



## **Institute of Early Childhood Development**

# **Evaluation Report**

## **National Action Plan (NAP) 2017-2018 Early Childhood Care and Education**

### **Introduction**

There has been continued global interest in the development of quality Early Childhood Care and Education. From the earlier Dakar Declaration (2000) which includes the expansion of Early Childhood Care and Education, to the adoption of the Framework for Action (2010) which emphasizes the holistic development of children, to the re-affirmation in the World Education Forum (2015) of the commitment to building a strong foundation for lifelong learning, to promoting the development of resilient ECCE systems (First Biennial International Conference, 2016), governments of the world have been concerned with implementing strategies and designing plans for the improvement of ECCE provisions, services, and programmes.

In Seychelles national action planning derived from the Seychelles Framework for Early Childhood Care and Education (2013) (SF-ECCE) has become an institutionalised strategy in response to national needs consistent with international principles. Thus far, two bi-yearly, national action plans have been implemented.

The first plan, the National Action Plan 2013-2014 ECCE, was an ambitious plan which aimed at long-term ECCE vision. Policy review, quality access, increased financial resourcing, expanded training opportunities, early detection, improved service delivery, building child-friendly communities, were the major thrusts of the plan. To some extent many issues were addressed in the plan, such as, special needs provision, risk assessment, the production of the Seychelles Early Learning Framework (SELF) and the ECCE Directory, parenting programme, standard day care design, and childminding services. However, deficiencies in the design of the plan limited the full trajectory of projects and programmes, although collaborative partnership had been built and ECCE sectors had been mobilised. Thirteen out of the 22 expected outcomes were achieved.

The second plan, National Action Plan 2015-2016 ECCE, sought to overcome some of those limitations by adopting a project-based approach. It was focused on the improvement of programmes and services with direct child development impact, and on the creation of an enabling environment for quality ECCE through policy research activities. In a more compact form the action plan addressed issues such as early learning, early detection through profiling,

increasing the functionality of children with special needs through the provision of special aids, child protection suitability check, quality access to community facilities and programmes, assessing parent needs, exploring child development outcome data, developing ECCE indicators for reporting and decision making, and establishing quality standards for childminding services.

Of the 22 “Expected Outcomes” 15 were considered as having met been. Early learning programmes and development profiles had been implemented, special needs intervention had been initiated, procedural requirements for suitability check of childminders was drafted, community and parental involvement had widened through day care provisions and community-based support of childminders, and policy dialogue had been generated by adopting the Risk Indicator Framework (RIF) and reviewing the administration and use of the Denver Development Screening Test (DDST). Moderate progress had been made towards the achievement of 4 “Expected Outcomes”: information sharing processes for the transition of children from day care to crèche were being explored, ground work had been completed to adopt the RIF, play activities for children enrolled in childminding establishment had commenced in one community centre, and childminding standards had been set.

However, there had been substantial limitation in the achievement of the other three “Expected Outcomes” and inhibitory factors had been discussed, notably, time limitation which had retarded the development of indicators to establish a baseline for the monitoring of the parental programme that interfered with the evaluative aspect of the project, and international input to kick start the data management project.

The third plan, National Action Plan 2017-2018 ECCE (NAP), followed a similar project-based design. It refocused on the priorities of the SF-ECCE with specific emphasis on harnessing and monitoring the benefits of ECCE provisions. Thirty-nine expected outcomes have been anticipated.

### **National Priorities**

The NAP forms part of the national drive to place early childhood development at the forefront of the country’s priorities. Priority Areas arising from SF-ECCE have been addressed through six main themes:

*Strengthening the policy environment through data availability* – The necessity to facilitate policy analysis that would improve information sharing and reporting, and guide future policy direction had been a major concern in the system. The preparatory work which had been initiated in the second plan was to be extended and elaborated as *IECD* in collaboration with the *Health Sector* pursued the implementation of a project to develop indicators and establish data management structures. In addition, the *Health Sector* was to lead a project to increase understanding of the impact of nutritional practices on child development whilst *IECD* in partnership with the *Education Sector* would clarify provisional facilities and resources associated with the early learning environment in pre-school settings.

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

*Community involvement* - The vision of vibrant communities providing strong family support and enabling environment for the overall development of children as proposed in the SF-ECCE prompted the *Ministry of Local Government* in contributing two projects to the NAP. First it was anticipated that Community-based Kids Gathering Project piloted in the second plan would be expanded to include more communities for up-scaling to national level. Second, work would be done to increase access to quality daycare provisions through the construction of innovative facilities.

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

*Early detection for intervention* – The need to review and strengthen mechanism for early detection and intervention has been stated in the SF-ECCE. Moreover, in the First International Biennial Conference it was shown how early intervention could reduce educational and social inequalities.

The three sectors, namely, *Education, Health, and Social Affairs* renewed their efforts in addressing this priority. The *Education Sector* set out to implement a profiling system to identify early learning difficulties and monitor children learning in pre-school setting. The *Health Sector* conceptualized two projects to extend its detection and early learning, and intervention capabilities to screen for congenital heart disease and neonatal metabolic disorders. Moreover, the extension of the Special Needs Programme was intended to benefit a larger group of children and parents in the provision of special aids for learning and everyday functioning. On the other hand, through the engagement of major targeted organisations, the *Social Affairs Sector* intended to establish a comprehensive assessment system for early identification of risk factors, and extending the suitability check system as part of the Child Protection Programme.

*Training and professional development* – SF-ECCE has recognised that staff qualification and professional development for all sectors, especially, those working with children in the 0-3 age group, as a major challenge in the provision for ECCE: This has been recorded in the SABER-ECD Report for Seychelles as a real setback. *IECD* proposed to intensify the training and

development of childminders and the *Education Sector* considered designing a project for the training of ECCE professionals in early learning by setting up a model early learning training facility.

### **Aim of the Evaluation**

The main aim of the evaluation is to provide information on the level of implementation of the 19 projects from the five ECCE sectors, the strategic influence of the plan, and its general impact. More specifically the evaluation will seek to:

- assess achievement in relations to strategies and activities in each sector and across sectors
- relate achievements of performance indicators to stated expected outcome
- determine the impact of the NAP on ECCE

### **Research Approach**

A generic evaluation framework (Figure 1) has been used to capture the following sequences: strategies and activities, specific products, resulting outcomes, and possible impact.

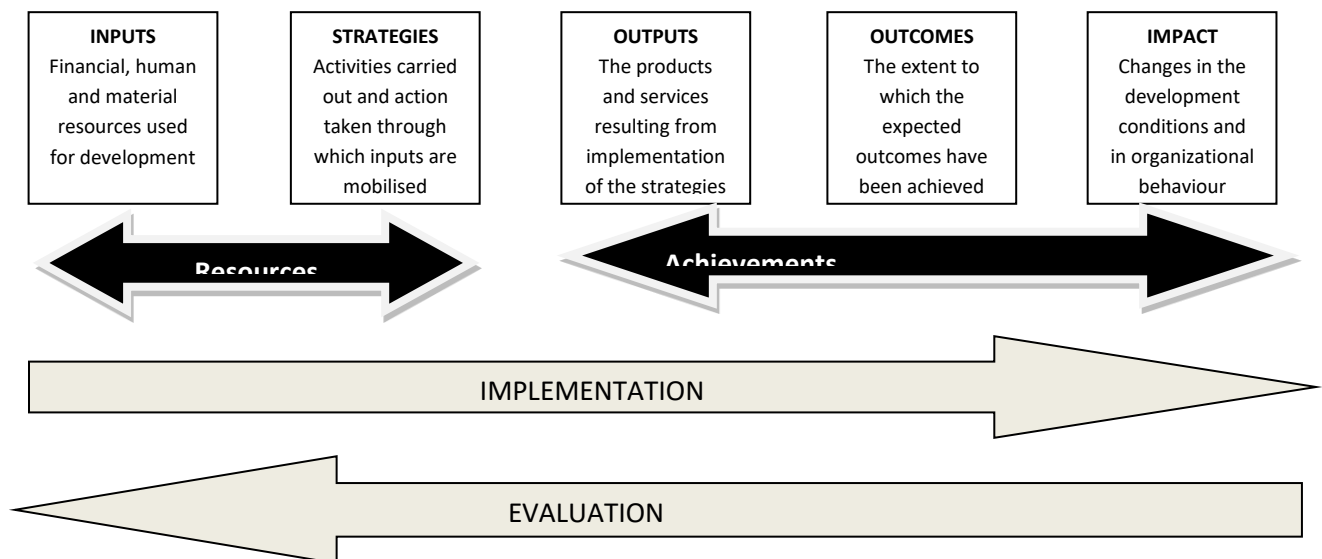


Figure 1: Evaluation Framework (Adapted from United Nations Development Programme, 2006)

#### **Data source**

The NAP was implemented through the ECCE Technical Team in the five ECCE Sectors comprising Education, Health, Social Affairs, Local Government, and IECD, and relevant statistical data have been collected from those sectors. Moreover, project documents, procedural guidelines, and final reports have been reviewed as evidence.

More numerical information has been obtained from a questionnaire targeting the Technical Team Members of the five ECCE Sectors. The questionnaire consisted of three parts. In the first part, questions on specific achievement outcomes for which strategies have been developed by the sector were posed. The second part contained questions about IECD in its coordinating role and relationship with the different sectors. General questions on the plan itself and the impact of the plan were included in the third part.

The questionnaire has been used to support statistical indicators, documentary and qualitative information, milestones reached, and achievement of stated outcomes. In designing impact indicators the following have been considered: changes in knowledge and working style; changes in organisation behaviours and practice.

### **Data Collection**

Data have been collected using four main methods: document compilation, data extraction, mini-surveys and individual interviews. Each Technical Team Chair completed an evaluation form to provide a summary of the success of each project, key achievements, and challenges encountered. The completed form was accompanied by a compilation of relevant documentation, monitoring reports and statistical information. In addition, questionnaire data was collected from all team members.

### **Analysis**

The analytic process integrates documentary and statistical information to assess the level of achievements of each project in the context of the NAP and synthesizes information on the implementation of the plan. It identifies emerging themes and extends the discussion to generate a reflection on possible impact of the overall plan.

## **Outcome**

The NAP has been a two-year plan to increase ECCE focus in the different sectors and propel the sectors to initiate or extend actions and strategies that would lead to improved provision and services for ECCE children and their parents. The sectors incorporated within their plans actions relating to the national priorities. Within the plans outcomes derived from project expectations had been set. The results presented in this section are intended to assess achievements in terms of expected outcomes or the level of progress towards the expected outcomes for the implementing ECCE Sector. Within that context factors which have inhibited or facilitated achievement of expected outcome have also been identified.

Three types of indicators have been used to provide a measure of progress towards the expected outcomes: the perception of Sector Technical Teams of the level of achievement, confirmatory documentation, and more direct quantitative data. Technical Team Members were presented with the title of their sector projects and related outcome statement for which they had to opt for a judgement response. The rating options with assigned values were as follows: “Exceeded

expectation”=4, “Met expectation” =3, “Moderately did not meet expectation”=2, and “Substantially did not meet expectation”=1.

The mode was used as measure of the level of achievement of the outcome. The discussion arising from the data was matched with documentary evidence and numerical information.

### Education Sector

In Table 1 the results for the six outcomes expected for the two projects implemented by the Education Sector have been presented. Three outcomes (Outcome I, II, and V) have been rated as having ‘Met expectation’ and three outcomes (III, IV and VI) have been rated as ‘Moderately did not meet expectation’. More documented evidence is needed to validate some of the judgment of the technical team members for the three projects.

Table 1: Outcome results for Education Sector

Project	Expected Outcome	Achievement
1. Implementation of an Early Learning and Development Profile (My First Profile) in Day Care Centres	(I) Individualised Profile being used by Day Care Centres to support early learning and development	Met expectation
	(II) Structures established within Day Care Centres to support the effective use of the Profile, including communication with parents	Met expectation
	(III) Mechanisms in place between Day Care Centres and partner agencies to facilitate sharing of information and early intervention where required	Moderately did not meet expectation
	(IV) Children with developmental concerns are identified early and are referred for appropriate assessment and intervention services	Moderately did not meet expectation
2. Implementation of the Early Learning Programme for Children Aged Three Months to Four Years in Day Care Centres	(V) Acquisition of attitude, knowledge and skills as per the six Early learning Development Areas (ELDAs)	Met expectation
3. Establishment of an Early Childhood Training Room for service providers and practitioners	(VI) The Early Childhood training Room is an established place to which all early childhood caregiver in-service and pre-service teachers can have access for initial and on-going teacher training	Moderately did not meet expectation

### Profiling

The intention of this project was to establish the effective use of “My First Profile” in all Day Care Centres. The comprehensive profile, developed in the National Action Plan 2015-2016 for ECCE was extensively revised with the assistance of national and international experts and officially launched as part of this plan. It became a standard means by which caregivers and teachers in early childhood settings could monitor and record the developmental progress of each individual child (3 months to 4 years). The Profile Document has provided a basis for targeted support for children both within the Day Care Service and by external agencies where appropriate. It has also been designed to facilitate sharing of information between educational or caring institutions, and to ensure smooth transition from day care to crèche and beyond. Responses from 24 Day Care Operators confirmed the informative, diagnostic, and facilitative capacity potential of the profile, at least for over 93 percent of them with some reservation from those who had just started out.

Following intensive initial training sessions, successful strategies for further training and support hds been set-up. A specialised team had been mobilised for monitoring and on-going training in the use of the profile. One-hundred-and-thirteen day care operators and assistants received training support and of the 84 who completed the evaluation form, the responses were positive, they found

the sessions interesting, enjoyable and useful, although it was expressed that there was a need for more training.

Communication links with parents as key partners have been initiated. This had a two-pronged approach. First, sensitisation sessions were conducted for parents with children in Day Care Centres on the three main islands, Mahé, Praslin, and La Digue: Three general meetings were organised for information-giving. Second, Day Care Operators were provided with detailed briefing and explanatory information on the introduction of 'My First Profile' to include within parents meetings and more specifically on one-to-one interaction with parents.

The results from 250 parents who completed the short questionnaire and gave their impression of the profile document were overwhelming re-assuring. Over 97 percent acknowledged that they had been informed of the profile, agreed that it was useful, and claimed that they worked in partnership with the Day Care Operators regarding the development of their children. Moreover, just over 94 percent admitted to reading the profile and have endorsed its usefulness.

However, more stringent mechanism to interact with parents and link with helping agencies is at the discussion phase, proposed in the Terms of Reference of a working team "to develop operational guidelines for the use of the Profile, including intervention for developmental concerns identified and referral for further services" and "review structures for sharing of information and handing over of the Profile between early care and education settings". It is anticipated that a manual will be developed to address those issues. Hence, although there has been anecdotal feedback from Day Care Operators relating to interventions from external agencies from parental concerns, more systematic structures need to be put in place in order to achieve Outcomes III and IV.

### ***Early Learning Programme***

An Early Learning Programme based on the SELF was developed and piloted in the National Action Plan 2015-2016 for ECCE and in this plan its implementation was realised. The primary aims of the project were to support day cares in the implementation of the standardised child friendly learning programme and to foster readiness for early learning. The Early Learning Programme endeavours to provide high quality early learning opportunities for children aged 3 months to four years in Day Care Centres. It also makes provision for appropriate and timely interventions to be planned to improve the quality of learning readiness of children entering crèche.

Although the expected outcome is wide ranging it has tremendous importance as it targets the children as beneficiaries. Two research strategies have been employed to contribute to the achievement of this outcome. The main one which consists of the utilisation of assessment tools designed in the previous action plan to measure change and a mini-survey to gain information on follow-up actions.

For the assessment test, Rasch Modeling was used to determine the performance level of children. Three achievement levels were derived which can be summarised as follows:

*Level 1* - Children begin to develop a sense of belonging and identity, and communication and language skills, along gross and fine motor skills.

*Level 2* – Children begin to develop pre- numeracy skills and more complex communication and language skills as well as engaging in arts and creative.

*Level 3* – Children’s understanding of pre numeracy and their artistic and creative skills become more complex.

Assessment was carried out on two cohorts of children, one in 2017 and one in 2018 to test their readiness as they commenced Crèche Education. In Table 2 the, results of the study showing the overall proportion of children demonstrating learning readiness at the different levels have been presented.

Table 2: Percentage of children by levels in day care

	Level 1	Level 2	Level 3
	%	%	%
Day Care 2007	13.0	45.7	41.4
Day Care 2008	11.1	35.3	53.6

It can be seen that the percentage of pupils reaching Level 1 decreased slightly by about two percent (1.9 %) and about ten percent (10.4) for Level 2 but with a much higher percentage, resulting in an increase at Level 3. Based on the results, there has been an increase in the overall proportion of children with an augmentation of about twelve percent (12.2%) demonstrating learning readiness at Level 3.

The results were disaggregated by care facilities, mainly, home, childminding and day care. Although it was not possible at this early stage to show the possible effect of the implementation of the Early Learning Programme, a psychometrically sound assessment tool have been developed and tested which can provide valuable information on readiness of children entering crèche. Moreover, it will be possible overtime to show the association between level of readiness and the early learning programme in Day Care Centres.

Nevertheless, it was possible to gain some information specifically on the performance of children on five Early Learning Development Areas (ELDAs) for 2017 and 2018 and the available data for children aged three-and-a- half years and over are quite encouraging.

Table 3: Percentage of children demonstrating attitude, knowledge and skills as per five ELDAs

Year	ELDA 1 Well-being	ELDA 2 Identity & Belonging	ELDA 3 Communication & Language Development	ELDA 4 Pre-Maths	ELDA 5 Art & Creativity
	%	%	%	%	%
2017	90.2	81.8	76.0	60.0	72.0
2018	95.0	84.7	81.7	71.2	81.3

The figures displayed in Table 3 would suggest that there has been improvement in children’s performance across the five Early Learning Development Areas. It was noted that performance in Pre- Maths was a concern in 2017 but in 2018 the figure had increased by about eleven percentage points (11.2%) which is reassuring.

### ***Early Learning Training Room***



This project was to facilitate training access to early childhood service providers inclusive of day care personnel, pre-service and in-service teachers, and teacher assistants through a model early learning training room as part of the teacher training provision. The room would be specifically furnished, and equipped with developmentally appropriate educational resources and furnishings. The intention is to promote the importance of children's learning through play involving practical work using the educational resources, and to build the capacity of early childhood professionals.

Despite the challenges relating to room allocation, funding, contractual arrangements, cumbersome procurement procedures which delayed project trajectory and led to the situation where the expected outcome was moderately missed, significant progress have been made. Key achievements have been recorded:

1. A well-researched early learning room design which can be can be replicated and extended
2. Procurement of quality educational materials, toys, and equipment
3. Collaborative support from external construction agency for renovation, furnishing and installation work.

### **Health Sector**

Six projects have been implemented in the Health Sector and fourteen expected outcomes have been anticipated. As it can be seen from Table 2, as judged by Project Officers and those involved in the project, six expected outcomes have been met; three have been moderately met, and five have substantially not been met

### ***Day lounge***

The main purpose of this project is to reduce the stress on mothers visiting babies in Neonatal Intensive Care (NICU) and to provide physical comfort and psychological support for mothers to bond with their babies, participate in decision making, breastfeed with skin to skin contact, and prepare for their babies discharge.

Although room allocation had been prompt and floor plan design had been produced quite early, following preliminary interview of mothers using the service, realization of this project within the timeframe of the plan has been very much affected due to delayed financial resource input. Procedural administrative processes are underway – renovation plan, procurement of equipment and furniture, preparation of a sensitisation programme and user guide – but the expected outcome to establish a well-equipped lounge, meeting parent expectation and used effectively by parents and staff have not been met.

### ***Oral health***

This project as described in the original plan has been significantly revised. From the larger concern to improve service delivery of children in 0-8 age-group, the project was amended to reflect to necessity of creating general awareness and particularly the awareness of personnel directly involved in the care and education of early childhood children, further training of dental therapists, and implementation of a Tooth Brushing Programme. Obviously, the long term aim is

to improve the oral health status of young children. Nevertheless the implementation of the reviewed plan was considerable constrained by human and financial resource issues.

This led to the delivery of three main outputs:

sensitisation programme which included production of Media Spots, updated Maternal Child Oral Health Guidelines, procurement of equipment for demonstration and teaching, official launching of the Tooth Brushing Programme

Although some stakeholders had been mobilised and plans have been anticipated, data for the following revised performance indicators are not available:

- Proportion of parents, caregivers and partners sensitised on oral health issues
- Proportion of childminders, day care staff, and crèche teachers implementing the community-based dental health education
- Percentage of Year One and Year Two crèche pupils participating in the Tooth Brushing Programme
- Percentage of 0-6 year old children identified as having higher risk of dental problems and parental counselling programme initiated.

Table 4: Outcome results for the Health Sector

Project	Expected Outcome	Achievement
1. Setting up a resting day lounge for nursing mother with baby in Neonatal Intensive Care Unit (NIVU) as part of the postnatal care	(VII) Well-equipped day lounge available responding to parent needs	Substantially did not meet expectation
	(VIII) Staff sensitised about the room and parents supported to use it effectively	Substantially did not meet expectation
	(IX) Mothers knowledgeable about proper use of facilities	Substantially did not meet expectation
	(X) Mothers using the facilities effectively	Substantially did not meet expectation
	(XI) Mother expectations are met with the new facility	Substantially did not meet expectations
2. Amending the Oral Health Programme	(XII) Improved oral health programme	Moderately did not meet expectation
3. Improving the administration of the Denver Development Screening Test (DDST) to strengthen policy information	(XIII) Improved test administration	Met expectation
	(XIV) Improved reporting of child development outcome in the central district	Moderately did not meet expectation
	(XV) Development delays screened and referrals made	Moderately did not meet expectation
4. Expanding the implementation of the Special Aids Programme for the provision of Aids for children with special needs	(XVI) Maximum occupational performances achieved by children through the use of special aids	Met expectation
	(XVII) Increased knowledge and skills of teachers in the School for the Exceptional Child and those in main schools in managing children using special aids	Met expectation
	(XVIII) Increased knowledge and skills of parents to teach manage, and support their children with special needs	Met expectation
5. Introduction of neonatal screening for Inborn Errors of Metabolism (IEMs)	Early Diagnosis and intervention of children with Inborn Errors of metabolism conditions	Not implemented
6. Introduction of Universal New-born Pulse Oximetry Screening	(XIX) Early identification and diagnosis of congenital heart diseases and intervention actions	Met expectation
7. Establishing the nutritional status in the first 1000 days of life	(XX) Availability of relevant data on nutritional status of children aged 1-2 years to inform policy makers of the Ministry of Health	Met expectation

### *Administration of Denver Development Screening Test*

As a follow-up to the research carried out in the previous plan where staffing, training, supervision, testing conditions and resources were under scrutiny, this project was intended to address some of those issues to improve the administration of DDST.

The following outputs have been recorded:

*Facilities* – Health Centres were assessed through site visits and a report has been produced. Minimum space requirement was established and it was found that only three Health Centres out of the 15 Health Centres where DDST testing was carried out had adequate space, and in all centres storage of records was problematic.

*DDST Kit* – New DDST Kits have been distributed together with training manuals and DVD instructions.

*Training* – A group of Child Health Nurses have had formal refresher training.

The expected outcome to improve test administration, reporting results, and identification of delays can only be considered as only partially achieved since there is no available data to report on the performance indicators which should show percentage of children screened, percentage of children displaying possible development delays and percentage of children referred. Thus only a “moderate” rating have been assigned.

### ***Special Aids Programme***

As a follow-up to the previous project in the NAP 2016-2017 for the provision of special aids, this project has been extended for continuity and to assess the benefits of the Special Aids Programme. The main aim of the project is to provide and ensure usage of special aids for children between the ages of 1 year to 8 years, in order to facilitate their learning, and develop their ability to function to their maximum in the activities of daily living. Forty children from the School for the Exceptional Child, main stream schools, and from home benefitted from the programme. Twenty Special Needs Teachers were trained, and participating parents were sensitised and supported. All three expected outcomes have been met. The performance and survey results provide voluble evidence of the diligence, consistency, and perseverance in the delivery of the Special Aids Programme.

In Table 5, the personalized results of the children have been presented as part of the evaluation of the programme. The findings are summarised through usage of the wide variety of adaptive tools.

*Reclining table* - Four children were provided with reclining tables. All four were coping well with their required activities such as eating and writing, with or without assistance.

*Writing Board* – Four children made use of writing boards. Handwriting had improved for three of them whilst one child used the board “to look at books”.

*Lap Board* – Two children were assisted with lap boards, one during feeding and the other for school work. The first child had become independent whilst no improvement was recorded for the second one.

*Communication Book* – Five children had the opportunity to use the communication book. The results however were positive for four of them who could use the book to interact and communicate their needs. Data for one child was not available.

Table 5: Performance results

ID	Aids	Usage length	Assistance	Frequency	Activity	Achievement
1	Writing board	4 years	None	Daily at home	To do his home work	Improved handwriting
2	Reclining table/ lapboard	2years	None maximum	daily during class activities during lunch time	all activity during class during break and lunch	able to perform activities given able to eat independently
3	Reclining table	4 years	None	At school	School task	Coping well
4	Reclining table	2years	maximum	daily during class activities	During feeding and all table top activities in class.	able to perform writing activities
5	Reclining table/special utensil	2years	maximum	2 times per day	during break and lunch	able to eat with maximum assistance
6	Writing board	2 years	None now	Daily at school	School task	Hand writing improved
7	Writing board	3 years	None	Daily at school	School task especially reading pictures	Used mostly to look at books
8	Writing board	4years	None	Daily at school	School task	Hand writing improved
10	Lapboard	4 years	A lot for setting up plus due to poor hand manipulation	Not consistent	School task especially for manipulation	No improvement
11	Communication book	2years	Moderate assistance required	On occasion	During conversation time in class	Where relevant he can relay information regarding topic of discussion
12	Communication book	No data available				
16	Communication book	2 years	She is independent	On occasion when required.	In conversation or discussion	Initially she used it more often to help communicate her needs. Now she is more able to be understood verbally, she uses the aid less
17	Communication book/reclining table	3years	Minimal (table)  Independent in navigating aid however requiring help to turn pages because of physical limitations	daily during feeding and class activities  Fairly often	all activity during class  Class discussion Conversations Making needs and wants known	able to have his break and perform all table top activities in class
18	Hearing aid	4 years	independent	Not often	Home and school	Does not always use the hearing aids. Engage in verbal conversation

19	Special table plus chair	--	Needs assistant	Fairly often	Manipulation of tools	Tools within easy reach
20	Pencil grip holder	1½ years	minimal	daily during class activities	all writing activities	able to paint ,write and formulate letters

Table 5: Performance results (cont')

ID	Aid	Usage length	Assistance	Frequency	Activity	Achievement
21	disc o seat	1month		During class activity		Teachers can manage her sensory issues more regularly
22	Pencil grip holder	5 months	Need to remind child to place fingers appropriately on pencil grip	Week days during school lesson and at home.	For writing in class and home to facilitate tripod grip	Child has achieve to have tripod grip
23	Special table plus chair	1year	minimal	Daily	all table top activity during class	able to perform table activities and feeding
24	Pencil grip holder	4 months	Need to remind child to place fingers appropriately on pencil grip	Week days during school lesson and at home.	For writing in class and home to facilitate tripod grip	
25	Dycem mat	2years	minimal	2 times per day at school and home	during feeding	able to eat without her lunch box slipping
26	Special utencil/footrest	8months	maximum assistance	2 times per day	during feeding	able to feed with maximum assistance while holding her spoon
27	Dycem mat	2 years	No assistance required	Week days during school lesson	For stabilizing exercise book on the table to facilitate writing.	Child was able to produce more writing in limited duration of time.
28	Disc o seat	2 ½ years	minimal	daily during class activities	during class	able to sit for longer period of time and concentrate on school task
29	Special table plus chair/footrest	10months	minimal	Daily	all table top activity in class	able to seat and complete a task given
30	Pencil grip holder	2years	independent	Daily at school	School work	Hand writing improved
31	Hearing aid	4 years	independent	Daily at school and home	Home and school activities	Coping well at school as well as in the community
32	Hearing Aid	1 years	dependent	Daily at school and at home		Making sounds and turning to noise
33	Pencil grip holder	2years	Independent	Daily at school	School work	Hand writing improved without the aids
34	Pencil grip holder	2years	Independent	Daily at school	School work	Some improvement

35	Special plate	7 months	Supervision and hands on (at times) required	Child use the device daily	For eating during breakfast, lunch and dinner.	Child is able to place more food in spoon from plate to mouth for eating
36	Hearing aid	4 years		Child using aids daily	School and home activities	Was coping well with the aids
37	Hearing aid	3years		Child using aid daily	School and home activities	Was coping well
38	Hearing aid	3 years		Child using aid daily	home	Was coping well with the aids
39	Hearing aid	3 years		Was to use daily		
40	Communication book	1 year	Independent	On occasion	Conversations at home	Reduced frustrations when making needs and wants known

*Hearing Aid* – Seven children were provided with hearing aids. It was noted that five of them were using the aid permanently and effectively, one of them was using the aids intermittently, however data for one child was not available.

*Special Table and Chair* – This adaptive equipment were provided for three children and they were all able to perform “table activities”.

*Pencil Grip Holder* - Four children were taught to use this aid. Three of them demonstrated various level of performance from achieving the “tripod grip” to improvement in their writing.

*Disc O Seats* – Two children had disco o seats which maximized concentration time.

*Dycem mat* – Two children made use of dycem mats to stabilize materials or equipment whilst carrying out activities on table tops.

*Special Plate* – One child’s eating behaviour improved with the use of the special plate.

Also, Special training workshops were organised for special needs Education Coordinators and Teachers. A practically-oriented training programme was to familiarise teachers with the special aids, theirs uses and how to manipulate them.

Moreover, Parent and Teacher Questionnaire were utilised to gauge parents’ awareness, utility, and benefits of the special aids programme and to gauge teachers’ perspectives on the school environment, and on some of the children’s learning experiences. Positive results were recorded (Box 1).

**Box 1: Summary of Survey results of teachers and parents**

Parents’ awareness of the special aids programme was fairly high. They also showed interest in their children’s development by following their progress and more positively the home environment seemed to promote a greater sense of independence for the children requiring special aids.

Teachers seemed to express the view that the school seemed to provide an environment where both children’s (with and without disabilities) interaction was facilitated. Children seemed to enjoy school life and showed interest in the activities.

### ***Pulse Oximetry Screening***

The introduction of the Pulse Oxymetry Screening forms part of the Maternal Child Health Programme for early detection of Critical Congenital Heart Defects (CCHDS) in newborn babies before they are discharged from maternity care. Screening is being implemented through a cadre of 26 trained health professionals consisting of nurses, midwives and doctors practicing in neonatal care including those in community birthing centres. The project was officially launched by the Chief Executive Officer with a demonstration on a group of newborns and their mothers by a Senior Midwife.

Policy level activities included the procurement of equipment from overseas, training, production of procedural materials, sensitisation of parents and the general public. The training programme was designed in accordance with the *Critical Congenital Heart Disease Screening Program Toolkit* (“*Toolkit*”), designed to serve as a guide to healthcare providers seeking to use pulse oximetry as a screening tool for Critical Congenital Heart Defects (CCHDs) in the newborn and was delivered by a specialised Technical Working Team. A screening protocol was instituted with specific instructions for screeners on timing, parental reassurance and assessment of babies with failing saturation. Leaflets containing information which define CCHD, identify its use, describe the procedures, establish normal levels, and list cautionary signs were distributed to parents. Promotional materials, TV Spots and a Press release, were also produced.

At end of the end of the project’s timeframe 710 babies had benefitted from the screening system and six babies with CCHD had been recorded. Thus Outcome XIX had been fully achieved.

### ***Nutrition Study***

Originally, the aim of this project was to assess iron status and nutritional intake of children below two years of age. However, lack of funding, human resource issues, and time constraints have severely affected its implementation and the project has been redesigned as a pilot study with a much smaller sample size (40 children with their parents) to focus on anthropometric measures and dietary diversity rather than on testing for anaemia. Children’s age group was also altered for convenience and expediency to coincide with the age of those children (6 to 24 months) attending maternal child health routine sessions with their parents at that time.

Despite the difficulties encountered in this project the outcome has been favourable in adapting technical strategies to use WHO growth indicators and to provide preliminary information on early dietary habits.

*Technical Strategies* - The dietary questionnaire has been adapted from the WHO ‘Indicators for assessing infant and young child feeding practices’ and expertise in collecting and calculating anthropometric data has been developed. This has provided a model for larger scale research in nutritional practices.

*Policy Information* – The results of the pilot indicated that most children have a varied diet including the intake of iron rich or iron fortified food. Of the 40 children, one was wasted, four were stunted and eleven were overweight. Although these findings cannot be generalized, it was found that the rate of overweight is consistent with data from older children and although the data for wasting and stunting represent a small number they still raise points of concerns that some children have poor nutritional status despite eating foods from the four or more food groups.

## Local Government

As listed in Table 6, three projects have been implemented by the Local Government and Sports Sector: day care centre provision, “Kids Gathering”, and Baby Gymnastic Programme. Evidence will be gathered to make judgment about the evaluative status of those projects.

### *Provision of Day Care Centre Facilities*

The Day Care Project was aimed at expanding day care provisions for children aged 0-3 years. Day care Centres were being constructed or facilities renovated to meet the developmental and educational needs of children and the social needs of parents. The plan consisted of the construction of a new day care centres at Grand Anse Praslin, Anse Aux Pins, Takamaka and the evaluation of the extension and renovated facilities at Bel Air.

Table 6: Outcome results for the Local Government and Sports Sector

Project	Expected Outcome	Achievement
1. Expand day care centre provisions	(XXI) Expanded access to children (0-3 years) to innovative facilities	Moderately did not meet expectation
	(XXII) Meeting the needs of the community	Met expectation
2. Community-based Kids Gathering Initiative	(XXIII) Children’s early learning experiences, physical ability and social interaction enhanced	Moderately did not meet expectation
	(XXIV) Strengthened working relationship indicated by increased contacts between District Administrators and childminders where the project is being implemented	Met expectation
	(XXV) Learning through play being promoted in a secure and safe community facilities	Met expectation
3. Baby Gymnastic Programme	(XXVI) Children’s motor, coordination, equilibrium and self-confidence improved, through training and continuous monitoring	Moderately did meet expectation

A Standard Day Care Centre Building Design which takes into consideration site and community issues, interior design and space, external design and play elements, architectural design and child-friendly facilities have been drawn up. This well-researched document which has been authenticated by international and local experts is meant to be used as a guide “to support the development of facilities that are child and family oriented, environmentally safe and secure, that would promote healthy growth, that are aesthetically pleasing, functional in their design, and are cost effective to operate.”



The intention was to build the three day care centres modelled on this design. Unfortunately, construction could not be realised within the projected plan and the delivery status has been described.

*Takamaka Day Care Centre* – designed plan approved in the middle of the first year of the project cycle, contract awarded at the end of that year, contracting dispute halted construction work with block walls and roofing in place at the end of the project timeframe.

*Anse Aux Pins Day Care Centre* – designed plan approved as above, change of location led to land ownership negotiations and redesign of the plan, contract awarded in middle of the second half of the timeframe, at the end of the project cycle construction of internal and external walls had been completed.

*Grand Anse Praslin Day Care Centre* – designed plan approved as above, contract awarded at the end of the first year cycle of the project, work re-contracted due to management and financial difficulties of contractor, new contract awarded at the end of the project cycle, construction work is at the foundation stage.

It is evidenced from the above description that the original timescale could not be adhered to. Protracted approval procedures and poor contractor performance have retarded the completion of the three proposed day care centres within the NAP 2017 – 2018. It is obvious that the expected outcome to expanding access to children of day care facilities have not been met except in a limited way through the renovated and re-furbished Bel Air Day Care Centre.

*Bel Air Day Care Centre (named 'Home2Daycare'* - Renovation and relocation of the centre were planned actions in the previous plan. In this plan, an evaluation of the use of the facility has been undertaken. Seventy-five children in the age range from 3- 9 months to 2-4 years has been benefitting from the facility operated by ten members of staff. Parents from different parts of Mahé use this facility. A satisfaction survey was carried out and from the 47 responses (returned questionnaire out of 75) it was found that parents were highly satisfied (98%) with the wide variety of activities available, the quality of the furnishings, the safety aspect (90%) and the staff (88%) who were described as “approachable”, “confident” “informative” especially of the progress of their children.

An examination of the four performance indicators could provide added information.

a) “Contractor delivery agreement and project management”

This target has been achieved There have been persistent efforts by the Project Manager and Technical Team Members to ensure contract delivery or make other contract

b) “Day Care Centres built in accordance with standards for physical infrastructural design and outdoor elements, child and family friendly, staffing/supervisory arrangements

This target has been largely missed since construction of the day care centres has not been completed.

c) “Number of children using the service per caption area”

This has been achieved in relation to the Bel Air Day Care Centre where attendance has been recorded and the Day Care Centre is serving families from central, north and west district

d) “Stakeholders collaboration and satisfaction (participating agencies, community personnel, targeted parents)”

This has been partially achieved for parents but no clear indication of views of other stakeholders.

The delivery of day care services and the provision of facilities demand a high level of agency collaboration. Moreover, the construction of standard daycare facilities need committed contractors and strong monitoring mechanism. Much has been learnt from this project and promising outcomes are expected in the future.

#### *Community-Based Kid’s Gathering Initiative*

This is a developmental project with the aim of promoting the overall development of children aged 3 months to 4 years to improve childminding services through the provision of community-based facilities and equipment. Resources which consist of play equipment, learning materials, and educational toys were acquired as part of the strategic activities to initiate the project in the last plan. The main objectives of the present project is to promote community centres as safe places for children (3 months to 4 years), increase access of children in home-based childminding services to quality early learning and developmentally appropriate district-based facilities, and monitor the social and physical development of a cohort of children.

Despite the challenge of soliciting childminders’ participation, by the end of the project cycle the number of childminders accessing the initiative had increased to eight (from 3 at the start of the project), and seventy-two children were benefitting in two districts (although in a modified form in one of the two districts). Nonetheless, assessment structures were set up with observation schedules, questionnaires and interviews; five assessors were recruited. From the Observation Report, it was claimed that, children interacted well with each other and with the childminders and that childminders interacted well with district administration personnel. Also face-to-face interview of childminders revealed that the majority of the childminders expressed that they were satisfied with the programme, they acknowledged that benefited in adapting to a new atmosphere. They believed that this should be an ongoing activity because the place and the toys were ideal for children that age.

Effective implementation of this project has been marred by human resource input at all levels: within the sector, the districts, and amongst the childminders themselves. This was compounded by the difficulty in locating community centres with appropriate facilities. However, an effort has been made to re-adjust project design and relocation. Thus, a safe and secure environment for play and learning activities has been provided, play activities and social interaction have been monitored, and the interface between childminders and District Administrators has been reinforced.

### *Baby Gymnastic Programme*

The project is aimed at promoting a culture of sport at a young age through the expansion of the Baby Gym Programme to the inner island region. The programme provides complementary physical developmental activities for children aged 9 months to 4 years. In the previous plan an evaluation was carried out on the main island, although it was anticipated that apart from the on-going servicing of pre-schools on Mahé, a new centre on La Digue would be operational. This did not happen due to construction delays. The project in the present plan focuses on the development of the programme at La Digue with the objectives of facilitating the development of basic physical activities through access to appropriate resources and training, and to encourage parental interest.

Due to further delays in securing the facility (for health and safety reasons), the programme was only launched in the middle of the second year of the planned cycle. One hundred and fifteen children from childminding establishments and from the two Day Care Centres on La Digue benefitted from the programme. There is preliminary data on monitoring the results of the five basic skills, namely, “jumping”, “balancing”, “cradling” “rolling” and “scaling”. However, the data has not been analysed and parental views have not been sought. Thus the expected outcome has only partially been met.

However, relative interagency collaboration between Local Government Sector, National Sports Council and District Administration Office, has contributed to the implementation of the programme. Facility level activities included the construction and securing of the Baby Gym, at programme level the National Sports Council invested considerable funds for refurbishments and procurements of specialised equipment and provided experts for programme delivery.

This is an ambitious project which seeks to promote equality of access through the decentralization of the Baby Gym Programme. It needs a robust monitoring system to document its effect on the physical and personal development of children and to engage parents in the programme and the development of their children.

### **Social Affairs Sector**

The Social Affairs Sector implemented two projects related to the child protection programme, and early detection system “suitability checking” and “risk assessment”. The ratings of the Technical Team have been shown in Table 7 for ‘Expected Outcome’ (XXVII) which has met expectation and (XVIII)) which has “exceeded expectation”. Further analysis of project documentation will be used for evaluative validation.

Table 7: Outcome results for the Social Affairs Sector

Project	Expected Outcome	Achievement
1. Strengthening the implementation of the Risk Indicator Framework	(XXVII) Increased use of the RIAF tool for child protection through early referrals	Moderately did not meet expectation
2. Implementation of the Suitability Check for Assistant Childminders	(XXVIII) All assistant childminders vetted by the end of the project	Exceeded expectation

### *Suitability Check*

As a follow-up to the successful establishment of the suitability check system for childminders, the present project seeks to strengthen the programme and extend it to assistant childminders. As part of the drive to improve standards in childminding establishments, implementation of this project will assist in creating a safe and supportive environment where children can thrive by enduring that both childminders and their assistants do not pose a risk when working with children.

The success of this project can be evidenced from the established vetting process, effectual organisational interface, and policy level action.

*Vetting* - A summary of the suitability checks for assistant childminders and childminders conducted in 2017- 2018, and panel proceedings has been presented in Table 7. Suitability Checks were conducted for 31 and 23 assistant childminders in 2017 and 2018, respectively. The panel also conducted suitability checks on 16 and 39 childminders in 2017 and 2018, respectively. Altogether a total 109 applications were made and 110 interviews carried out (1 applicant appeared before the panel twice). Members of the Suitability Check Panel convened for 31 sessions in 2017 and 25 in 2018. This included 4 meetings to review of Standard Operating Procedures, and to make two site visits.

Table 8: Implementation of suitability check

<b>Number of Candidates who underwent Suitability Check</b>	
Total number of candidates	109
<b>Number of Interviews Conducted</b>	
Total number of interviews	110
Number of 1 <sup>st</sup> Interviews	109
<b>Location of Interviews</b>	
Number of panel sessions for 2017	31
Number of panel sessions for 2018	25
Number of meetings for review SOP	4
Number of visits at child minding establishment	2
<b>Panel Decisions</b>	
Suitable With conditions	2
Not Suitable	2

*Policy Level Action* - Through wide consultation with partners and stakeholders a comprehensive “Standard Operating Manual (SOP) for Suitability Check” has been produced. It outlines the purpose of the check within the mandate of the Social Affairs Sector. It defines child protection and child’s rights. Based upon the guiding principles of “best interest of the child”, confidentiality, and interagency collaboration, it responds to the questions of who, what, how of the suitability check process. It also broaches pertinent topics such as automatic disqualification, making submission, and obligations and responsibilities. Moreover, recent revision includes an appeal option reviewed by legal partners to ensure the legitimacy of the Standard Operating Manual.

### ***Risk Indicator Assessment Framework***

The Risk Indicator Assessment Framework is a multi-disciplinary for early identification of children who are at risk and in need. Attempts in two previous plans have encountered

difficulties mainly due to the lack of commitment of partner agencies. The project idea has undergone major modification from piloting the Risk Indicator Framework, in the first plan, carrying out an audit in the use of the RIF to gather evidence of non-compliance and propose counter-acting measures in the second plan. For this plan, the aim of the project has been revisited with the intention of strengthening the implementation of the RIF in order to increase the use of the RIAF tool for referrals (as the expected outcome).

The activities within this project were aimed at revitalizing commitment to this framework and institutionalizing the use of standard risk assessment and referral forms and some key achievements can be noted:

- The new referral which is short and very clearly set out, and a facilitative brief feedback form have been adopted
- A comprehensive Standard Operating Procedure Manual which identifies the risk factors, outlines the responsibilities of the main partners, defines the terms of reference of the focal person, and supports the establishment of a data base has been developed and validated.
- Training was conducted for a range of professionals in educational and caring institutions, and officers in the Department of Housing
- Supervisory meeting with “focal persons” in designated organisations have been organised

However, many challenges were encountered throughout the project trajectory such as organisational re-structuring, human resource input, database access which denied the realisation of two of the three performance indicators to provide a “breakdown of referrals by type, organisation, and follow-up intervention and to establish the “level of satisfaction of stakeholders in the use of the RIAF tool”. Although it has been anecdotally reported that 60 referrals have been made, this performance indicators is below the target of 200 referrals. Although there was a tendency for technical team members to indicate that the expected outcome has been achieved, the evidence for such a claim has not been supported. “Moderately did not meet expectation” would be a more appropriate rating.

### **Institute of Early Childhood Development**

The information contained in Table 9 is very satisfying. The eleven expected outcome have been met and three of them have exceeded expectation. These are substantially large projects with considerable impact on the ECCE system. Closer examination of each of those projects should provide further evidence of their relevance and achievements.

Table 9: Outcome results for the Institute of Early Childhood Development

Project	Expected Outcome	Achievement
1. Establishing structures and procedures for data collection based on ECCE indicators for the health Sector	(XXIX) Standardised data collection procedures in the Health sector to strengthen monitoring, evaluation and reporting of ECCE	Met expectation
	(XXX) Targeted population showing understanding of ECCE issues	Exceeded expectation

2. Measuring change in the understanding of ECCE issues through advocacy strategies and campaign	(XXXI) Seventy percent of the targeted population showing understanding of ECCE issues	Exceeded expectation
	(XXXII) Increased visibility of ECCE and sensitisation of issues among the population, across sectors	Met expectation
	(XXXIII) Constructive suggestions/criticisms on ways to improve and increase visibility of the advocacy campaign across sectors	Met expectation
3. Assuring the quality of the Childminding Programme; building the capacity of childminders	(XXXIV) Childminders trained on the quality standards to register their services, maintain good practice or improve their practice	Met expectation
4. Implementation of the National Standards for Childminding Services: A Pilot Study	(XXXV) Policy suggestions for policy dialogue and actions on the implementation of the national standards	Met expectation
	(XXXVI) Established baseline to assess the level of implementation of the national standards	Met expectation
5. An assessment of the learning environment in pre-school settings (Crèche) to develop quality standards	(XXXVII) Tools for measuring the early learning environment in Crèche	Met expectation
	(XXXVIII) Baseline to monitor quality standards of the early learning environment in Crèche defined	Met expectation
	(XXXIX) Requirements for the development of national standards for early learning environment in Crèche established	Exceeded expectation

### **Data Management**

This project is a follow-up of the ground work laid in the previous plan, which was to engage the Health Sector as the main partner and negotiate international consultancy and financial support to design an indicator framework for key ECD data. The main purpose of this project in the present plan is to strengthen the policy environment for ECCE for decision-making and reporting, through readily available data. Anthropometric and nutritional data was collected from over 7,000 children in the 17 Health Centres and 14 health professionals were trained as data clerks through a pilot which was expanded into a main study.

The results of the analysis of national ECD indicators based on WHO standards provide some illuminative preliminary statistics for policy information which have been summarised in Tables 10 and 11.

Table 10: Prevalence of wasting, overweight, stunting in children below five years of age

Wasting	Acute wasting	Overweight	Severe overweight	Stunting	Severe stunting
%	%	%	%	%	%
4.7	1.1	9.1	2.5	7.6	3.4

Table 11: Prevalence of anaemia amongst pregnant women

	%
Proportion of pregnant women with gestational diabetes	31.3
Prevalence of anaemia amongst pregnant women	57.4
Prevalence of anaemia amongst young children	42.9

Some significant achievements in technical strategies, professional development, collaborative partnership and policy action have contributed to the success of this extensively formidable project.

*Technical strategies* – Through the project a model for monitoring and reporting on ECD indicators have been adopted. Piloting has been done to test out the model and make the necessary adjustment for full implementation. It is anticipated that other sectors will be engaged.

*Professional development* – An elaborate training programme had been developed using the indicators. Also a procedural manual have been produced to train officers at two levels: at the level of the health centres to collect and compile ECD information using the templates provided and at the central level to familiarise the clerks and officers who perform data management tasks to use the appropriate data. Further still, local expertise have been summoned and consolidated for national analysis of ECD indicators.

*Collaborative partnership* – Although IECD conceived of the project to fill the gaps in the ECCE data system, the Health Care Agency became the key partner and all methods of communication, sensitisation and awareness raising activities were employed to build a strong collaborative team. Presentations were made to high level officials, senior and middle managers with the support of the Statistic Unit in the Ministry of Health.

*Policy Action* - Policy discussions following presentations to senior officials at the Ministry of Education have ensued. However, the highlight of the dissemination actions for policy dialogue was through the organisation of a Policy Forum where policy and decision makers were convened to comment on some of the results, possible intervention strategies and the need to enhance data reporting in ECCE.

This well-developed project is crucial for Seychelles to have credible data in ECCE and to be on par with other countries when comparing the country's Early Childhood Development system against evidence based global standards using detailed information on ECCE. Moreover, it will enable Seychelles to earmark areas in Early Childhood that need immediate attention, and identify opportunities for further development.

### ***Advocacy***

In 2016, as part of its advocacy mandate, IECD carried out a national survey on ECCE to generate information from professionals and gauge public views on ECCE. In the Second ECCE Forum, specialist views on the results of the “Advocacy Survey” were sought to engage the audience in a discussion on the level of knowledge of ECCE amongst professionals. It was observed that there was a need to intensify training on some aspects of early childhood provisions as well as sensitise specific groups and the wider community on issues of accountability, child abuse, legal issues, and the general welfare of the child. The Advocacy Project in the NAP 2017-2018, is intended to monitor change in ECCE knowledge and understanding as a result of major awareness and sensitisation and education campaign. Information through a questionnaire was sought from professionals at policy, management, and technical level, and a sample from the wider community in all twenty-three districts.

The advocacy survey started off by setting the target of at least 70 percent of the respondents demonstrating knowledge of general and specific issues on ECCE. The percentage of

respondents who showed that they were at least knowledgeable surpassed the 70 percent set by, at least, 10 percentage points. This was a remarkable achievement.

*Key achievements*

*Monitoring Strategies* – A robust replicable monitoring structure has been established. The tools have been developed to assess four indices of understanding of ECCE issues; health and safety, education, parental and community links, child and social protection, and policy. A sampling design has been utilised which takes into consideration pertinent sub-groups of professionals. Factor analysis was used to confirm the measurement indices and Rasch model was applied to generate levels of performance on the ECCE indices.

*Government public interface* -All key professionals were involved as key stakeholders in the survey. Careful consideration was given to professionals and Technical Team Members in the ECCE Sectors. At the same time, childminders and parents and other professionals such as the police, financial and other service establishments were selected from the wider community. The media have been extensively used to pass on information to the public and sensitise them through TV Spots and Quizzes whilst communication links have been set up through community members and other government organisations.

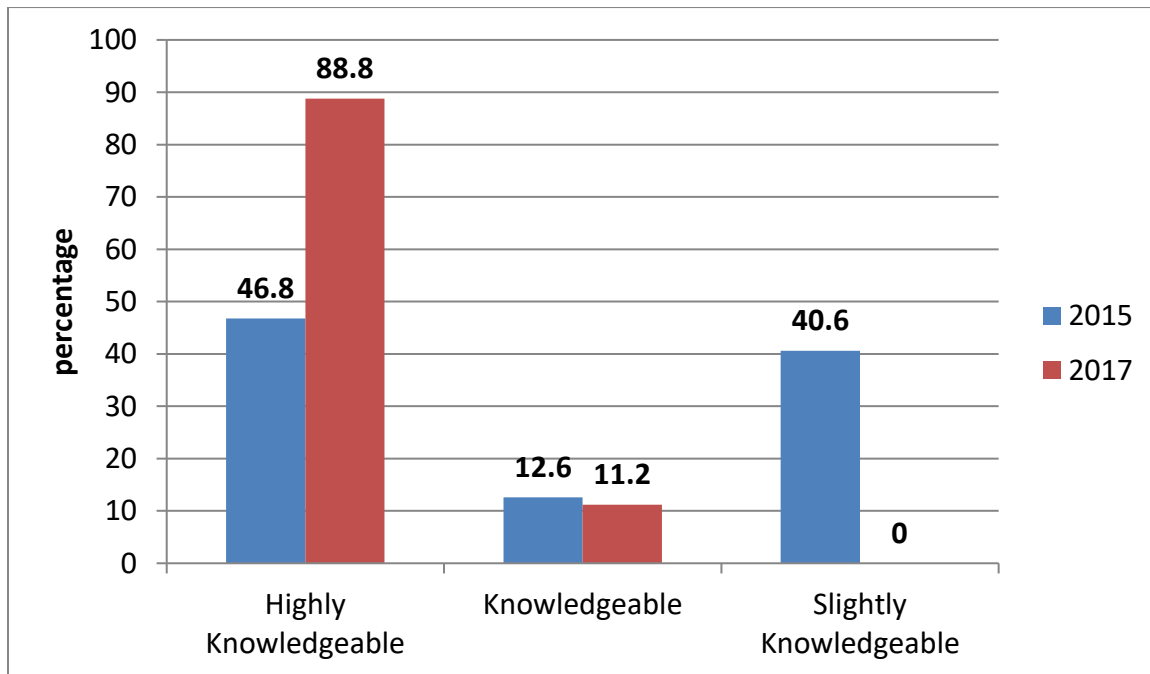


Figure 2: Percentage of respondents at various knowledge category levels in 2015 and 2017

*Policy dialogue*-Policy discussions were initiated by firstly publishing the results in the national newspaper and distributing the report booklet to all partners who participated in the survey. Publicity was also given in the Second ECCE Forum attended by personnel from Health, Education, Social and Local Government Sectors, where specialists’ views on the results of the survey were sought to engage the audience in a discussion on amongst professionals, and some



pertinent policy suggestions were made, namely, to intensify training on some aspects of early childhood provisions as well as sensitise specific groups and the wider community on issues of accountability, child abuse, legal issues, and the general welfare of the child.

### ***Assuring quality standards for childminders***

After having successfully established National Standards for Childminding Services and enacted the legal procedures, IECD embarked on a training programme to build the capacity of home-based childminders and prepare them for registration. One-hundred-and-sixteen childminders and assistant childminders had been effectively trained to implement the 10 standards and through this project eighty-nine childminders were trained for registration.

### ***Key achievements***

*Training Programme* – An intensive training programme have been developed. With specialized inputs of facilitators from the ECCE Sectors, Health, Education, Social Affairs, and the National Sports Council as well the Seychelles Fire and Safety Services Agency (SFRSA), the training programme was coordinated by IECD. The sessions were designed to be practically-oriented, with active participatory group work. Moreover, feedback strategies were included to enhance the delivery of the programme.

*Interagency cooperation* – Interaction with key stakeholders to deliver the programme is an example of interagency cooperation. Professionals from the Health, Education, Social Affairs and specialised services of the National Sports Council and the Seychelles Fire and Safety were recruited to support the programme. Moreover, IECD has worked in partnership with the private sector to provide promotional materials in the form of Childminder Profile. A total of 43 profiles of registered childminders have been completed and 4 profiles have already been published in the local newspaper.

### ***Implementation of National Standards for Childminding Services***

IECD has the legal mandate to regulate the Childminding Services and in that role the standards need to be monitored. The main purpose of the project was to develop observation tools to measure the level of implementation of the ten national standards and to provide information that could be used to improve practice.

A Pilot Study was implemented in nine childminding establishments and some of the main achievements were:

- Refinement of the detailed checklist which can become an inspection tool
- Level of knowledge and understanding of childminder in relation to their practice which can be used for professional development
- Engagement of parents through a questionnaire to raise level of awareness of the quality of childminding services
- Policy discussion with stakeholders on baseline information in the implementation of the standards

### **Early learning environment**

This is a ground breaking and much expected project to establish the status of the early learning environment in pre-schools (Crèche) as a first step to developing quality standards. A Pilot Study was implemented and observation was carried out in four selected schools to use an elaborate checklist to encompass the whole of the early learning environment and to seek the views of teachers and school leaders on the quality of their early learning environment. A Main Study was undertaken in 108 classes in all 24 government crèches in Seychelles. The results indicated that there were major issues to be attended to concerning the physical and human resources and urgent redress of the unavailability of core learning resources.

#### *Key Achievements*

*Consolidating the diagnostic model* - One major challenge was to devise a diagnostic tool that would take in consideration international best practice and can be adapted to the Seychelles context. Extensive desk research and international consultation has enabled the development of instruments which was tested in the pilot, refined, utilised in the main study and adopted as an inventory of facilities and resources. Moreover the analytic techniques used provide measures of resource coverage across classrooms and across crèches.

*Reinforcing partnership with the Ministry of Education* – The Ministry of Education is the key partner in the project. From project conceptualisation the intention has been to engage in consultation with senior managers at the Ministry of Education. Following preliminary consultative meetings on the results of the pilot, the Ministry of Education endorsed the main study and made substantial financial and human resource commitment.

*Providing professional development opportunities* – School leaders in the 26 crèches were sensitised and responded to interview questionnaires. Forty early childhood coordinators and teachers in charge of crèche were recruited and underwent intensive training to collect data and carry out the observation. This had two main effects: First, this reviewed teachers understanding of the emphasis placed on the importance of the early learning environment. Second, it gave them opportunities to visit other crèches obtain a much wider perspective of the resource situation in early childhood, particularly, in crèche.

*Engagement in policy dialogue* – One of the ultimate policy goals of this project is to assure quality standards in the provision of resources and facilities for crèche. Policy discussions have taken place at all levels of the system. Specific dissemination sessions have been organised for teachers and school leaders. Policy dialogue has been initiated with senior managers of the Ministry of Education for follow-up action to undertake systematic review of resource provisions and facilities including procedures for procurement. Increased involvement and added input has been achieved through a general policy forum.

### **Impact**

The NAP was conceived as a means of initiating action that would extend on the previous plan and show enhance qualitative changes at the level of the sectors but also at a more general level.

As part of the wider scope of the ECCE Framework, it can be viewed as a way of focusing on ECCE policies and programmes, detailing best practices and promoting positive attitudes to the importance of the holistic development of children.

Four areas of impact have been identified: changes in knowledge and skills, changes in working style and working approaches, changes in ECCE provisions and practices, changes in attitude to the plan and ECCE in general.

### **Knowledge**

Technical team members were asked to rate the extent to which they thought that their skills and knowledge have changed as a result of implementing projects within the NAP. They had to say whether it was “To a large extent”, “To some extent”, “To a minimum Extent”. They were also given the option “Remained the same”. The first two categories have been collapsed to give an indication of the level of change

There were 11 statements as listed in Table 11 and the percentage of members who acknowledged that there has been a change in their knowledge and skills “To a large extent” or “To some extent” has been presented. In the first half of the list, it can be seen that more than 90 percent of members said that the implementation of the plan had helped them generally in improving the quality of ECCE services (93.9%), reflecting on ECCE (91.2%), self- assessment (90.9%), reporting (90.9%), making ECCE provisions (90.9%), and validating projects and programmes in ECCE (90.3%). For more than 80 percent of the members the change acknowledged have been more specific to management and administrative processes, such as ‘Making group decisions’ (88.2%), ‘Planning your work’ (87.9%), ‘Mentoring’, ‘Communicating what you are doing’ (84.8%) and ‘Research skills’ (81.8%).

Table 11: Percentage of team members acquiring knowledge and skills

Acknowledging change	
	%
Improving the quality of ECCE services	93.9
Reflection on ECCE	91.2
Self-assessment of ECCE knowledge	90.9
Reporting	90.9
Making ECCE provisions	90.9
Validation process	90.3
Making group decisions	88.2
Planning your work	87.9
Mentoring	87.1
Communicating what you are doing	84.8
Research skills	81.8

These findings provide provocative evidence of the extent that the NAP has had an impact on the professional development of ECCE Technical Team Members. The following statements are quite revealing:

*Through the NAP I have become more knowledgeable about child development. (Education)*

*I have developed the ability to incorporate ECCE in all districts projects (Local Government)*

*I am becoming more aware of the limitation in ECCE provision. (Social Affairs)*

*Ministries and organisations have been motivated to develop programmes that are more related to early childhood. (IECD)*

It is clear that general awareness of ECCE and the importance of ECCE in the holistic provisions has been very much recognised and is personally acknowledged by technical team members.

In addition, specific impact which has been a direct consequence of project implementation can also be enumerated. For example, many projects such as the Early Learning, Special Needs, Community Kids Gathering, and Childminding Programmes include a monitoring component which would involve instrumentation and the practical management of data. Moreover, full scale research projects such as Early Learning Environment, Nutrition Study, have the potential to expand on the range of research skills of participants in those particular sectors. Moreover, programmes such as the implementation of an early learning profile, establishing the risk indicator framework have specialized training components which will further increase the overall knowledge of ECCE. The nature of these projects and programmes encourages group planning, and communication, and collaboration with internal and external partners.

The following personalised illustrative comment is an example of the double impact of the NAP on the knowledge and skills of participants:

*I have learnt to organise ECCE activities related to project implementation, launching, validation, and reporting. It has equipped me with advocacy, decision-making skills, teaching and supervising skills. As I become more knowledgeable about health conditions affecting babies I have become more attentive to and compassionate for parents and their babies in the Neonatal Intensive Care Unit. (Health Sector)*

#### *Working Style*

The ECCE Technical Team Members responded to the description of several working approaches which have been promoted by IECD in order to develop the “integrated approach” proposed in the SF- ECCE. Team members were asked to assess the extent to which each of those approaches had been developed through the implementation of the NAP. The ratings were “To a large extent”, “To some extent”, “To a minimal extent”, “Not at all”, “Don’t know”. The first two options were collapsed and in Tables 12 the percentage of Technical Team Members who expressed that in their view the working style (as defined in the first row of the table), have developed through the implementation of the NAP, have been presented by Sector.

From the overall, result, it is clear that the majority of team members agreed that the different working style has been developed at least to some extent through the implementation of the NAP, such as, convening workshops and forums (81.2%, 78.8%, respectively), through coordinated support (76.5%), in committees and working meetings (73.5% for both), in providing coordinated support (69.7%) and in partnership (70.6%). However, from sector analysis it emerges that the NAP had very little influence on the working approaches of team members from the Social Affairs Sector compared to the other sectors. This may due to two reasons; first, there have been many changes of technical team members in that sector and second, as explained by the Chair of the Technical Team, these working approaches are part and parcel of the way the organisation functions.

Table 12: Percentage of respondents rating working style

SECTOR	Partnership	Collaboration	Meetings	Workshops	Committees	Coordinating support	Forums
	%	%	%	%	%	%	%
Education	80.0	80.0	100.0	100.0	100.0	100.0	100.0
Health	81.8	80.0	80.0	90.0	70.0	80.0	70.0
Social Affairs	0.0	0.0	77.8	33.3	33.3	33.3	33.3
Local Government	87.5	87.5	16.7	85.7	88.9	88.9	100.0
IECD	100.0	100.0	100.0	100.0	75.0	75.0	100.0
Total	70.6	69.7	73.5	81.2	73.5	76.5	78.8

Nevertheless, it is reassuring to note that in all the other sectors, team members said that their working style has been enhanced as a consequential result of the implementation of the NAP. One of the tasks which IECD undertakes is to establish a working relationship with the ECCE Sectors. Through academic working sessions, supportive committee meetings, participation in joint projects, positive interaction, specific working approaches have adopted and these are recognised by most team members as the analysis above indicate.

### *Relationship with IECD*

IECD works closely with sectors in the implementation of projects and for the promotion of ECCE. Through interactions with individuals and sectors IECD has developed a professional relationship with its partners and particularly with the ECCE Technical Team in ministries or organisations. Ten possible descriptions (Table 13, column 1) of this relationship were presented to the team members and they were invited to answer “Yes” or “No” depending on their views of the relationship with IECD. Table 13 contains the percentage of respondents endorsing that particular description of the relationship.

From Table 13, three groups of responses can be identified: responses relating to conducive atmosphere in the relationship between IECD and the technical teams and the commitment of IECD in promoting that relationship (the first 4 responses), those referring to the interactive

Table 13: Percentage of respondents endorsing relationship

		%
1	Facilitating	100.0
2	Attentive	100.0
3	Supportive	100.0
4	Attentive	100.0
5	Cooperative	96.0
6	Dependable	95.5
7	Trustworthy	95.5
8	Collegial	95.2
9	Interfering	26.3
10	Authoritarian	26.3

professional partnership (responses 5 - 9), and those responses with negative connotations (the last 2 responses). These categories of responses have been formed from a judgment about the high, medium, low percentage of technical team members responding “Yes” to the adjectives describing the relationship between the Sectors and IECD.

In the first category, it is evident that the facilitating role of IECD is appreciated by all. This facilitative role is further qualified by the sectors as the attentiveness of IECD in considering

their concerns and the support that is provided. These results highlight the dominant role of IECD as the prominent enabler in the promotion of ECCE and the implementation of the NAP.

The second category of responses endorsed by about three-quarters of the Technical Team Members is the recognition of IECD as an academic but communal institution. The nature of this interaction is acknowledged by the large majority of respondents: ‘Cooperative’ (96.0%), ‘Dependable’ and ‘Trustworthy’ (95.5% for both), and ‘Collegial’ (95.6%).

The last category of responses may be signaling a feeling of malaise where about one-quarter of the team members have some reservation about IECD’s mandate especially in the implementation of the plan and the reporting of progress. This is an area for further exploration and clarification.

These results, on the whole are indicating that IECD through its working style has developed a conducive, productive working environment in relating with the ECCE sectors. Although the relationship with IECD is not always smooth there is overall consensus that through professional, dynamic interactions with individuals, sectors, organisations and international agencies IECD has been playing a pivotal role in promoting a collaborative working style, and has been engaged in inter-organisational working practices and partnerships.

### *Collaboration*

Collaboration is a key factor in the implementation of the NAP and this was explored further by asking Technical Team Members to rate a) how they felt about the effectiveness with which IECD collaborated with their sector in developing, monitoring, and evaluating the NAP – the response options were “Very effective”, “Effective”, “Not really Effective”, “Not effective at all”; b) whether they thought that the collaboration has improved in relation to the last plan – the options were “Improved”, “Remained the same”, and “Deteriorated”; c) how satisfied they were with the communication channel between IECD and their sector and vice versa; d) how satisfied they were with the level of communication. The response options for c) and d) were “Very satisfied”, “Satisfied”, “Not very satisfied”, and “Not satisfied at all”.

Table 14: Percentage of team members responding to collaboration, communication, and coordination

	Very Effective	Effective	Not really effective
	%	%	%
Collaboration in developing NAP	36.4	54.9	9.1
Collaboration in monitoring NAP	39.4	54.9	6.1
Collaboration in evaluating NAP	28.1	65.6	6.2

	Very satisfied	Satisfied	Dissatisfied
	%	%	%
Communication IECD Sector	32.4	58.8	8.8
Communication Sector IECD	32.2	64.5	3.2
Level of Coordination	26.5	64.7	8.8

	%	%	%

	Improved	Remained the same	Deteriorated
Change in collaboration	40	40	20

The results in Table 14 provide positive indication of the effectiveness of the collaboration and the level of satisfaction with the communication collaborative structure. It can be seen that more than ninety percent of the respondents thought that the collaboration in developing, monitoring and evaluating the NAP was at least ‘Effective’. It is to be noted that the percentage figure for ‘Very effective’ in the evaluation of the NAP was somewhat lower than that for the development, and monitoring of the NAP. This may be related to the more demanding task of reporting and providing the necessary documentation. A similar scenario may explain the percentage of team members who were satisfied with the ‘Level of Coordination’. Just the same, although forty percent of the respondents thought that the collaboration in the implementation of the NAP have been maintained and the same percentage thought that it had improved, just under one-quarter of the respondents felt that there have been a deterioration. Further illustration of this negative opinion through respondents’ comments could be informative.

The following comments would suggest that although IECD’s collaborative working relationship with the sectors was widely acclaimed, there were abrasive interaction sequences which are worth noting:

*The communication channel could improve further for common understanding.* (Education Sector)

*Overall the support and coordination from IECD surpassed my expectation. However, I feel that there should have been more support given to assist in the sourcing of funds for project officers.* (Health Sector)

*Sometimes IECD’s relationship seems more like policing rather than helping along the way.* (Local Government)

*Sometimes communication with IECD is non-negotiable and IECD is less visible in groups and working meetings this year compared to last year.* (Social Affairs Sector)

These areas relating to communication structures, the supervisory responsibilities of IECD and the role of IECD in mobilising funds for the plan may need more clarity.

### Impact on Practice

The NAP has been conceived as a national plan to focus on ECCE, expand on, or initiate ECCE programmes and projects. For the evaluation, technical team members were asked to rate the level of impact on five aspects (Table 15, column 1). The options were ‘Considerable impact’, ‘Some impact’, ‘Very little impact’ and ‘No impact’.

Table 15: Percentage of respondents rating impact of the NAP on practice

	Considerable impact %	Some impact %	Very little impact	No impact
Development of ECCE	73.4	23.9	2.9	0.0
Programme development in ECCE	67.7	32.3	0.0	0.0

Training of ECCE Practitioners	54.8	38.7	0.0	6.5
Improving ECCE provisions	54.5	45.5	0.0	0.0
Policy in ECCE	47.1	47.1	5.9	0.0

The results in Table 15 are quite revealing. Less than seven percent of respondents disclosed that there was little or no impact for all five aspects. On the other hand, about three-quarters (73.4%) and two-thirds (67.7%) of the respondents rated the NAP as having had ‘Considerable impact’ on the development of ECCE in general and ECCE Programmes in particular. In addition, about half of the respondents admitted that the NAP has had ‘Considerable impact’ on the training of ECCE practitioners (54.5%), and that it has led to the improvement in ECCE provisions (54.5%), and development of policies in ECCE (47.1%).

Remarkable evidence of the pervasiveness of ECCE as a result of the NAP can be gathered from the views of members in the different sectors both at the policy and implementation level.

Members commented on the impact of the NAP on policy initiatives in their sector. The Social Affairs Sector underlined its benefits to “child protection work” as part of the mandate of the organisation, promoting “good practice ... in protecting children and keeping them safe”. For the Local Government Sector, NAP has influenced the review of policies on day care provisions through the “standardisation of Day Care Centres” and “expansion of the Baby Gym facilities”. In the Health Sector the NAP has led to an increased focus on MCH policies such as “Infant Feeding Policy”, and “newborn screenings in line with international paediatric recommendations”. The Education sector reiterated that the “NAP has been instrumental in establishing standards in ECCE through the implementation of the framework which would need realigning with the rapid development of ECCE.” From a wider perspective IECD emphasised that “the implementation of projects in the NAP has contributed immensely to the development of ECCE in Seychelles”. These illustrative comments bring out the facts behind the figures that the NAP has generated a growing interest in ECCE and there is distinct recognition of its fundamental influence on the policy environment for ECCE.

It can also be deduced from Table 15 that the large majority of the technical team members considered that the NAP has had at least some if not considerable impact on the development of programmes, the implementation of training and the improvement of service provisions. Projects such as early learning has been developed and has been systematically assessed (Education), the child protection programme has been extended with a risk assessment framework (Social Affairs), the Maternal Child Health Programme has been enhanced with additional tests and reviewed procedures. Local Government has promoted the notion of “learning through play” and introduced an early learning community. Projects related to childminding standards (IECD), profiling early learners (Education), neonatal screening (Health), providing innovative community facilities such as Day Care Centres and Baby Gym (Local Government) have a direct bearing on improving service delivery and ECCE provisions. Many projects include the training of early ECCE practitioners such as childminders (IECD), nurses (Health), day care personnel (Education), data management officers (Health, IECD). The NAP forms part of the strategies for



the implementation of SF- ECCE and for the promotion of ECCE nationally. Its impact on the ECCE system in Seychelles and the role of the NAP in the development of ECCE has been convincingly documented.

### Challenges

In order to gain some pointers concerning the challenges faced by team members in the implementation of the NAP, a list of possible problems were presented to them (Table 16, column1) and they were asked to indicate whether it was “A major problem”, “Quite a problem”, “A bit of a problem”, or “No problem”. The first two categories were collapsed to indicate that there was a problem. From the results in Table 16, it can be seen that about two-thirds of the respondents admitted that ‘Getting appropriate funds’ and documentation was a problem. Furthermore, whilst only one-third of the respondents did have problems with observation and monitoring (36.4%) , about half of them had problems with integrating their every day work with the demands of the plan (51.5%), attending team meetings (45.5%) and reporting (48.4%) on the planned projects. These figures would suggest two main challenges as expressed by team member: financing of the plan and the role of the technical team members in the implementation of the plan in their sectors.

Table 16: Percentage of respondents having problems

	A major problem or Quite a problem %
Getting appropriate documentation	69.0
Getting appropriate funds	68.9
Collecting evidence	51.6
Integrating everyday work in the ECCE plan	51.5
Reporting	48.4
Attending technical team meetings	45.5
Carrying out observation or monitoring work	36.4

### **Finance**

The planned budget for the NAP has been summarised in Table 17. Government funds had already been allocated to the Local Government Sector for major Day Care Construction Projects. Also, NSC as an organisation within the Local Government had made financial provisions for the setting-up of the new Baby Gym Facility. Unfortunately, provisions had not been made through the Government Budget for the other sectors, and accessing adequate finance became one of the fundamental challenges in the implementation of the overall plan. For the previous plan an audacious protracted fund mobilisation exercise was spearheaded by IECD in partnership with individual sectors. For this plan that was not possible and individualised sponsorship was sought and some project officers encountered considerable problems in finding adequate funds for the planned projects as those two comments illustrate:

*Only one response out of the many letters sent to potential donors was forthcoming. Lack of funds is a poor motivator in leading a project of this nature.” (Education Sector – Early learning Training Room)*

*Inadequacy of funds meant that the scope of the project had to be limited to a pilot study and testing for anaemia which would have been at the heart of the project could not be done.(Health – Nutrition Study)*

*Due to unavailability of funds, the project could is still at its initial stage and could not be implemented.  
(Health - Universal Neonatal Screening for Inborn Errors of Metabolism (IEMs))*

Table 17: Planned budget for the NAP by sector

Sector	Number of Projects	Cost (SCR)
Local Government	2	13,605,000
Education	3	802,000
Health	7	1,430,0700
Social Affairs	2	220,000
NSC	1	215,000
IECD	5	1,351,900
Total	5	17,623,970

### **Role of Technical Team**

The Technical Team for ECCE in the five ECCE Sectors is a multi-disciplinary team officially appointed by the Ministers in line Ministries to lead and implement the NAP in collaboration with IECD. They have a wide range of functions and they have four major responsibilities: develop sectoral action plans, collaborate with IECD and other relevant organisations to implement the plan, carry out monitoring activities, and produce progress and evaluation reports. Added to those the Chair coordinates the implementation of the plan, organises capacity building sessions and manage the budget. Therefore, the technical team is the powerhouse of the NAP and it can be assumed that the exigencies of the above functions places added pressure on the professional role of individuals delivering ECCE services within the sectors.

### **Summary and Comments**

The NAP has become a binding document for ECCE sectors. It provides strategic directions for selected key priority areas in SF- ECCE. A wide array of projects as an integral part of the plan has been designed and this has provided a rich field of experience that has shaped the responsibilities of participating sectors and expanded their roles in ECCE provisions.

An evaluation of the NAP has been carried out using a generic model to assess relevance, outcome and impact. Two main methods have been used to make judgment about the achievements of the NAP in a manner that is congruent with the multi-sectoral approach and the promotion of ECCE nationally as espoused in SF- ECCE: questionnaire information and document review.

#### ***Project implementation***

The level of implementation of the projects are summarised under the six thematic areas.

##### ***1. Strengthening the policy environment through data availability***

The lack of data for monitoring and reporting on ECCE has been a major concern. Four research projects have been designed to make data available for policy discussion: “*Establishing the nutritional status in the first 1000 days of life*” and “*Improving the administration of the Denver*

*Development Screening Test (DDST) to strengthen policy information system*” from the Health Sector. “*Establishing structures and procedures for data collection based on ECCE indicators for the Health Sector*”, and carrying out “*An assessment of the learning environment in pre-school settings (Crèche) to develop quality standards*” by IECD. Although the Nutrition Study (*Health Sector*) had to be modified to use a convenient pilot sample, it provided some useful information on dietary practices in children with anthropometric information preempting a full scale national study. However in the DDST Project the equipment had been procured and screeners were trained but a database system had not been established to meet the expected outcome for data availability. On the other hand, the full implementation of the Data Management Project by IECD in collaboration with the Public Health Agency has provided an applicable model for capturing and analysing ECCE data for reporting and policy dialogue. Furthermore, the Early Learning Environment Study in clarifying provisional facilities and resources associated with the early learning environment in pre-school settings, undertaken by IECD in partnership with the Ministry of Education has exceeded expectations by prompting immediate short and medium term plan for policy action.

## *2. Improving accountability and service delivery*

Three projects have been implemented with direct intended effect on service delivery. The Pilot Study on “*Implementation of the National Standards for Childminding Services*” (IECD) has provided the necessary tools for inspecting childminding establishments and monitoring childminding practice. Moreover, two projects from the *Health Sector* were linked to the improvement of service delivery in the post-natal maternal health, oral health, and development screening. Due to budget constraints preparation for “*Setting up a resting day lounge for nursing mothers with baby in Neonatal Intensive Care Unit (NICU) as part of the postnatal care*” compromised the outcome for a comfortable and supportive environment for mothers visiting babies in Neonatal Intensive Care Unit(NICU). On the other hand, the *Health Sector* has achieved moderate success in “*Amending the MCOH (Maternal Child Oral Health) programme*” although its effect to improve the oral health status of children is yet to be determined.

## *3. Community Involvement*

With the increasing focus on the 0-3 age group, two community projects (*Local Government Sector*) have been extended to provide quality access to day care facilities, to promote the use of community centres for children and to expand on community programmes. Although the plan to “*Expand Day Care Centre Provisions*” has not been realised, administrative, contractual, and procedural barriers have been overcome and construction work has progressed for completion in the near future. However, there is widespread quality access to the relocated, renovated Day Care Centre acclaimed by parents and staff, in the Central Region of Mahé. As a means of improving childminding services through “*Up-scaling the Community Based Kid’s Gathering Initiative*” this project has been rebranded to attract more childminders and increase the participation of children with reported success.

## *4. Early Stimulation*

Concentrated attention to the crucial importance of early learning led to two diverse projects: “*Implementation of an Early Learning Programme for children aged 3 months to four years in Day Care Centres*” (Education Sector) and expansion of the “*Baby Gymnastic Programme*” (NSC). Complementary physical developmental activities for children aged 9 months to 4 years have been extended through the well-equipped Baby Gymnastic Facility at La Digue although monitoring information has yet to be reported. On the other hand, a comprehensively successful early learning programme has been set up in all Day Care Centres with follow-up monitoring structures in place.

#### *5. Early Detection and Intervention*

The necessity for early detection which would lead to early intervention cannot be overemphasized in the development of children and some targeted attention has been given from three perspectives, education with the “*Implementation of an Early Learning Programme for children aged 3 months to four years in Day Care Centres*”; health, with the “*Introduction of universal neonatal screening for Inborn Errors of Metabolism (IEM)*” and “*Expanding the implementation of the Special Aids Programme*”, and social to “*Strengthen the use of the Risk Indicator Assessment Framework [RIAF]*” and for the “*Implementation of Suitability Check for Assistant Childminders*”. Early learning assessment carried out in preparation for Crèche Education has been replicated for continuity and follow-up with encouraging results which could be used to monitor the early learning programme in Day Care Centres. A major achievement has been made with the pulse oximetry screening in post natal health where all newborns are screened for Critical Congenital Heart Defects (CCHDs), and an overwhelming success has been recorded for improving functionality of and providing adequate support for children with special needs. Efforts to increase the use of the assessment form for the RIAF Project has met with partial success but more needs to be done to gain the commitment of concerned agencies to use the form as a multi-agency tool for early detection. More successfully the child protection programme has been enriched with the suitability check for assistant childminders. The outcome of this project has exceeded expectation as the programme is becoming institutionalised.

#### *6. Training and Professional Development*

Two projects: “*Assuring the quality of the Childminding Programme: building the capacity of home-based Childminders- training of a cohort of Childminders*” and the “*Establishment of an Early Childhood Training Room for service providers and practitioners*” were related to training early childhood professionals. The first project has been very successful in developing a multi-agency practical training programme for childminders. However, administrative and logistical difficulties have retarded the use of the early learning training room although a newly-equipped facility has been set up.

#### ***Achievement of Expected Outcomes***

Of the **39** “Expected Outcomes” in the NAP, **24** have met expectation with four outcomes exceeding expectation. Moderate progress has been made towards the achievement of **10** “Expected Outcomes”. However, there has been substantial limitation in the achievement of the

other 5 “Expected Outcomes” and inhibitory factors have been discussed, notably, time and budget.

### ***Impact***

The NAP has had considerable impact within and across ECCE sectors. It has increased knowledge and understanding of ECCE within sectors and has encouraged reflection on the ECCE; it has had positive learning responses for members of the technical teams; and has brought into prominence essential research and monitoring skills. Through the collaborative working style sectors have shared experiences, exchanged knowledge, and consolidated the relationship with IECD. It has had substantive impact on programme development; it has prompted the development of intensive training sessions for ECCE practitioners; it has led to improved ECCE provisions and generated relevant policy discussion for improved service delivery. However, the challenges linked to budget allocation and clear recognition of the demanding additional professional role of the Technical Team Members need some attention.

### **Conclusion**

Through this evaluation, convincing and decisive evidence have been gathered to demonstrate that the objectives of the NAP are important for the development of ECCE provision in Seychelles. Through the implementation of the plan, sectoral projects and programmes have been designed and most of them have been successfully completed, collaboration within and between sectors have been strengthened, partnership across sectors have been built or enhanced with potential for capacity building. Moreover, there is ample evidence throughout the analysis to show that the project-approach of the NAP has been instrumental in yielding formidable results. The plan has been focused on service delivery and policy information addressing issues such as early learning, early detection, increasing the functionality of children with special needs through the provision of special aids, child protection suitability check, quality access to community facilities and programmes, developing ECCE indicators for reporting and decision making, and monitoring quality standards..

The NAP has brought professional, sectoral, international and national benefits. It has established an ECCE focus in the key sectors; it motivated the sectors to initiate actions and strategies that would lead to improved provision for children in the early years and their parents; it facilitated sectoral interchange and interaction. One of the major spin-off effects of the NAP has been the collaborative impetus for widening stakeholders’ perspective and extending partnership. It is anticipated that this evaluation would be valuable in planning for ECCE and would provide the impetus to formulate the next plan.