protection, responsive caregiving, and early learning focused on supporting all aspects of children's wellbeing between ages zero to eight.



<p><b>ECD Environment</b></p>	<p>Community locations that have been strengthened with integrated ECD services to support the development of children aged zero to eight years. This includes strengthened health services, nutrition support and services, environmental and child protection, positive and stimulating family care and positive play-based early learning opportunities for all children in the environment, regardless of religion, class, or socio-economic status.</p>
<p><b>Toxic Stress</b></p>	<p>Extreme and/or ongoing exposure to situations that cause high level of stress hormones in the body. For children aged zero to eight years, this includes ongoing exposure to family violence, hunger, abuse, molestation, harsh punishment, fear of abandonment, or a single exposure to a major traumatic event such as a war, earthquake, or flood etc.</p>



## **EXECUTIVE SUMMARY**

Early childhood development (ECD) refers to the holistic growth and well-being of children between aged 0-8 across the physical, social-emotional, cognitive, language and self-regulation domains of development. ECD has been well established as a critical foundation for sustainable human capital, economic and societal outcomes and is dependent on an integrated framework of multi-sectoral services. This includes health, nutrition, education, social protection and hygiene, and responsive caregiving. Global economic analyses further outline those investments in ECD yield high returns.

The ECD landscape in Sierra Leone has been fraught with challenges and poor outcomes. Sierra Leone has one of the highest maternal, new-born and under five mortality rates, stunting, high rates of poverty, and poor learning outcomes globally. The current government's commitment to human capital development, enables the country to achieve middle income status by 2035; it is necessary for governments to prioritise investment in ECD. The development of a clear policy framework to provide directions and guidance for structuring equitable access to quality ECD cannot be overemphasised.

This Integrated Early Childhood Development (IECD) policy provides a point of reference for key multi-sectoral actors to ensure that all children aged 0-8 years old have access to equitable and quality ECD services, that enable them to thrive and reach their full potential. The IECD policy is built on the World Health Organisation (WHO)-UNICEF-World Bank Nurturing Care Framework (NCF), produced by the World Health Organisation (WHO), UNICEF and the World Bank. The framework provides five domains of services comprising of, Health, Nutrition, Responsive Caregiving, Security and Protection, and Early Learning, as a critical package necessary to ensure positive ECD. Developed based on global evidence, the NCF provides a platform for the coordination of services to support young children's optimal developmental outcomes. The government of Sierra Leone recognizes the global ECD standard of 0-8 years, of this global time span, the government will support ECD for a minimum of 1 year compulsory pre-primary school education for all children ages 5 to 6 years in Sierra Leone.

The policy document is divided into four sections. The first section of the policy provides background information that aligns with various national and international policies and/or strategies including, the United Nations Convention on the Rights of the Child (UNCRC), the national Childs Rights Act (CRA), the National Policy on Radical Inclusion in schools, the Education Sector Plan (ESP) and the Medium-Term National Development Plan (MTNDP). The goals and objectives of the IECD policy are focused on strengthening the



coordination of the multi-sectors towards the development and delivery of quality integrated ECD services across all the domains of the NCF. Implementation of the policy will be done through the six policy statements listed in section two. In section three, the monitoring and evaluation framework is provided within the IECD policy, to ensure compliance, assess efficiency and effectiveness, and measure output and impacts, with data utilized toward future policy review.

This IECD policy requires a highly multi-sectoral approach, which involves several key actors including line ministries, international development partners, national and international NGOs, private sector partners and communities. The government will aspire to the global mandate of a target minimum of 10% education budget allocation for ECD.

Furthermore, the Government of Sierra Leone also recognizes the role of international funding for the successful implementation of this IECD policy and states its gratitude and continued commitment to positive collaboration with our international development partners.

## **SECTION 1: INTRODUCTION**

### **1.1. COUNTRY CONTEXT**

Sierra Leone is located on the west coast of Africa, sharing borders with Guinea to the North and Liberia. Statistically, Sierra Leone estimates that agriculture accounts for 50.3% of the country's Gross Domestic Product (GDP) and is mostly rain dependent. The population in Sierra Leone is growing at a rapid rate, with 6 in 10 people dwelling in rural settings despite an urbanization phenomenon. Sierra Leone has a youthful population with 80% of the population below 35 years and more than half are eligible for school. However, these youth are unable to contribute meaningfully to economic development if they do not have the foundational skills that quality ECD interventions, backed up by policies such as this provides.

The Sustainable Development Goals 4.2. targets that "by 2030, ensure all girls and boys will have access to quality early childhood development, care and pre-primary education so that they are ready for primary education"<sup>1</sup>. Based on global research evidence, the WHO, UNICEF and the World Bank, developed the Nurturing Care Framework (NCF) which is aimed at "helping children

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<sup>1</sup> UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*.



survive and thrive to transform health and human potential”.<sup>2</sup> A multi-sectoral framework, the NCF identifies the following five domains of services as critical for the achievement of optimal ECD: Good Health, Adequate Nutrition, Security and Safety, Responsive Caregiving and opportunities for Early Learning. Each domain of the NCF is equally as important as the other, the total package a critical requirement for healthy Early Childhood Development and has been strongly linked to human and societal outcomes<sup>3</sup>.

Furthermore, the NCF explains that investing in ECD is good for everyone – governments, businesses, communities, parents, and caregivers, and most of all, babies, and young children. Investing in ECD is also cost effective; for every \$1 spent on early childhood development interventions, the return on investment can be as high as \$13. Early childhood development is also key to upholding the right of every child to survive and thrive. Globally established research strongly indicates that access to nurturing ECD environments from birth to age 8 serves as determinants of future academic, health, economic and societal outcomes. However, in Sierra Leone, the ECD landscape, though emerging, has been limited by some challenges. In Sierra Leone, young children are at risk of not reaching their development potential due to various factors such as poverty, stunting, social norms and inadequate financial resources to implement multi-sectoral ECD interventions and social norms; these factors limit the capacity of children to thrive. Data indicate that 71.6% of children aged birth to 14 years, experience the highest level of multidimensional poverty in terms of health, education, and standards of living, exacerbated by rural poverty which is at 86.3%.<sup>4</sup>

As a result, the MBSSE has taken the leadership and responsibility to develop the Integrated Early Childhood Development (IECD) policy to ensure positive ECD outcomes for every child. ECD is not a privilege that society grants to children, but a fundamental right of every child. Most importantly, every child in Sierra Leone, regardless of ethnicity, gender, disability, religion, geographical location, economic or social condition in Sierra Leone, must be provided age-appropriate, safe, stimulating environments, within knowledgeable communities of parents and caregivers equipped to nurture

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<sup>2</sup> World Health Organization, United Nations Children’s Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

<sup>3</sup> World Health Organization (2016); Britto P. R. and Sherr, L. (2016). *Vulnerable Children and Youth Studies*; Banerjee, A. et al (2019). Arch Dis Child; 104: S1-S2; The *Lancet* Early Childhood Development Series (3) Advancing Early Childhood Development: from Science to Scale; World Health Organization, United Nations Children’s Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

<sup>4</sup> Statistics Sierra Leone, Sierra Leone Ministry of Planning & Economic Development, Oxford Poverty & Human Development Initiative & United Nations Development Program. (2019). Sierra Leone Multidimensional Poverty Index.; Sierra Leone Ministry of Health and Sanitation. (2017). Sierra Leone National Reproductive, Maternal, Newborn, Child, and Adolescent Health 2017-2021. Sierra Leone.



their holistic development. Therefore, this IECD policy provides a point of reference for key actors to ensure that all children aged 0-8 years have access to equitable and quality ECD services to enable them to reach their potential. The policy provides a framework for strengthening each domain of the NCF as follows.

## **Health**

Over the past decade, steady progress has been made in promoting young children's well-being in Sierra Leone. The Child Rights Act (CRA), passed in 2007, outlines children's right to life, survival, and development. The CRA states that any health worker, teacher or social development worker, and all other governmental and non-governmental service providers shall discharge their duties to children and communities with diligence, fairness, without being swayed by personal interest and without discrimination. They should respect people's dignity and worth and taking into account the short- and long-term interests of the children. However, the Sierra Leone Demographic and Health Survey (DHS, 2019) shows an under-5 mortality rate (UFMR) of 122 deaths per 1,000 live births. This implies that approximately 1 in 8 children die before their fifth birthday. The under-5 mortality rate is higher in rural areas than in urban areas with 130 and 108 deaths per 1,000 live births, respectively). Therefore, gaps in ECD such as the high level of UFMR, the current position in the Human Development Index (HDI), stunting of children as a result of poor nutritional facilities warrant access to a number of services. These include school feeding, promoting breastfeeding amongst expecting mothers; using promotive and preventive health services; immunization of mothers and children and seeking care and appropriate treatment for children's illnesses.<sup>5</sup> The absence of school clinics or nearby health posts for students to access especially in the rural areas is also a major concern.

## **Nutrition**

In Sierra Leone, undernutrition remains the underlying cause of over one third of cases of under-five mortality and morbidity. The Sierra Leone 2019 DHS outlines that 30% of children under age 5 in Sierra Leone are stunted (short for their age), 5% are wasted (thin for their height), 14% are underweight (thin for their age)- all indications of acute malnutrition. The survey further highlights that 54% of children under the age of 6 months are exclusively breastfed, and 69% of children age 6-8 months receive timely complementary

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<sup>5</sup> Statistics Sierra Leone (Stats SL) and ICF. (2020). Sierra Leone Demographic and Health Survey 2019. Freetown, Sierra Leone, and Rockville, Maryland, USA: Stats SL and ICF; Government of Sierra Leone, Statistics Sierra Leone, and UNICEF. (2019). Multidimensional Child Poverty Report. *An analysis of child deprivation in health, nutrition, water, sanitation, education, shelter, or information.* Government of Sierra Leone; Statistic Sierra Leone. (2018). Sierra Leone Multiple Indicator Cluster Survey 2017, Survey Finding Reports. Freetown, Sierra Leone.



foods.<sup>6</sup> Micronutrient deficiencies continue to affect many young children in the country as well with 17% suffering from vitamin A deficiency disorder and 5.2% suffering from iron deficiency. Poor dietary intake and high disease burden among young children are the main causes of malnutrition in the country. Food insecurity, sub-optimal infant and young child nutrition, unhealthy environments, and poor access to quality health services contribute to the problem of malnutrition in Sierra Leone. The 2019 Global Hunger Index (GHI) for Sierra Leone is at 30.4<sup>7</sup>, the second highest in West Africa. This indicates a high level of vulnerability to food insecurity, malnutrition, and hunger in the event of a shock. Food security has deteriorated with the percentage of food insecure households increasing from 43.7 % food insecure households during the 2018 lean season to 53.4% in the 2019 lean season.<sup>8</sup> While breastfeeding practices in the country have improved significantly from 32% exclusive breastfeeding rate in 2013 to 54% in 2019, the adoption of optimal complementary feeding practices continues to be a challenge.

### **Responsive Caregiving**

Responsive caregiving includes observing and responding to children's movements, sounds, gestures, and verbal requests. It is the basis for: protecting children against injury and the, negative effects of adversity; recognizing and responding to illness; enriched learning; and building trust and social relationships. However, many children in Sierra Leone, especially those living in rural environments experience poor early stimulation and low access to stimulating community-based environments.<sup>9</sup> The 2017 Multiple Indicator Cluster Survey (MISC) shows that 30% of children under the age of five year were left alone or under the supervision of another child younger than 10 years of age for more than one hour, at least once in the last week period. The survey showed that only 5% of children aged 2-4 were engaged in stimulating and responsive activities with fathers, while mothers engaged with just 12% of children aged 2-4 years. In addition, the survey found that 2% of children under five years of age have access to three or more books at home. This is due partly to limited family/caregiver knowledge of Early Childhood Development and the importance of play and communication, malnutrition in addition to the slow uptake in the integration of stimulation services into medical care for new-borns and hospitalized children.<sup>10</sup> It is against this backdrop that the Child Rights Act, the Medium Term National

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<sup>6</sup> Statistics Sierra Leone (Stats SL) and ICF. 2020. Sierra Leone Demographic and Health Survey 2019. Freetown, Sierra Leone, and Rockville, Maryland, USA: Stats SL and ICF.

<sup>7</sup> von Grebmer, K., et al (2019). Global Hunger Index: The Challenge of Hunger and Climate Change. Bonn and Dublin: Welthungerhilfe and Concern Worldwide.

<sup>8</sup> Statistics Sierra Leone and World Food Programme. (2019). August 2019 Food Security Monitoring System Findings. Freetown: World Food Programme.

<sup>9</sup> <https://www.imf.org/external/pubs/ft/scr/2005/cr05191.pdf>

<sup>10</sup> UNICEF. (nd). Early Childhood Development: The Challenges. UNICEF contribution to the solution. UNICEF Sierra Leone.



Development Plan 2019-2023 were developed as well as the launch of the Free Health Care Services programme launched in 2010, that provides free health care to all pregnant and lactating women and children under 5 years old were fully endorsed by the government of Sierra Leone. These acts and programmes, in varying degrees, advocate for and promote access to early stimulation and health services for young children and their caregivers, especially those living in rural areas.

### **Early Learning**

Early learning comprises pre-primary education for children aged 3-5 years old and the first three years of primary school for children aged 6-8 years old. The 1995 Policy on Education recognized the need for Early Childhood Education (ECE) and provided the first framework for pre-primary education in the country by stating that “*Every child shall be encouraged to have between 1-3 years of preparation at Nursery or Kindergarten School*” (page 2:1.2a). This has been reinforced in the current Education Policy (2010) for Sierra Leone as follows “Pre-school education is for children aged 3-5 years old. It shall be free and compulsory. Every primary school shall have a pre-school wing attached. Pre-school education will support the all-round development of the child and lay the foundation for future learning success”.

There has been increased political will in recent years through the governments FQSE initiative to increase access to pre-primary education for all Sierra Leonean children. As a result, the 2020 Education Sector Analysis (ESA, 2020) showed an increase in pre-primary enrolment from 93,330 over the period 2011 to 2019, to reach 130,681 pupils (62,089 boys and 68,592 girls) from 2011 to 2019. As well as the increase in enrolment, the average annual growth rate highlights that pre-primary coverage has doubled over the period, with an increase from 7% in 2011 to 19% in 2019. The current gross enrolment rate (GER) of 19% in pre-primary education, indicates that 81% of pre-primary age children are not accessing pre-primary education. This further reflects the limited capacity of the education system to cater for the pre-primary school age population.

The early learning sub-sector in Sierra Leone has been greatly affected by the lack of national regulatory guidelines or standards. This has resulted in the provision of diverse early learning services with varying standards of quality and curriculum developed by various providers. This has been exacerbated by limited training opportunities for early learning educators. Therefore, most children entering primary school do not have the necessary school readiness skills needed to learn. The ESA (2020) report shows repetition is higher in the first grade of primary, especially among early-age pupils. This high level of repetition in Grade 1 may be as a result of the lack of pre-school facilities



available to meet the demands for pre-primary education, which forces families to enrol young children in primary school. This shows there is a need to strengthen the provision of quality early learning interventions that can address development and learning deficits in children.

Quality, tuition free pre-primary and primary education remains inaccessible to most households, due to financial constraints for families and the limited supply of formal and non-formal early learning services. The ESA (2020) shows that only 2% of the education budget is allocated to pre-primary education and 67 per cent of children enrolled in pre-primary attend schools that do not receive financial support from the government. The limited funding to pre-primary education has contributed to the weak financial or regulatory framework needed to establish and manage pre-primary schools. Consequently, 90% (ESA 2020) of pre-primary schools are owned and managed by the non-government entities comprising private sector; faith-based or religious organizations and community-based providers. It is therefore necessary for all stakeholders especially the government to prioritize increased funding to early learning in Sierra Leone, especially pre-primary education in Sierra Leone.

### **Security and Protection**

The NCF states that young children cannot protect themselves and are vulnerable to unanticipated danger, physical pain, and emotional stress. Extreme poverty and low income pose serious risks that must be mitigated, by social assistance such as cash transfers. In Sierra Leone, there is the prevalence of violence against children (including a high rate of violent discipline). Birth registration is low in some areas, which can exacerbate protection issues. The MICS 2017 shows that 86.5% of children aged 1 to 14 years (87% male; 86% female) in Sierra Leone experienced some form of violent discipline in the household, an increase from 64.8% in 2010. This is the 12th highest incidence of violent discipline in the world. Some 25.5% of children (26.4% male; 24.6% female) experienced severe physical punishment, whilst nearly three-quarters of children reported experiencing any physical punishment (73.1% overall: 74.1% male; 72.1% female). Violence within schools is also a major issue.

Environmental hygiene plays a critical role in the security and protection of children. Many public environments, including schools, lack toilets and clean water, leaving children are at risk of contamination through exposure to human and animal faeces and other germs. Such exposure severely impacts children's health and contributes to increased UFRM rates. The DHS 2019 shows that overall, 67% of households have access to an improved source of drinking water. This percentage differs greatly between urban and rural areas





with 92% and 49% households having access to a source of drinking water respectively. For households using piped water or water from a tube well or borehole, only 58% reported having water available to them without an interruption of at least 1 day. In Sierra Leone, 58.4% of households have no handwashing facility and 18% continue to practice open defecation. Safe water and sanitation are essential to protect children's health and support their ability to learn at school. The availability of clean water, adequate sanitation and hygiene education is directly related not only to the physical, mental, and social health, but ultimately to economic and political development.

According to the DHS (2019), 90% of children under the age of five have their births registered with the civil authorities. Among these children, 31% have a birth certificate, and 28% of children do not live with a biological parent. The 2007 Child's Rights Act (CRA) outlines the responsibility of parents to protect children from violence and abuse. According to a 2019 report on violence against children, there is a shortfall in the availability of key protective services for orphans and vulnerable children.<sup>11</sup> It has also been detailed in the implementation of policies to protect the rights of children with special needs, and to promote their participation and access to ECD services. The Systems Approach for Better Education Results (SABER) 2013 report made recommendations to activate a financial transfer mechanism or income support to reach the most vulnerable families to ensure the welfare of children.

## **1.2 STRUCTURE OF THE EDUCATION SYSTEM**

The government White Paper of 2010 on the report of the commission of inquiry into the poor performance of pupils into the 2008 BECE and WASSCE Examinations mandated a new structure of education. This is also outlined in Sierra Leone's 2010 Education Policy and a more recent Management and Functional Review (2020) by the Public Sector Reform Unit. The main changes to the existing system in 2010 were the inclusion of compulsory pre-school for children age 5-6 and the extension by one year of secondary level education. These changes were made to improve learning outcomes of children and youth.

As a Ministry, Early Childhood Development (ECD) is achieved through the provision of services for children aged:-

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<sup>11</sup> Maestral International & UNICEF. (2019). Formative Research on Violence Against Children (VAC) in Homes to Inform opportunities for Positive Parenting in Sierra Leone.



- i. 0 – 2 years – Early stimulation – Community Based Centres
- ii. 3 – 5 years – Services that are provided at pre-primary schools, and programmes to assist parents and caregivers to support early childhood development;
- iii. **The Reception Year** - which is a year-long programme for five to six year-olds that precedes the commencement of formal primary schooling; has been declared **COMPULSORY by Government**

Since 2007, successive Education Sector Plans (ESPs) have provided frameworks for education reform in Sierra Leone. To date, there have been three ESPs (covering the periods 2007-2015, 2014-2018, and 2018-2021). The current ESP (2018-2020) is a transition document between the ESP covering the Ebola recovery (2014-2018) and the next ESP, which is planned for 2021-2025. The three overarching objectives of the current ESP include:

1. Improvement in education service delivery.
2. Improved systems integrity (specifically by reducing cases of malpractice in national examinations).
3. Improvements in foundational learning outcomes (evidenced by children in primary and junior secondary school meeting minimum learning assessment standards in English and Mathematics).

As a basis for the new ESP, in August 2018, H.E President Julius Maada Bio announced a five-year initiative to roll out free pre-primary, primary and secondary education, known as Free Quality School Education (FQSE) programme.

In Sierra Leone, 16% of all schools are government-owned, with the majority (53%) run by mission/religious bodies. There is a high degree of variance in the number of schools at each level of the education system. According to the 2019 Annual School Census, the coverage of schools increased from 10,747 in 2018 to 11,168 in 2019, an overall increase of 4% (7.7% in pre-primary, 2.2% in primary, 6.7% in junior secondary and 7.2% in senior secondary). With the launch of the FQSE programme, the government continues to make efforts to increase access, retention, and promotion from pre-primary through senior secondary school levels.



### **1.3 NATIONAL POLICY CONTEXT**

In Sierra Leone, there are several important sectoral policies that relate to the development of young children in the first years of life, including the 2018-2021 Education Sector Plan, the 2007 Child Rights Act (CRA), and the Medium-Term National Development Plan 2019-2023. This policy also draws from the Community Health Workers Policy (CHW, revised in 2017), which has incorporated ECD and responsive stimulation. These policies play a critical role in promoting children’s survival, growth, protection, and development when services are delivered across multiple ECD delivery platforms such as the health, education, child protection and welfare and nutrition. However, few policies take a holistic approach to promoting ECD, and the sectoral services are often not coordinated, resulting in gaps in service delivery, in terms of accessibility and quality.

Since 2008, the government of Sierra Leone has worked on the promotion of ECD through a holistic approach towards human resource development and poverty reduction for effective and sustainable social and economic development. To address these policy gaps pertaining to young children, this national IECD policy aims to address the need for multi-sectoral services that are essential for young children’s holistic development.

Within Sierra Leone, other legislations, and policies, including the CRA (2007), the Child Welfare Policy (2013) and the Free Quality School Education initiative provide supportive frameworks for the implementation of services for children. The national IECD Policy is expected to provide an overarching framework with a shared vision, mission, goals, and objectives. The relevant line ministries and other partners will coordinate their planning and delivery of services and interventions through the most appropriate platforms for young children aged 0-8 year old. This will ensure that all Sierra Leonean children have the best start in life to achieve their full potential.

### **1.4 NATIONAL DEVELOPMENT PLAN**

The Sierra Leone Medium Term National Development Plan (NDP) 2019- 2023 is titled *Education for Development*. Building on a poverty reduction framework, the Medium-Term NDP identifies “human capital development, especially the provision of free quality education for all”<sup>12</sup> as the government’s primary goal, targeted to enable Sierra Leone to achieve middle income status

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<sup>12</sup> International Monetary Fund (2019). Sierra Leone. Economic development Documents – National Development Plan, 2019-23. Pg. iv.



by 2035. The plan identifies education as the “bedrock of long-term sustainable growth and the transformation of the economy of Sierra Leone and the key to individual, community and national development”<sup>13</sup>

A key national development priority outlined in the NDP is the improvement of the quality of education to close the existing educational attainment gaps that result in poor learning outcomes. The NDP illustrates some of these gaps by reporting results of the Early Grade Reading Assessment which showed poor reading and writing outcomes with 87% of grade two pupils were unable to read and more than 50% unable to write their names after completion of grade three. The NDP further reports that 93% of children in junior secondary school have math skills that are “below the highest performance band” (pg. 41). The relevance of ECD for successful educational outcomes has been well established through global research. This IECD Policy is therefore critically linked to attainment of the NDP goals. Specifically, the IECD directly supports outlined outcomes in the following two clusters of the NDP.

- **Cluster One** - Human capital development: The NDP prioritizes goals in key areas of human development, which coincide with a few the domains outlined in the NCF. The NDP policy goals include a). Ensuring free quality education from pre-primary level (NCF Early Learning domain); b). Accelerating health-care delivery (Health); c). Enhancing environmental sanitation and hygiene (WASH/Protection) and d). Increasing social protection (Protection).
- **Cluster Five** – Empowering women, children, and persons with disability: Target goals within this cluster which align with the NCF are: a). Investment in children from pre-primary (Early Learning), and b). Empowering women (Responsive Caregiving). The Radical Inclusion priority of the IECD also links with and supports the goal of increased investment in persons with disabilities.

The framework of the IECD is built on MBSSE’s guiding principle of radical inclusion that addresses ECD equity, access, and strengthening service delivery across the NCF domains. This provides the pertinent foundation to support the listed NDP priorities, contributing towards ensuring the targeted human capital development goals.

## 1.5 INTERNATIONAL POLICY CONTEXT

Scientific research has shown that the early years (0-8 years) of a child’s life sets the foundation for future learning, health, behaviour, and economic

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<sup>13</sup> “Pg. 37-38



outcomes.<sup>14</sup> Neural connections occur at the most rapid rate during the first 1,000 days of life. These connections form the foundational networks upon which more complex brain functions will be built. Although the process of brain development continues into adulthood, studies show that “early cognitive and social-emotional development are strong determinants of school progress in developed countries”.<sup>15</sup> Emerging data shows the potential of the impact for school progress in developing countries.

Based on the abundance of evidence, it has been globally accepted that the early childhood stage provides a “closing window of opportunity”<sup>16</sup> to set the right foundation, in terms of fostering healthy human development over the life course. Econometrics studies further indicate that early investment in ECD yields the highest dividends<sup>17</sup>. According to the World Bank, every dollar invested in quality ECD services yields between \$6 - \$17 in returns. Considering all the evidence, global attention has focused on enhancing sustainable global development outcomes through prioritizing investment in ECD. An example of this can be seen in the inclusion of pre-primary education as a global development priority for the first time<sup>18</sup>. Furthermore, recognizing the significance of ECD for their national development goals, countries around the globe have begun developing national ECD policies focused on strengthening the multi-sectoral pillars identified to contribute to enhancing ECD. The Nurturing Care Framework (NCF) developed by the World Health Organization, UNICEF, and the World Bank, identifies five domains as critical for holistic ECD: Health, Nutrition, Security and Safety, Responsive Caregiving and Early Learning. Research indicates that expanding services across all the domains of the NCF is key to achieving holistic ECD. Thus, ECD policies that are based on multi-sectoral or integrated approaches have been found to be the best frameworks to achieve ECD goals<sup>19</sup>.

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<sup>14</sup> The *Lancet* Early Childhood Development Series (3) Advancing Early Childhood Development: from Science to Scale; World Health Organization, United Nations Children’s Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO; Grantham-McGregor, S., Cheung, Y. B., Cueto, S., Glewwe, P., Richter, L., Strupp, B. & the International Child Development Steering Group. (2007). Developmental potential in the first 5 years for children in developing countries. *The Lancet*, 369: 9555, 60-70.

<sup>15</sup> Grantham-McGregor, S., Cheung, Y. B., Cueto, S., Glewwe, P., Richter, L., Strupp, B. & the International Child Development Steering Group. (2007). Developmental potential in the first 5 years for children in developing countries. *The Lancet*, 369: 9555, 60-70.

<sup>16</sup> McCain, M.N. and Mustard, J.F. (1999). *Early Years Study: Reversing the Real Brain Drain*. Toronto, ON: Publications Ontario;

<sup>17</sup> Lynch, Robert. (2005). *Early Childhood Investment Yields Big Payoff. Policy Perspectives*. WestEd.; OECD (2019). *Investing in high quality early childhood education and care (ECEC)*.

<sup>18</sup> UN General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*.

<sup>19</sup> Engle, P. L., Fernald, L. C. H., Alderman, H., Behrman, J., O’Gara, C., Yousafzai, A., Cabral de Mello, M., Hidrobo, M., Ulkuer, N., Ertem, I. & Iltus, S. (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*, 378: 9799, 1339-1353; Neuman, M. J. (2007). Good governance of early childhood care and education: Lessons from the 2007 Education for All Global Monitoring Report. UNESCO Policy Briefs on Early Childhood. Paris: UNESCO; Aidoo, A. A. (2008). Positioning ECD nationally: Trends in selected African countries. In M. H. Garcia, J. E. Evans, & A. Pence (Eds.), *Africa’s future, Africa’s challenge: Early childhood care and development in Sub-Saharan Africa* (pp. 29-50). Washington, DC: The World Bank; The World Bank. (2012). *Investing early: What policies matter. A Framework Paper for Systems Approach for Better Education Results (SABER) - Early Childhood Development*. Washington, DC: The World Bank.



In terms of the global agenda for sustainable development, six of the 17 UN SDG goals provide a framework with several goals directly relevant to ECD. These comprise of: Goal one – End poverty in all its forms everywhere; Goal two – end hunger, achieve food security and improved nutrition; Goal three – ensure healthy lives and promote wellbeing for all at all ages; Goal four – ensure inclusive and equitable quality education and promote lifelong learning for all (including ensuring that by 2030 all girls and boys have access to quality ECD, care and pre-primary education so that they are ready for primary education); Goal five – achieve gender equality and empower all women and girls, and; Goal six – ensure availability and sustainable management of water and sanitation for all<sup>20</sup>

Since 2012, there has been an increase in the number of countries developing ECD policies across Sub-Saharan Africa (SSA). The Working Group on Early Childhood Development (WGECD), created in 1997 to enhance the development of integrated ECD policies in Africa, has supported national ECD policy development in several countries on the sub-continent. An integrated ECD framework is key to overcoming the challenges that hinder optimal child development such as malnutrition, security and poor access to quality learning.<sup>21</sup> According to the World Health Organization Regional Office for Africa, the prevalence of stunting among children in SSA is increasing. The social and economic costs of not providing a clearly costed framework to promote ECD is too high for any country to afford.

Furthermore, Sierra Leone has signed onto international and human rights policies that align with the IECD policy. These include but are not limited to the 1989 United Nations Convention on the Rights of the Child (UNCRC), the domesticated 2007 Child's Rights Act, and the 1990 African Charter on the Rights and Welfare of the Child.

## **1.6 POLICY RATIONALE AND OBJECTIVES**

The CRA (2017) outlines the rights that every child should have access to, the right to life, survival and development, quality education, non-discrimination, parental guidance, play, social security, and protection. The Act further specifies the responsibility of the State to ensure adherence to provide for and protecting children's access to enjoyment of their rights. This is the first integrated policy framework for ECD in Sierra Leone, that brings together the

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<sup>20</sup> UN General Assembly, *Transforming our world : the 2030 Agenda for Sustainable Development*.

<sup>21</sup> The African Union Commission & the United Nations Children's Fund (2009). A Snapshot of the Nutrition Situation in Africa; Engelbert B., Luchuo & Awah, Paschal & Geraldine, Ngia & Kindong, Njem & Sigal, Yelena & Bernard, Nsah & Tanjeko, Ajime. (2013). Malnutrition in Sub - Saharan Africa: Burden, causes and prospects. *The Pan African medical journal*. 15. 120. 10.11604.



various sectors involved in ensuring children's access to all the rights detailed in the CRA rights.

The primary purpose of this IECD policy is to provide a framework for the multisectoral coordination and planning of all stakeholders, including relevant line ministries, Department and agencies, communities, families, private sector providers, Non-Governmental Organisations, (NGOs) and development partners, to guide development and implementation of quality ECD services and interventions. Although frequently framed as "smart investments" for countries to achieve effective and sustainable social and economic development, scaling up quality integrated ECD services is required to protect the rights of children as laid out in the CRA.

According to 2016 Lancet report, laws and policies can improve child development by increasing access to, and quality of health and other services, including improving parenting financial and knowledge capacity to provide nurturing care for their young children.<sup>22</sup> This global consensus is that ECD is one of the most cost-effective ways to break cycles of inter-generational poverty and promote sustainable economic development. Given that research has provided solid evidence indicating the role of multi-sectoral interventions to improve ECD, it is important that an integrated policy be developed to align the multi-sectoral services within a shared framework. This shared framework provided by the IECD policy will holistically addresses the NCF package of services and guides planning and delivery of sectoral services.

### **1.6.1 VISION**

All children in Sierra Leone aged 0-8 years can thrive and develop to their full potential regardless of their socio-economic background and abilities.

### **1.6.2 MISSION**

To ensure equitable access to quality multi-sectoral ECD services and environments for children aged 0-8 years and their families.

### **1.6.3 GOALS**

1. To provide an overarching framework to support all ECD line ministries and other partners in the coordination, funding, and implementation of quality ECD programmes and services across multiple delivery platforms.

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<sup>22</sup> Shonkoff, J., Radner, J. & Foote, N. (2016). Expanding the evidence base to drive more productive early childhood investment. The *Lancet* Early Childhood Development Series (3) Advancing Early Childhood Development: from Science to Scale.

2. To provide multi-sectoral coordination guidelines for line ministries and other partners in providing equitable and quality ECD services for children aged 0-8 years and their families.
3. To set up ECD coordination mechanisms at the national and sub-national levels to facilitate multi-sectoral communication, coordination and collaboration in planning, financing, and delivery of ECD services for children and families.
4. To build and strengthen partnerships and collaboration for synergy (including referral) among ECD services for children and families provided through various platforms in different sectors.
5. To mobilize adequate and growing resources for improving accessibility to quality ECD services for young children and families, including capacity building.

## **1.7 SCOPE OF THE POLICY**

This IECD policy provides the overarching framework for funding, multi-sectoral coordination, planning and delivery of integrated ECD services in Sierra Leone. Nurturing Care, which is important for achieving optimal ECD, consists of good health, adequate nutrition, responsive caregiving, security, and safety. This includes protection from toxic stress, adequate Water, Sanitation and Hygiene (WASH) facilities, and quality of early learning.

### **1.7.1 BENEFICIARIES OF THIS POLICY ARE:**

1. All children in Sierra Leone aged 0-8 years regardless of socio-economic background, family background, community, disability, religion, or language. This policy recognizes that the developmental needs of children vary within ages 0 – 8 years. Development is sequential i.e., the skills acquired provide the foundation for the successful development of the next set of skills e.g., the skills that infants gain through learning to crawl, supports their ability to learn to walk. This IECD policy provides a framework for multi-sectoral coordination and planning to target the varying developmental needs of children within each age group as follows:
  - a. Birth: Focus includes ensuring access to maternal health and nutrition services, security, and social protection, including protection from environmental hazards such as pollution, insecurities, and toxic stress etc.
  - b. 0 – 2 years: Focus includes maternal health (including mental health) and infant health and nutrition, responsive caregiving, security, and protection etc.
  - c. 3 – 6 years: Focus includes sustained equitable access to quality child and family health and nutrition, quality early learning





- opportunities and pre-primary education, support for transition to primary education, safety, and protection etc.
- d. 6 – 8 years: Focus includes sustained equitable access to quality child and family health and nutrition, continued security, and protection. Specific targets for this age group include supported integration into primary school, particularly for children with poor access to pre-primary education; early grade primary education with a culturally and linguistically relevant curriculum centred around meaningful learning opportunities and implemented by knowledgeable teachers.

Strengthening home and community environments are crucial target that cuts across all of the age groups and services listed above. Therefore, coordination across MDAs on how to address these as a collective, as well as individual MDA sector plans and projects is essential for ensuring communities and families are supported.

2. Parents, teachers, and other caregivers who provide care for children. This includes grandparents, relatives and other members in the home and community setting. Parenting programmes to increase capacity for caregivers; awareness raising using various mediums such as radio, Information, Education and Communication (IEC) materials and community level sensitization meetings.

### **1.7.2 DIRECTORATES RESPONSIBLE FOR IMPLEMENTATION OF THIS IECD POLICY**

The MBSSE Planning and Policy Directorate, reporting to the Chief Education Officer (CEO), who is the professional and technical head of MBSSE is responsible for the delivery of all policy directives. This includes collaboration with other directorates within the ministry, other ministries, stakeholders, partners, and communities to develop guidelines and Standard Operating Procedure (SOP) to ensure effective implementation and monitoring of all policies.

The sectors of government responsible for coordination, planning and delivery of the integrated ECD services outlined within the policy are listed below, with each ministry's specific areas of focus outlined.

1. Ministry of Basic and Senior Secondary Education (MBSSE)
  - Free Quality School Education (FQSE) Secretariat
  - Education Programmes and Services Directorates – ECD Unit
  - Curriculum, Research and Delivery Directorates



- School Feeding Secretariat
- 2. Teacher Service Commission (TSC)
  - Teacher recruitment, training, development, and performance
  - Teacher registration and licensing
  - Teacher management
  - Teacher employer relations
  - Corporate services
- 3. Ministry of Tertiary and Higher Education (MTHE)
- 4. Ministry of Social Welfare (MoSW)
- 5. Ministry of Gender and Children's Affairs (MoGCA)
- 6. Ministry of Health and Sanitation (MoHS)
- 7. Ministry of Finance (MoF)
- 8. Ministry of Planning and Economic Development (MoPED)
- 9. Ministry of Local Government/Council (MoLG)

## **1.8 GUIDING PRINCIPLES**

As noted, in 2018 the President of Sierra Leone, Julius Maada Bio, launched the Free Quality School Education (FQSE), a five-year initiative to roll out free pre-primary, primary and secondary education with the mission to develop and improve human capital development. This programme seeks to eliminate financial barriers to school enrolment while also improving teaching and learning outcomes, by providing greater access, quality and equity for the over 2.6 million children in schools across Sierra Leone (ASC 2019). This is especially aimed at groups that have typically been marginalised or excluded, such as children with disabilities, children from low-income families, and children from rural and underserved areas. Additionally, a greater importance has been given to early childhood education to put the necessary policies and structures in place, including strategies to improve and enhance inclusive education.

As previously outlined, human capital development is central to the Government's MTNDP 2019-2023. The provision of free quality education is the cornerstone of government's commitment to developing human capital by increasing access, equity, and completion rates at all levels of schooling (formal and non-formal).

This national IECD policy targets children's (aged 0-8 years), physical, socio emotional, cognitive, and linguistic development prior to primary education level. The policy aims to target and provide equitable access to quality ECD services and interventions to allow children to achieve their development potential in an environment characterized by nurturing care.



In addition, this policy pursues the four guiding principles of the MBSSE - including radical inclusion, comprehensive safety, quality learning and teaching and universal access for all learners.

- Radical Inclusion – Development is only complete when everyone and anyone is given equal access to education.
- Comprehensive Safety – For effective learning to take place, it needs to be powered by a safe and enabling environment, including safe physical structures and psychologically safe learning environments.
- Quality Learning and Teaching – Learning is purposeful when all learners are provided with the ability to effectively learn, and acquire skills, knowledge, and competencies that fulfil their potential.
- Universal Access – Free quality education must be accessible to all learners. Barriers that are based on social class, gender, geographical location, pregnancy status, physical and mental disabilities, and other markers of difference must be removed and replaced by equitable opportunity for all children.

## **1.9 POLICY DEVELOPMENT PROCESS**

This IECD policy was developed through an extensive multi-sectoral consultation with key government, development partners and community stakeholders between 2018 and 2021. The process included initial development of a draft policy in 2018. This policy was reviewed, including a gap analysis conducted by the Operations, Policy and Planning (OPP) Pillar of the Ministry of Basic and Senior Secondary Education (MBSSE) in 2020. This process by the OPP involved 10 informal community consultations in four districts. A further series of stakeholder policy review and consultation meetings were conducted in 2020, following the gap analysis, involving partners representatives from the following sectors:

- Ministry of Health and Sanitation
- National Curriculum Research and Development
- Ministry of Gender, Women and Children’s Affairs
- Ministry of Social Welfare
- Local and International NGO Partners: -
  - Catholic Relief Services
  - UNICEF
  - World Bank –SL
  - World Vision –SL
  - FCDO
- Fourah Bay College

- Milton Margai Teacher’s College
- Freetown Teachers College
- Nursery School Association
- Sierra Leone Teacher’s Union
- Private Nursery School Association
- Education for all Coalition
- District Education Officers
- Njala University – Bo Campus
- District Council Officer
- University of Makeni

## **1.10 POLICY FINANCING**

### **1.10.1 COSTING**

Government and Non-Government Coverage

ECD costs in Sierra Leone will be covered primarily by public financing and contributions from other stakeholders including international development partners and the private sector. These costs will stem from the work needed to carry out research, policy formulation and review, advocacy, capacity building, empowerment of parents, and implementation of projects, coordination, and evaluation.

National Level Costs

At a national level, the main costs will stem from the following:

- Support to relevant MDAs to perform their ECD functions:
- Support to ECD training institutions to enable them to train ECD educators and caregivers
- Establish a dedicated ECD coordinating office and strengthen its capacity in ECD planning, implementation, and coordination
- Development of training modules for comprehensive ECD programmes.

Local and Community Level Costs

At the local or community level, the main costs will stem from the following:

- Infrastructure provision and maintenance
- Sponsoring of educator training
- Provision of locally produced materials and equipment
- Provision of food for children 3-8 years through the School Feeding Programme
- Training of community ECD committee members, and
- Transportation and salaries for educators.

### **1.10.2 FINANCING**



The financing of ECD programmes will be funded through contributions from various stakeholders namely: the government, donor partners, private sector partnership, and NGOs.

Fully funded ECD programming will require fiscal support at many levels with each MDA mainstreaming relevant ECD interventions and services in their sector plans and budgets. This will require MDAs to clearly outline and monitor ECD expenditures in their sector plans and budgets. For instance, the early learning components of this policy will be funded through the GOSL FQSE programme by ensuring that ECE priorities are included in the Education Sector Plans and budgets.

In addition, the government will support ECD for a minimum of 1 year compulsory pre-primary school education for all children ages 5 to 6 years in Sierra Leone and will aim to allocate the global recommendation of 10% for ECE. Other related ministries such as the MOHS are encouraged to allocate significant percentages of their budgets to fund the relevant areas of services for quality ECD implementation. Furthermore, advocacy efforts will be intensified by GOSL led by the MBSSE and other MDAs to encourage development partners and private sector to prioritize early ECD interventions in their funding support to government and other partners such as local NGOs.

In line with the National Policy on Radical Inclusion in schools, the government will ensure accessibility and quality, responding promptly in addressing identified barriers to enable all children the full benefit of ECD services. To this end, the government will seek external financial assistance, where necessary, toward the provision of quality basic ECD services.

### **1.10.3 FINANCIAL ROLES OF KEY PLAYERS**

Government:

- Recognizing that ECD forms an integral part of national development priorities, the government through MBSSE and the Ministry of Finance will aspire to the 10% budget allocation based on regionally or international agreed benchmark. In addition, the government will:
- Waive taxes on equipment and materials purchased for ECD programmes by MDAs and their partners.
- Provide incentives to private sector establishments that contribute above a certain minimum level, minimally defined levels of funding or in-kind support to ECD programmes.
- Prioritizing salaries for ECD teachers and caregivers and teacher recruitment.
- Support the development of infrastructure to construct ECD centres



Development Partners, NGOs, and Philanthropists: Development partners, NGOs, and philanthropists will:

- Continue to provide technical as well as financial assistance (technical assistance could be in the form of research, dissemination of research findings and best practices from other countries, networking, developing appropriate curriculum, capacity building, or professional training).
- Support programmes to train teachers.
- Support the initial start-up costs of programmes, including the provision of infrastructure.

## **SECTION 2: POLICY STATEMENTS**

### **2.1 INTRODUCTION TO POLICY STATEMENTS**

This IECD policy is framed around the delivery of the NCF. To this end, each policy statement addresses one specific domain of nurturing care and outlines the responsibility of government to provide specific services to ensure equitable access and delivery of services related to the domain. Although radical inclusion holds its place as a separate and distinct policy statement, that lens is applied to all the policy statements, to ensure that every child, regardless of socio-economic background, family background, community, disability, religion or language, is supported to access the full package of services that ensure they develop to their best potential.

### **2.2 POLICY STATEMENTS - AREA 1: Ensure equity and access to quality health services within every community:**

This includes access to quality medical care (including mental health and palliative care), immunization and WASH.

Access to equitable and quality health services is when everyone gets the good-quality health services they need without suffering financial hardship. This is even more productive when caregivers and families have access to the full range of services from health facilities and in their communities.

- The MoHS working in collaboration with the MBSSE, development partners, community partners and other stakeholders will provide free health care services for children, through community- based health clinics and other delivery platforms by:
  - Facilitating and tracking immunization for children and mothers.
  - Providing services that promote the prevention of mother to child disease transmission
  - Engaging in advocacy and awareness at community level to use promotive and preventive health services.



- Providing parent and caregiver capacity development services to promote good overall health practices including WASH, nutrition, and early identification of illness.
- Ensuring services that promote maternal health and pre- and ante-natal monitoring are accessible.

### **2.3 POLICY STATEMENTS - AREA 2: Support adequate nutrition and food security:**

This includes maternal nutrition, breastfeeding, and adequate nourishment for families with children aged 0-8 years.

Nutrition programmes, including school health and nutrition interventions that are embedded within broader child development strategies, are an integral part of the long-term development of a child. As part of a continuum of development support, inclusive of maternal and child health as well as early childhood development, nutrition programmes that target mothers and children at home, communities and in schools are a critical step to ensuring children can reach their full potential.

- The MoHS working closely with the MBSSE, the ministry of agriculture, development partners, community partners and other stakeholders will ensure access to nutritional food by:
  - Ensuring every eligible child is enrolled in the Integrated National Home-Grown School Feeding Programme (INHGSP) which guarantees a nutritious meal on every school day.
  - Ensuring adequate food safety measures and family food security through encouraging local/home gardening practices, providing free grains and seeds to support local farming etc.
  - Facilitating the establishment of school and community gardens to encourage local production of highly nutritious crops.
  - Providing nutrition education capacity building for parents and caregivers to promote healthy eating habits.
  - Conducting a comprehensive health and nutrition assessment for school children including the 6 – 8 years age group to inform evidence-based school health and nutrition programming including school feeding.
- The MoHS working through its community health and nutrition structures and in collaboration with development partners, community partners and other stakeholders will support and implement interventions and services that address the burden of malnutrition and over-nutrition in communities by:
  - Providing adequate support as recommended by WHO and UNICEF, to raise awareness for healthy infant and young child

feeding through, early initiation of breastfeeding within 1 hour of birth; exclusive breastfeeding for the first 6 months of life; and introduction of timely and safe complementary feeding at 6 months with continued breastfeeding up to 2 years of age or beyond.

- Implementing services and interventions that provide micronutrient supplementation for mother and child such as vitamin A, Growth Monitoring and Promotion (GMP) of severe and moderate malnutrition, as well as overweight or obesity.
- Ensuring all children accessing health care facilities and in schools are dewormed.

## **2.4 POLICY STATEMENTS - AREA 3: Effectively Coordinate Security and Protection:**

This includes protection from all forms of violence, abuse, exploitation, kidnap and environmental hazards and social assistance such as cash transfers to vulnerable children and families.

Young children who in most cases do not have the capacity to protect themselves need to be protected from physical pain, emotional stress, and environmental hazards (including exposure to microbes from unhygienic public spaces) that can affect their development and well-being. Therefore, social protection and social services that target the most vulnerable children are important to mitigate the multi-risks that children, especially the most vulnerable and poor are exposed to daily.

- The MoGCA in collaboration with the MoSW, MBSSE, development partners, community partners and other stakeholders will ensure the safety and protection of all young children by:
  - Providing child security and protection capacity development (including toxic stress and positive discipline) for parents, caregivers, and teachers, to promote responsive caregiving and prevention of violence in families.
  - Providing coordinated rapid response to environmental threats such as flooding, fires, pollution etc with the protection of children as priority.
  - Implementing interventions that provide communities, pre-primary and primary schools with adequate WASH facilities, and public sensitisation to improve environmental hygiene and cleanliness
  - Ensuring schools meet all the requirements, including safety, to maintain their approval status
  - Providing training to teachers and schools, as well as monitoring to ensure that schools are hazard free, child-safe spaces (in- and



outdoors), and free from emotional, physical, or psychological abuse of children.

- Ensuring every child is registered at birth in collaboration with the National Civil Registration Authority (NCRA)
- Ensuring access to child protection services in every community including birth registration services in communities and schools.
- The MoSW in collaboration with the MoGCA and MBSSE, development partners, community partners and other stakeholders will ensure the social welfare of all young children and their families by:
  - Providing Social care services for the most vulnerable children and families, this can include Cash or in-kind transfers and social insurance
  - Supporting family care and foster care over institutional care

## **2.5 POLICY STATEMENTS - AREA 4: Promote Responsive Caregiving:**

This includes establishing safe and stimulating environments and promoting positive bonding interactions between caregivers and children through responsive feeding and responding to children’s needs, movements, sounds, gestures, and verbal requests.

The NCF states that “Infants and very young children are completely dependent on their caregivers to recognize and respond to their needs. These needs are not only for nutrition and safety, but also for social engagement, cognitive stimulation, emotional regulation and soothing” (2018. Pg. 14). Therefore, care givers and families of young children need to be provided the tools and capacity that allows them to spend time with their children and that promotive responsive caregiving in the early years of the child’s life.

The MBSSE, MoSH, MoGCA and MoSC working with development partners, community partners and other stakeholders have a shared responsibility through their various delivery platforms at national and community level to support responsive parent/caregiving by:

- Promoting healthy parent/caregiver-child relationships through parent/caregiver capacity development in schools and health care centres as well as other relevant delivery platforms.
- Establishing community based ECD centres equipped with trained and qualified educators and culturally relevant play materials to provide stimulating environments for positive parent/caregiver-child play sessions, coordination of home visit programs and parent/caregiver parenting capacity trainings.

- Providing quality ECD integrated antenatal education through community health centres and community based ECD centres.
- Equipping community educators and home visitors with capacity to provide stimulating play and communication supports for hospitalized new-borns and children.
- Undertaking public education campaigns to promote awareness and expand general understanding of child development and responsive caregiving practices in the society.
- Funding capacity development training to develop local entities and community representatives from various groups (youth, women, men, elders) to serve as local ECD advocates in their communities.
- Advocating for establishment of a national program that guarantees paid parental leave for mothers and fathers.
- Establishing affordable childcare-services and child friendly spaces that promote play between caregivers and children, as well as learning in their various service locations such as schools; hospitals, markets, faith-based communities etc.

## **2.6 POLICY STATEMENTS - AREA 5: Support Positive Early Learning**

This includes supporting implementation of quality early learning and pre-primary education that is anchored on evidence-based planning and budgeting; quality curriculum development and implementation; workforce development; family and community engagement and quality assurance and providing support to transition into primary schools, particularly in the early primary grades 1-3.

The NCF outlines that learning begins at conception rather than starting only when children commence kindergarten or pre-primary schooling. Whereas responsive caregiving targets early stimulation and learning from conception to age 2, it is important to provide quality play-based early learning opportunities for all children beginning from age 3.

- MBSSE in collaboration with the MTHE, TSC development partners, private sector, community, and other stakeholders will ensure access to quality early learning and pre-primary education by ensuring:
  - Access to quality and safe early learning environments with WASH facilitates that implement hands-on play-based learning methods to promote child development across the physical, social, emotional, cognitive, language and self-regulation domains.

- High quality teacher training and support including school-based monitoring and coaching for all teacher's inclusive early childhood education pedagogies and approaches especially for children with special needs, using play-based methods to ensure that children benefit from quality learning environments supported by knowledgeable, flexible, and friendly educators.
- Licencing and quality assurance to regulate the establishment of early learning centres by government and non-government providers such as private, faith based and community-based providers for improved compliance to national service standards.
- Development of a play-based early learning assessment tool based on the Early Learning Standards for Sierra Leone and adapting other international assessments for assessing progress across the domains of child development
- Ongoing annual high-quality and accessible in-service and pre-service training opportunities for all pre-primary workforce comprising teachers; head teachers; and quality assurance officers using multiple delivery platforms and approaches including the use of technology and distance learning systems.
- That the post-secondary curriculum for Early Childhood Educators is centred around promoting play-based inclusive learning for all children.
- The development or and review of an early grade primary school curriculum and teaching practice built on meaningful learning principles such as play based learning rather than rote learning to allow for a smooth transition from pre-primary school to primary school, especially for children who have not had access to pre-primary education prior to entering primary one.
- Train early primary grade teachers on use of the above curriculum and multi-grade teaching approaches anchored on play based and child friendly pedagogies.
- Construction of formal and community based ECD centres targeting the construction of additional pre-primary schools in disadvantage and hard-reach communities that will ensure all children in Sierra Leone have access to safe and stimulating learning spaces equipped with age-appropriate WASH facilities and playgrounds as required to bridge the current gap in the provision of pre-primary education.
- Government and communities work together to explore alternative pre-primary school delivery by identifying and equipping using



available spaces within communities to be used are early learning spaces and train volunteers including parents to facilitate learning in these spaces.

- MBSSE in collaboration with Local Councils, partners, community, and other stakeholders will strengthen quality by:
  - Ensuring that early learning centres are safe, stimulating, and accessible spaces equipped with relevant culturally appropriate play materials, knowledgeable educators, local language, and play-based routines that support children’s learning and overall wellbeing.
  - Providing developmentally appropriate supplies and resources that promote high quality play-based learning and curriculum and other documents for teachers and ensuring equitable distribution of resources across all communities.
- Providing information, support and counselling to parents and communities regarding opportunities for early learning, and encouraging positive home, school, and community-based learning engagement activities such as reading and storytelling.

## **2.7 POLICY STATEMENTS – AREA 6: Ensure Radical Inclusion**

- MBSSE in collaboration with community and other stakeholders will ensure equitable access to education for all children aged 0-8 years. The National Policy on Radical Inclusion in schools, outlines interventions to improve access and equity for pre-primary and primary schools. This IECD policy will promote radical inclusion by:
  - Ensuring implementation of the policy on Radical Inclusion.
  - Ensuring that all public schools remain free as provided under the FQSE program.
  - Ensuring that all public facilities utilized by children aged 0-8 and their families have no existing barriers that hinder access. This includes ensuring that building have ramps, doorways are wide enough for wheelchair access etc. and other modification that may be required to support access for all policy beneficiaries.
  - Create an ECD inclusion committee within each chiefdom to act as a rapid response team, identifying and taking reports of barriers to inclusion and dismantling those barriers within a short frame of time to ensure access.
  - Ensuring equitable purchase and distribution of safe, stimulating, and high-quality materials to support positive play learning through play experiences and positive parent/caregiver-child bonding relationships.



- Coordinating biennial community inclusion consultations in all districts, across every region of the country to provide a platform for understanding specific needs of vulnerable communities. Consultations will be held in places as close to the vulnerable communities to ensure access to every interested community member, without undue hardship. Sessions will include community advocates appointed by relevant members of vulnerable groups, NGOs and other stakeholders, and reports, strategies and supports developed, communicated and/or provided within one year from the consultation date.
- Employment practices of the ministries involved will be reviewed to ensure equitable representation of members from every group of society including marginalized populations and people with special needs. New recruitment will ensure that under-represented groups are employed in strategic positions that promote empowerment and positive representations of every group.

## **SECTION 3: IMPLEMENTATION, MONITORING AND EVALUATION**

### **3.1 IMPLEMENTATION FRAMEWORK**

#### **3.1.1 STAKEHOLDERS, ROLES AND RESPONSIBILITIES**

This IECD policy will be adopted and implemented in collaboration with key stakeholders such as the government, donor partners, private sector stakeholders, NGOs, and other organizations.

A detailed costed implementation plan will be developed in collaboration with all relevant ministries and partners who have responsibility for the implementation of this policy. The roles and responsibilities of these stakeholders, which are outlined below, are not exhaustive and may be updated during the review period stated in this policy.

Critical steps in the strategy include setting up national and subnational ECD administration and coordinating bodies; clarifying key partners' roles and responsibilities; devising mechanisms for decision making and information flow; and devising ECD emergency preparedness and response plans and mechanisms. A major initiative in this area is reconstituting the National ECD Steering Committee to strengthen inter-sectoral collaboration among related ministries; this involves the MBSSE, MoHS, MoSW, MoGCA, MoF, MOPED and others. These ministries should ensure that proper coordination is established to avoid duplication of services. This could be further buttressed by having strong advocacy from line ministries and local governments in financial



planning and to substantially review and increase the earmarked funding for ECD on a yearly basis. It is also important for these ministries to promote children's rights, the value of ECD for individual children, family, and nation, and elements and qualities that define good ECD by conducting awareness campaigns and social mobilization both national and sub national levels.

Moreover, the government should ensure that all children are registered at birth and receive regular health care and timely immunization, adequate nutrition and nurturing, and infant stimulation, community-based parent education, support and collaboration in the provision of WASH facilities, and an upgrading of child protection services. Each line ministry and our development partners will identify an ECD focal person with a deputy ECD focal person to participate in the National ECD Steering Committee, which will serve as the national level coordination body for improving and implementing ECD related policies.

All line ministries and key development partners are encouraged to mainstream ECD programming in policies, planning, strategies, and programme implementation, to ensure that policies and programmes are friendly towards children and their families, with a focus on marginalized and vulnerable groups.

### 3.1.2 The Ministry of Basic and Senior Secondary Education will:

- Coordinate with other stakeholders to appoint a focal person to coordinate the National multisectoral ECD Programme, including policy improvement and implementation
- Strengthen the pre-primary Education Unit with necessary staff and resources
- Advocate for adequate public financing (10% of education sector budget) for scaling up formal and non-formal pre-primary education (early learning) services
- Implement ECD Minimum Standards and ECD Curriculum.
- Lead public advocacy and communication to raise awareness about the importance of ECD and good child rearing practices among the public, especially the caregivers
- Demonstrate and identify effective and sustainable pre-primary education (early learning) service models
- Coordinate with the TSC in planning and conducting training on providing quality pre-primary education (early learning) for pre-school/nursery teachers, administrators, School Management Committees, and other relevant personnel, through regular in-service courses

- Develop developmentally appropriate, cost effective and contextually relevant materials and resources for ECD (early learning)
- Support pre-schools/nurseries/ECD centres with appropriate and adequate learning materials and resources.
- Promote inclusive pre-primary education by exploring ways to include vulnerable children such as children with disabilities in early learning settings
- Undertake early detection and assessment of disabilities in children and provide appropriate interventions through referrals

The Teaching Service Commission will:

- Provide advisory service to the MBSSE on matters pertaining to ECD educators.
- Ensure that all ECD educators are registered and licensed
- Advocate for teacher professional development in Early Childhood Education
- Collaborate with the Ministry of Technical and Higher Education on the pre-service training of Early Childhood educators
- Develop and review standards and codes of professional ethics

3.1.3 Ministry of Health and Sanitation will:

- Collaborate with MBSSE and MTHE in designing and implementing a comprehensive health and age- appropriate education programme.
- Provide safe motherhood initiatives.
- Monitor and promote growth and provide immunisation services.
- Integrate the management of neonatal and childhood illness and sickle cell anaemia.
- Intensify programmes on infant and young child feeding.
- Develop the health and nutrition (including breastfeeding, nutritious food complements) content of the ECD curriculum.
- Monitor and provide deworming facilities for children in ECD settings
- Establish school clinics in each preschool
- Advocate for an allocation to ECD in the health sector budget
- Promote environmental sanitation, including safe drinking water sources
- Collaborate with key stakeholders in the early detection of disabilities in children and provide appropriate interventions.
- Design age-appropriate food menu that is healthy and diverse, suitable for children's growth and development

3.1.4 The Ministry of Finance, working in collaboration with the Ministry of Planning and Economic Development will:



- Ensure that ECD activity costs in relevant ministries are accommodated in the national budget.

3.1.5 Ministry of Gender and Children's Affairs working closely with the Ministry of Social Welfare will:

- Develop advocacy guidelines on ECD.
- Develop minimum standards for ECD operations in children's institutions and foster homes.
- Mobilize resources for research, advocacy, monitoring and coordination.
- Submit a comprehensive sectorial annual report on ECD programmes to the National Coordinating Office.

3.1.6 Ministry of Justice will:

- Facilitate the interpretation of the Child Rights Act and other legal instruments as they affect ECD.
- Oversee legal procedures in the prosecution of those who violate child rights.

3.1.7 Ministry of Lands, Housing and the Environment will:

- Ensure the adequate provision of land for all ECD programmes and activities.
- Ensure that the environments are conducive for ECD activities.
- Collaborate with other line Ministries to develop basic minimum standards for the establishments of preschools.
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3.1.8 Ministry of Local Government and Rural Development will:

- Provide the technical direction in which the Local Councils (LCs) can be engaged in promoting the goals in the IECD policy
- Promote and coordinate community involvement in health issues.
- Protect children 0-8 years by working with other sectors.
- Ensure access to safe drinking water, peri-urban water supply, environmental health care,
- Ensure integration of ECD programs in plans and budgets of all local governments
- Monitor the implementation of the IECD Policy at local government level
- Ensure availability of land for the establishment of ECD centres and recreation facilities for children at local government level.

3.1.10 Private proprietors and ECD partners will be encouraged to:

- Provide equality in ECD services and follow guidelines set up by the national, regional and district-level early childhood development committees.



## **SECTION 4: IMPLEMENTATION STRATEGIES**

- Promote cross-sectorial communication, coordination, and collaboration in ECD programming
- Mobilize human and financial resources, especially public financing, for effective implementation and scaling up of ECD services and interventions
- Capitalize on and strengthening the existing service providing platforms/systems for implementing and scaling up ECD services and interventions
- Undertake advocacy and communication to cultivate political commitment, build partnership and promote ownership for IECD policy improvement and effective and sustainable implementation
- Support caregivers and communities to improve their ECD knowledge and child -rearing practices.
- Improve research and monitoring data for promoting integrated ECD
- Facilitate high-level coordination mechanism such as strategic dialogues amongst MDAs, development partners and private sector for improved and sustained IECD policy implementation.

### **4.1 Administration of ECD Programmes**

#### **4.1.1 ECD Steering Committee**

ECD Steering Committees at the MBSSE and MTHE will perform the following functions:

- Ensure that the IECD Policy, Minimum Standards and the Curriculum are fully adhered to by the implementing partners
- Ensure teaching and learning materials supplied to the pilot/preschools are accordingly used
- Provide in-service training for unqualified caregivers
- Ensure that there is proper coordination of ECD programmes in the country
- Ensure that development partners submit annual reports of their respective operational activities to the Focal Person, MBSSE for onward submission to the MBSSE

#### **4.1.2 National ECD Focal Person**

A national ECD Focal Person will be appointed by the MBSSE in consultation with the other ECD line ministries:

- Lead national ECD strategic planning and implementation, supervision/monitoring, and information management

- Provide advice to the Minister of Education on national ECD priorities and strategic plans, and regularly update the Minister about progress
- Supervise the development and revision of the National IECD Policy, National ECD Minimum Standards and the National ECD Curriculum, as well as other National ECD policy documents
- Supervise technical groups that are commissioned to develop and revise the IECD policy documents and provide inputs.
- Oversee the implementation of the National IECD Policy
- Coordinate the National IECD Network to share updates in promoting ECD services, plan ECD projects/activities, facilitates synergy among stakeholders, secure essential resources, coordinate implementation of projects/activities to ensure coherence, and share experiences and lessons learned
- Act as a liaison officer between the National ECD steering Committee and the regions in the management of ECD activities.
- Coordinate implementation of the National IECD Policy
- Work in coordination with the National ECD Steering Committee to interpret the national IECD Policy along with the National ECD Curriculum and Minimum Standards, in each respective region, including all districts communities and local levels where ECD programmes exist
- Ensure that the established centres comply with the approved IECD Policy, Curriculum and Minimum Standards
- Promote and participate in knowledge-sharing among District Focal Persons to promote collaboration and best practices
- Provide an annual report to the Ministry of Education and other line ministries on activities undertaken with recommendations for the continuing sustainability of ECD programmes nationally
- Closely work with the National ECD Steering Committee in the identification and prioritization of challenges facing ECD by finding solutions to address those that directly impact the holistic development of children
- Setup good monitoring and evaluation structures that will feed into the planning structures
- Promote and sustain quality pertaining to the relevant line ministries for the optimisation of ECD service delivery

#### 4.1.3 **Other Recommendations**

- All teacher training institutions should offer ECD programmes that articulate and prepare the ECD workforce to implement the curriculum and achieve the ECD Core Competencies.
- In-service training courses should be organised for educators already teaching in pre-schools. Both caregivers and educators should be included in training, as appropriate.



- Training of caregivers on the importance of advising on local nutritious food for optimal child growth and development should occur.
- All ECD facilities should be made available and equitable and nationwide.
- Parental involvement on ECD should be manifested in all ECD programmes.
- Qualified ECD professionals should be employed in all ECD programmes at all levels.
- All funds provided for the management of ECD programmes should be properly monitored with fair and equitable distribution.
- There should be fourteen (14) Deputy Directors representing each district in the country.
- Reporting officials should be provided with cell phones to assure that reporting to MBSSE and District Situation Rooms is done.
- Government through the relevant line Ministries should develop and implement budgets to fully support ECD services recommended herein, with holistic and integrated support in health care, nutrition, and early learning at national, district and community levels.
- Stakeholders should embark on sensitisation programmes relating to best practices across all relevant topics in quality early programmes, that include, but are not limited to how children learn best through guided play; early literacy and mathematics, in playful and meaningful ways and on health topics like proper toileting, hand washing, food ingredients and nutrition, strictly banning corporal punishment, with consequences for hitting children.

#### **4.2 Partnership and Coordination**

The implementation of this IECD policy will be led and coordinated by the National ECD focal persons located in the ECD unit of the MBSSE and operating within its own budget line. Each line ministry will designate ECD focal person who will report to the relevant Directors within their ministries. The National ECD focal person will be responsible to coordinate with the ECD focal persons from the line ministries.

## **SECTION 5: MONITORING POLICY IMPLEMENTATION**

An overview of the framework that will be used to monitor and evaluate policy implementation, includes who holds responsibility for monitoring policy implementation.

Monitoring and evaluation (M & E) is a critical process required to ensure compliance, assess the efficiency and effectiveness of the policy implementation processes, measure the impact of policy interventions especially in terms of the effectiveness of resource allocation, document progress and collect data to inform policy review and decision making.

The indicators in the M&E framework for the IECD policy outlined below, are adapted to contribute to some global indicators such as: % of children developmentally on track in literacy, numeracy, and socio-emotional learning and proportion of children aged 24-59 months who are developmentally on track in health, learning and psychosocial well-being. These indicators are outlined across the five domains for ECD in the table below.

<b>Domain of Nurturing Care</b>	<b>Indicator/tool</b>	<b>Frequency of data collection</b>	<b>Means of Verification</b>
Health	<ul style="list-style-type: none"> <li>• # of children 0-8 years and mothers immunized</li> <li>• # of health clinics established in community and school-based pre-schools</li> <li>• # of caregivers who access maternal health, pre- and ante-natal services, including mental health support and counselling</li> <li>• # of health advocacy and awareness programs conducted</li> <li>• % of health budget allocated to ECD</li> </ul>	Annual	Demographic Health Survey (DHS) Health Management Information System (HMIS) Multiple Indicator Cluster Survey (MISC) other relevant surveys and sector annual reports.
Nutrition	<ul style="list-style-type: none"> <li>• # of children 0-8 years who receive micro-nutrients supplements such as vitamin A.</li> <li>• # of children 0-8 years dewormed</li> <li>• % of children 6 – 23 months who receive minimum acceptable diet</li> </ul>	Annual 2- 5 years.	DHS; HMIS; MISC; other relevant surveys and sector annual reports.

	<ul style="list-style-type: none"> <li>• # of children enrolled in the INHGSFP</li> <li>• # of school and community gardens established</li> <li>• # of caregivers counselled on IYCF practices</li> <li>• % of nutrition budget allocated to ECD</li> </ul>		
Early Learning	<ul style="list-style-type: none"> <li>• Pre-primary Gross Enrolment Rate</li> <li>• # of pre-primary classrooms that receive developmentally appropriate resources.</li> <li>• # of ECD educators trained in play based early learning and other appropriate pedagogies</li> <li>• % of teachers who demonstrate minimum required play based pedagogical practices.</li> <li>• % of children developmentally on track in literacy, numeracy, and socio-emotional learning (School readiness).</li> <li>• % of early learning centres licensed and regulated</li> <li>• # of schools constructed in line with target of 5,962</li> <li>• # of early grade classrooms implementing meaningful learning principles</li> <li>• % of education budget allocated to pre-primary education</li> </ul>	Annual 2-5 years	ASC; MISC; Early learning assessments; School level monitoring data; other relevant surveys and sector annual reports.
Responsive Caregiving	<ul style="list-style-type: none"> <li>• # of parents and other carers trained in responsive caregiving</li> </ul>	Annual 2-5 years	MISC; other relevant surveys and

	<ul style="list-style-type: none"> <li>• # of public parenting campaigns conducted.</li> <li>• # of community based ECD centres established</li> <li>• # of ECD advocates trained</li> <li>• % advancement towards national paid parental leave for parents</li> </ul>		sector annual reports.
Security and Safety	<ul style="list-style-type: none"> <li>• # of children under age 5 whose births are registered with civil authorities</li> <li>• # of positive parenting/child protection/environmental hygiene and safety campaigns conducted</li> <li>• # of communities with an established child protection office</li> <li>• # of vulnerable families receiving social care services such as cash transfers</li> <li>• # of schools monitored to maintain approval status</li> <li>• Percentage of children age 1-8 years who experienced Physical development</li> </ul>	Annual 2-5 years	MISC; other relevant surveys and sector annual reports.
Radical Inclusion	<ul style="list-style-type: none"> <li>▪ # of public facilities modified to remove barriers</li> <li>▪ # of inclusion committees established</li> <li>▪ # of community inclusion consultations conducted</li> <li>▪ # of ministries with employment practices</li> </ul>	Annual 2-5 years	MBSSE, schools, ASC, data collected from partners.

	reviewed to ensure equity and alignment with radical inclusion		
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## 5.1 EVALUATING POLICY IMPLEMENTATION

Directorates responsible for implementation of the IECD policy will also be involved in evaluation, using suggested indicators above.

The MBSSE Planning and Policy Directorate, reporting to the Chief Education Officer (CEO), who is the professional and technical head of MBSSE is responsible for delivery of all policy implementation. This includes collaboration with other directorates within the ministry, other ministries, stakeholder, partners, and communities to develop guidelines and Standard of Operations (SOP) to ensure effective implementation and monitoring of all policies.

1. Ministry of Basic and Senior Secondary Education
  - Free Quality School Education Directorate
  - Programs and Services Directorates – ECD Unit
  - Curriculum Directorate
  - School Feeding Secretariat
2. Teacher Service Commission
3. Ministry of Tertiary and Higher Education
4. Ministry of Gender and Children's Affairs
5. Ministry of Social Welfare
6. Ministry of Health and Sanitation
7. Ministry of Finance
8. Ministry of Planning and Economic Development
9. Ministry of Local Government and Rural Development

## 5.2 POLICY REVIEW

The IECD Policy will be reviewed by the MBSSE and relevant stakeholders every five years to ensure its continued scope, relevance to context and regulations and alignment with updated scientific research evidence. The policy may be reviewed sooner than five years should major inconsistencies of research evidence shifts occur. The policy review process will follow the standard review procedures established within the MBSSE.



## **SECTION 6: POLICY CONCLUSION**

### **6.1 POLICY CONCLUSION**

This policy spells out the shared vision, mission, and goals of Early Childhood Development as the foundation of Sierra Leone's Human Resource Development for the future and provides an overarching framework for cross-sectoral coordination in planning, financing, and implementing ECD services for young children and their families. It also clarifies the implementation strategies and roles and responsibilities of the various Ministries and other partners in promoting ECD for young children in Sierra Leone, so they would have the best start to achieve their full potential.

By adopting and deploying this policy with the necessary national legislation, the government will carry out its constitutional duty to protect and promote the fundamental rights of children to access equitable opportunities to thrive and reach their full potential and align with the SDG goals 4.2. which targets access to quality pre-primary education for all children, regardless of gender, to support primary schooling outcomes. Consistent with global evidence, this policy further supports attainment of the Sierra Leone Medium Term National Development Plan for sustainable human and economic development through education. Investing in young children by bringing this policy to full implementation, will ensure a strong foundation for the future of Sierra Leone.