



**Kingdom of Lesotho**

**National Strategic Plan  
for  
Integrated Early Childhood Care and Development**

**2013/2014 – 2017/2018**

**Maseru, Lesotho**

**2013**

Table of Contents.....	1
Preface .....	2
Acknowledgements .....	3
1. Introduction .....	4
2. IECCD Policy Vision, Mission and Goal .....	12
3. IECCD Strategies .....	14
4. Action Plan for Each IECCD Strategy.....	15
5. Organisation of the IECCD System.....	55
6. IECCD Investment Plan.....	61
7. IECCD Monitoring and Evaluation Indicators.....	67
Annex I        Acronyms.....	68
Annex II       Multi-sectoral Working Group for IECCD Policy Planning.....	70
Annex III      Annual Budget Projections per Strategy and the IECCD Department.....	72
Annex IV      Policy Indicators.....	81

## Preface

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

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

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

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

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

Minister of Education and Training (Chair, Multisectoral ECCD Policy Planning Working Group)  
Minister of Health  
Minister of Social Development  
Minister of Local Government, Chieftainship and Parliamentary Affairs  
Minister of Finance

## Acknowledgements

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

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

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

Gratitude is expressed to the UNICEF Country Office of Lesotho that has consistently provided excellent support for the preparation of the IECCD Policy and Strategic Plan.

The Chief Education Officer - Primary of the Ministry of Education and Training (Ms Thuto Ntšekhe-Mokhehle chaired the Multisectoral Working Group for IECCD Policy Planning. Ms. Edith Sebatane and her research assistant, Ms. Setungoane Letsatsi, led national technical work for the preparation of this policy. The international policy consultant, Dr. Emily Vargas-Barón, supported the work of the Multisectoral Working Group and worked with the national consultants to prepare the documents. Mr Nurbek Teleshaliyev and Ms Lati Makara Letšela of UNICEF ably supported the whole process.

Members of the Multisectoral Working Group are thanked for their dedicated work. A list of members of this Working Group is presented in Annex III.

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

***This Strategic Plan is dedicated to our national treasure:  
the children of Lesotho.***

# 1. Introduction

## 1.1 Background

The IECCD Strategic Plan provides the operational framework for implementing the IECCD Policy. It complements the IECCD Policy and other ministerial policies and strategic plans. It includes a detailed Action Plan for each of the eight Strategies of the IECCD Policy. The Action Plan includes all IECCD Activities and Services prioritised under the eight Strategies and the organisational framework for implementing the Policy. It presents the Tasks for each Activity or Service. For each Task, detailed information is provided regarding responsible entities, indicators and targets, and budget projections. Additional charts focus on budget projections, sources of IECCD investments, and selected policy indicators and targets, by type of indicator.

Special attention has been given to the establishment of the Department for National IECCD Policy Implementation because this entity is essential to ensuring the successful implementation of the Policy from 2013/14 to 2017/18.

## 1.2 Consultative approach to IECCD policy planning

A fully consultative approach was taken to the preparation of the IECCD Policy and Strategic Plan. To assist the Multisectoral Working Group for IECCD Policy Planning to prepare the IECCD Policy, UNICEF provided support for the work of a national IECCD consultant, Ms. Edith Sebatane, her research assistant, Ms. Setungoane Letsatsi, and an international policy consultant, Dr. Emily Vargas-Barón.

The Chief Education Officer – Primary, Ministry of Education and Training (Ms Thuto Ntšekhe-Mokhehle, chaired the Working Group, and its members included representatives from several ministries, national and international NGOs, and other agencies (See the list of Working Group members in **Annex II**). The Multisectoral Working Group, other national leaders and IECCD stakeholders reviewed successive drafts of the IECCD Policy and Strategic Plan.

In addition, widespread consultations were conducted to draft the Policy and Strategic Plan. These documents are based on four information sources: consultation workshops, a Situation Analysis, research studies and interviews.

### ***Consultation Workshops***

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

### ***Situation Analysis***

*Children and Families in Lesotho: Situation Analysis* was conducted in May – August 2011 by Edith Sebatane and Setungoane Letsatsi commissioned by UNICEF. This Situation Analysis was prepared using many surveys, studies and reports. It assessed the status of children and families in Lesotho; IECCD services; human, financial and training resources that are available to serve them; and relevant policies regarding IECCD.

## Research Studies

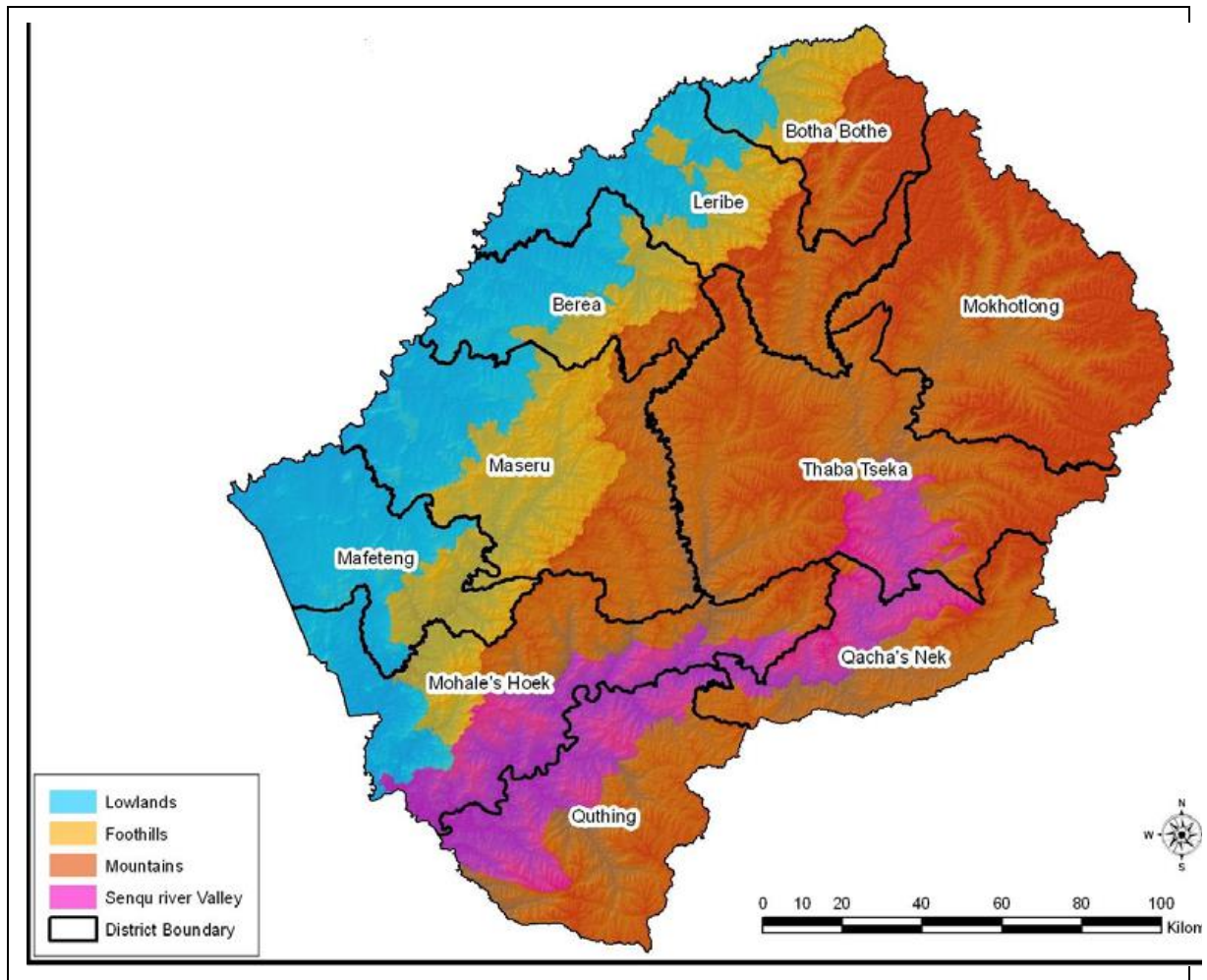
Many research studies, situation analyses, and documents from Lesotho and other countries that have developed multisectoral and comprehensive IECCD policies and strategic plans were also consulted.

## Interviews

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

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

### 1.3 General country information



## ***Geography and regions***

The Kingdom of Lesotho is mainly a mountainous country with a total surface area of approximately 30.355 square kilometres. The nation is landlocked and completely surrounded by the Republic of South Africa. Mountains cover the Eastern region while the remaining one-quarter is composed of lowlands and foothills in the Western parts of the country. The country is divided into four ecological zones: the highlands, lowlands, foothills and Senqu river valley.

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

## ***History and governance***

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

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

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

## ***Population by ethnicity and language***

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

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

---

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

Demographic and Health Survey (LDHS), this is due principally to the high rate of HIV and AIDS in Lesotho, which is estimated to be 23% of the adult population (LDHS, 2009).

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

Over 99% of the population is Basotho, with a few ethnic groups such as the Xhosa, Baphuthi and Ndebele. The spoken languages of Lesotho are Sesotho and isiXhosa. Sesotho and English are the two official languages of Lesotho, although it is recognised that early childhood services must be provided in the mother tongue to ensure families will participate fully in them and will understand educational materials. Research has shown that children must 1) first learn their basic concepts and how to read and write in their mother tongue, and 2) begin to learn in their second language (English) in fourth or fifth grade because then they will learn to speak, read, write and learn subjects in English easily and rapidly (Ball, 2010).

#### **1.4 National economic development**

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

#### **1.5 International IECCD framework**

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

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

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

The *Salamanca Statement* (UNESCO, 1994) called for formal education institutions to find ways to educate all children from preschool onward, including those with developmental delays and disabilities. On 2 December 2008 Lesotho ratified the *Convention on the Rights of Persons with Disabilities* and its Protocol. Lesotho is dedicated to disability rights, and most especially, to serving children with disabilities and identifying them as soon as possible from birth onward to ensure they will receive essential child development and health services to help them achieve their potential. Lesotho is also committed to providing early childhood intervention services for these children as well as inclusive preschool, primary and secondary education.



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

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

## **1.6 Conceptual approach to IECCD**

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

### ***Provide comprehensive, integrated and multisectoral IECCD services***

- IECCD plays a **foundational role** in ensuring Lesotho’s children will be healthy, well nourished, well developed and capable of achieving success in school and life.
- Holistic child development requires that children develop in a balanced manner in all areas: perceptual, language, cognitive, physical (gross and fine motor), social and emotional development, including the ability to regulate their behaviour.
- Multisectoral coordination and integrated ECCD services will include two or more of the following sectors: health, nutrition, sanitation, education and protection. Special attention will be given to including allied sectors, such as agriculture, local government, rural development, workforce training and economic development, gender services, and others as needed.
- Every effort will be made to ensure that IECCD services will be universal, high in quality, comprehensive, and will respond to local needs, languages and cultures, with special attention to Xhosa, Baphuthi and Ndebele communities.
- Public, private sector and civil society organisations at District and Community Council levels will use an integrated service approach to maximise the use of existing human and material resources and to provide high-quality services at the lowest possible cost to the greatest number of children and families.
- New vertical and horizontal multisectoral coordination will be developed, most especially at the level of Community Councils along with support from District and Central levels.

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

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

---

<sup>2</sup> In the IECCD Policy, “parents” will be used to refer also to grandparents, adoptive parents, and legal guardians.

- Gender equity will be sought in all IECCD services for children and parents.

***Provide child-centred and family-focused services***

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

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

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

***Expand and improve child protection services***

- As in the CRC, legal protection will be extended to all children and parents.
- Child protection services will be provided for all children, with a special focus on Lesotho's most vulnerable children.
- Services for social protection, including cash transfers and conditional cash transfers, will give special attention to children from birth to 5 years living in difficult circumstances.

***Ensure strong community involvement in community IECCD services***

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

***Quality assurance***

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

**1.7 Key Issues Relating to IECCD Services and Activities**

The IECCD Situation Analysis is presented in the IECCD Policy. Rather than repeat those findings in the IECCD Strategic Plan, key issues are presented below. These high-priority issues led to the selection of the eight Policy Strategies and their objectives that are listed in Chapters 3 and 4.

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

Poor birth outcomes include high levels of infant, neonatal and maternal mortality. In addition, high levels of low birth weight and preterm infants were found along with many children born with HIV infection. Pregnant women and their partners require intensive preconception, antenatal and neonatal education and health services. These include: home visits and group sessions to

prepare mothers and fathers for having good birth outcomes and becoming nurturing parents; antenatal and neonatal health care, especially for high-risk women and parents infected with HIV and AIDS; and nutrition services including micronutrients, rehabilitation and feeding services.

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

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

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

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

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

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

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

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

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

University-level pre-service training at the diploma, undergraduate and graduate levels is urgently required to prepare IECCD professionals to become service directors, supervisors, trainers, planners and teachers. Standards, career ladders and certification systems are needed to upgrade

the status of many professionals and uncertified paraprofessionals currently working in IECCD services. Many more professionals need to be trained, and continuous systems of in-service training are required for professionals, paraprofessionals and volunteers. Lesotho lacks a National IECCD Resource and Training Centre and District-level Centres to ensure IECCD services are of high quality. Training for field supervisors is needed to ensure that monitoring, field supervision and in-service training are provided effectively in community service settings.

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

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

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

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

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

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

\*\*\*\*\*

The following IECCD Strategic Plan presents a clear Plan of Action to meet these nine key issues. The Strategic Plan begins by stating the IECCD Vision, Mission and Goal. Then for each of the issues, a Strategy with Activities and Services is outlined. In the Action Plan, each Activity or Service is broken down into concrete Tasks with detailed guidance for Policy implementation.

## 2. IECCD Policy Vision, Mission and Goal

The IECCD Vision and Mission Statements were presented in the IECCD Policy. They have guided the preparation of Lesotho's IECCD Strategic Plan.

### 2.1 IECCD Policy Vision and Mission Statements

<b>Our Vision for Basotho Children and Parents</b>
<i>All infants and children in every region and culture of Lesotho will be born into caring, stimulating and safe homes and communities. Parents and guardians will be well prepared to ensure children grow and thrive physically, mentally, morally, spiritually, socially and emotionally in conditions of freedom and dignity.</i>

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

<b>Our Mission for IECCD Services</b>
<p>IECCD services will be easy to access, comprehensive, culturally appropriate and high in quality. To ensure all Basotho children grow up healthy, well-nourished, safe and protected, IECCD services of the public sector will be free-of-charge for pregnant women, mothers, fathers and young children from 0 to 5 years of age. Parent education services will help parents give their children a strong cultural identity, sound principles, respect for others, commitment to their family and community, and a positive self-worth. Education, nutrition, health, sanitation and protection services will be integrated to help young girls and boys achieve their potential. Preschool education services will prepare children to learn well in school and to complete, at a minimum, the free and compulsory 7-year primary education cycle.</p> <p>Children with special needs will be identified at birth or soon thereafter. They and their parents or guardians will be offered early childhood intervention services to ensure they develop to their full potential and are included in preschool and school activities.</p> <p>IECCD services will seek to ensure all Basotho children will lead fulfilling lives, become productive citizens, and contribute positively to their families, communities and the Kingdom of Lesotho.</p>

### 2.2 IECCD Policy Goal

Based on the Vision and Mission statements, the IECCD Policy established the following main Policy Goal:

### **Main Goal of the IECCD Policy**

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

### 3. IECCD Strategies

To achieve the Goal of the IECCD Policy, the following eight IECCD strategies were selected:

<b>IECCD Policy Strategies</b>
<b>Strategy 1: Improve and expand preconception, antenatal and neonatal services for mothers, fathers and infants</b>
<b>Strategy 2: Develop IECCD Centres and services, with priority given to children from 0 to 3 years and their parents to ensure holistic child development</b>
<b>Strategy 3: Ensure vulnerable children with developmental delays, malnutrition, HIV and AIDS or disabilities receive early childhood intervention services</b>
<b>Strategy 4: Improve and expand preschool services (including home-based and reception year services) for children 3 to 5 years, and improve transition from home and preschool to primary school</b>
<b>Strategy 5: Promote the rights and protection of children and parents, especially for children in difficult circumstances</b>
<b>Strategy 6: Expand and improve the system for pre- and in-service training for all IECCD services</b>
<b>Strategy 7: Design and implement a structure and plan for policy monitoring, evaluation, action research and follow-up planning</b>
<b>Strategy 8: Develop and implement annual plans for policy advocacy and social communications</b>

For each Strategy, a description of each high-priority service or activity is provided in the IECCD Policy.

In the following chapter, each strategy and its objectives are presented. Under each strategy, a description of each service or activity is provided along with its tasks from 2013/14 to 2017/18.

## 4. Action Plan for Each IECCD Strategy

This chapter presents the Action Plan for each Strategy of the IECCD Policy. First, the Strategy and its objectives are introduced, followed by a chart that lists: the services and activities under the strategy; the tasks pertaining to each service or activity; the implementing agencies and activity deadlines; the operational indicators, measures of completion and targets; and the budget allocated to each task.

Reference is made (in italics) to some budget items that have already been listed in sectoral planning documents, especially those of the MOH and MOET. They should properly remain in those respective sectoral budgets. They will be listed and monitored frequently to see if targets are being achieved over the years from 2013/14 to 2017/18.

### 4.1 Strategy 1

<b>Strategy 1</b>
<b>Improve and expand preconception, antenatal and neonatal services for mothers, fathers and infants</b>
<b>Objectives</b>
<ul style="list-style-type: none"> <li>• Provide preconception education for future parents and adolescents.</li> <li>• Provide family planning, reproductive health and HIV and AIDS education for prospective parents and adolescents through formal and non-formal education services.</li> <li>• Prepare pregnant women and future fathers for a healthy pregnancy, successful delivery, good birth outcomes and positive parenting through antenatal education and health care visits.</li> <li>• Ensure all pregnant women receive at least 4 antenatal education home visits or classes, 4 antenatal health care visits, nutritional supplements, preparation for a medically attended delivery, and at least 4 neonatal education home visits and 4 neonatal health care visits.</li> <li>• Ensure deliveries are conducted in birthing facilities of hospitals or health centres with trained medical attendants.</li> <li>• Achieve a 95% rate of birth registration within 1 year of birth, along with the provision of an official birth certificate.</li> </ul>

#### Lead Ministries for Strategy 1

The Lead Ministry for this strategy will be the MOH, with strong support from the MOET, MOSD, MOAFS, MOHA and MOLGCP, especially for activities dealing with parent and adolescent education, birth registration and community issues.

#### Action Plan for Strategy 1

No.	Services and Activities	Tasks	Implementing Agencies and Deadlines	Indicators, Measures & Targets	Budget Allocation (Maloti) <sup>3</sup>
1.1	Plan and implement preconception	<i>1.1.1 Prepare a preconception education booklet and guide</i>	MOH with the support of	* Booklet printed and	* 19,500 (adapt, translate,

<sup>3</sup> Amounts listed in *italics* are currently budgeted ministerial expenditures and are not additional to existing budgets. The exchange rate used was 1 USD = 7.8 Maloti.



	education and family planning services	A preconception education booklet and guide will be adapted, translated, formatted, field tested, revised, copied and distributed. The booklet will encourage the strong participation of future fathers.	MOET and MOSD By 12/2013	distributed by 03/2014	field test booklet and guide) * 23,400 (copying booklets in 3,000 copies)
		<i>1.1.2 Prepare a Preconception Education Outreach Plan</i> A Preconception Education Outreach Plan will be developed and implemented to encourage prospective parents and adolescents in vulnerable and marginalised populations to use preconception education services.	MOH By 12/2013 and implemented thereafter	* Preconception Outreach Plan developed by 12/2013	* 7,800 (consultant to draft plan)
		<i>1.1.3 Select a booklet on family planning and sexually transmitted infections (STI) including HIV and AIDS</i> A family planning, STI and HIV and AIDS prevention booklet and training guide will be selected, printed or copied and distributed for parent educators, community health workers and other community educators to provide services for family planning and the prevention and transmission of HIV and AIDS and other STI.	MOH By 12/2013 and ongoing. This activity will become part of continuing health services funded by MOH	* Booklet selected, printed and distributed to all IECCD services and health centres by 03/2014	* 39,000 (copying and distribution of 3,000 booklets and training guides)
		<i>1.1.4 Train selected personnel in preconception and family planning education</i> Health personnel, such as community health workers and nurses, throughout Lesotho will be trained to use the booklets and guides.	MOH Begin by 03/2014 and train continuously during 2014	* Selected health personnel throughout Lesotho trained by 12/2014	* 62,400 (training work-shops)
1.2	Plan and implement antenatal and neonatal education	<i>1.2.1 Adapt antenatal and neonatal folders and educational materials</i> Antenatal and neonatal folders with educational materials will be adapted, translated, formatted, field tested, revised and printed for 4 or more antenatal home visits and/or classes, 1 home visit soon after delivery, and 3 or more neonatal visits and/or classes (a minimum of 8 visits in all). The number of visits will depend upon the mother's needs. Trained and supervised volunteer home visitors will use these materials.	MOH, with the support of MOET, MOSD and MOAFS By 03/2014	* Antenatal folders and materials adapted, field tested and printed by 03/2014	* 78,000 (adaptation, translation, formatting field testing and revision costs) * 117,000 (copying of materials for 8 folders in 2,000 copies each initially)
		<i>1.2.2 Train nurses as supervisors and trainers of</i>	MOH with the support of	* Nurses trained to be trainers and supervisors	* 35,100 annually (training)

		<p><i>antenatal and neonatal education volunteers</i> Nurses will be trained in IECCD Centres to be trainers and supervisors of community volunteer antenatal and neonatal educators in order to implement the services.</p>	MOET, MOSD and MOAFS By 06/2014	* Target: 20 nurses trained by 09/2014	workshops)
		<p><i>1.2.3 Provide antenatal and neonatal education services</i> Trained and supervised Volunteer Community Antenatal and Neonatal Educators will provide home visits for pregnant women and adolescents living near IECCD Centres and health centres, with a special initial emphasis on high-risk pregnant women and adolescents.</p>	MOH with the support of MOET, MOSD, MOAFS and MOLGCP By 09/2014	* CAE's trained and supervised in 20 IECCD Centres * Target: 100 volunteers trained and supervised by 12/2014	* 156,000 for 2014/15 (7,800 per IECCD Centre or community in 20 IECCD Centres)
		<p><i>1.2.4 Expand antenatal and neonatal education services progressively</i> Antenatal and neonatal education home visiting services will be expanded progressively to serve at least 80% of pregnant women in 200 target communities that will be served by 1,000 volunteers by 2016/17.</p>	MOH with the support of MOET, MOSD and MOAFS By 01/2016	Antenatal and neonatal education services expanded * Targets: * 2014/15: 20 centres, total 100 volunteers * 2015/16: 100 centres, total of 500 volunteers * 2016/17 and 2017/2018: 200 centres, total 1,000 volunteers * Rate of use of antenatal education services by pregnant women in 200 communities. * Target by 2017/18: 80% of pregnant women receive antenatal education services in 200 target communities	* 156,000 for 2014/15 * 780,000 for 2015/16 * 1,560,000 for 2016/17 * 1,560,000 for 2017/18
1.3	Improve antenatal health and nutrition care	<p><i>1.3.1 Expand access to antenatal health and nutrition care services</i> MOH health care clinics and other centres will expand antenatal health and nutrition care services and provide at least 4 clinic/hospital visits for antenatal health and nutrition</p>	MOH with the support of FNCO, MOET, MOSD and MOAFS By 12/2014	* Rate of pregnant women who receive at least 4 antenatal health and nutrition care visits.	<i>Included in MOH and UNFPA total MCH budget</i>

		care, beginning during the first trimester.		* Target: 85% by 12/2014	
		<i>1.3.2 Offer additional antenatal services to high-risk mothers</i> Health care personnel and community health care workers will encourage high-risk pregnant adolescents and women to request more than 4 antenatal health care visits.	MOH with the support of MOSD, MOET and MOAFS By 09/2013	* Rate of health care centre use by high-risk pregnant women * Target: 100% of centres report that high-risk women request additional visits by 12/2014	(Same as above)
1.4	Expand services for pregnant women and young children affected by HIV and AIDS	<i>1.4.1 Reinforce efforts to encourage pregnant women to accept HIV testing</i> Pregnant women will be further encouraged to give their consent for HIV and AIDS testing. Upon receiving maternal consent and guaranteeing privacy, MOH health centres and other clinics will provide testing for HIV and AIDS for all pregnant adolescents and women.	MOH By 09/2013	* Rate of women tested for HIV and AIDS * Target: 98% of pregnant women who agree to testing are tested by 03/2014	(Same as above)
		<i>1.4.2 Give high priority to expanding PMTCT and ART services</i> Through fully implementing the National Strategic Plan for the Elimination of Mother to Child Transmission of HIV and for Paediatric HIV Care and Treatment, PMTCT and ART services will be offered progressively to the as yet un-served 20% <sup>4</sup> of mothers, fathers and children identified to have HIV infection.	MOH By 12/2013	* Rate of mothers, fathers & children identified to have HIV receive PMTCT & ART services * Target: 98% of identified mothers & fathers & children by 06/2014	* \$800,000 USD from UNICEF for MOH Budget
		<i>1.4.3 Prepare protocol and referral system to Early Childhood Intervention (ECI) services</i> Protocol and referral system developed, adopted and implemented for referring mothers and young children who have (or are likely to have) HIV infection to ECI services.	MOH with the support of MOET, MOSD and MOAFS By 12/2014	* Protocol developed and adopted by 12/2014	* 15,600 (preparation of protocol and referral system)
		<i>1.4.4 Train field personnel and enable referrals to ECI services</i> Training workshops will present ECI services and provide guidance on how to make referrals (See Strategy 3 for ECI services). All children 0 to 3 years suspected to have or who	MOH with the support of FNCO, MOET, MOSD and MOAFS By 03/2015	* All health, education and protection specialists are progressively trained about ECI services,	* 78,000 per year (training workshops on ECI services, including

<sup>4</sup> MOHSW reported in 2011 that major progress had been made and the rate of 45% of mothers not receiving services had been lowered to 20% during the previous two years.

		have HIV infection will be referred to ECI services (See Strategy 3). ECI services will be closely coordinated with ART and nutrition rehabilitation services.		beginning by 2014/15 * Rate of children with or suspected to have HIV who are referred to ECI services * Target: In regions with ECI services, 98% of children 0 to 3 years with or suspected to have HIV are referred to ECI services by 12/2016	monitoring and referral form use)
1.5	Improve deliveries	<p><i>1.5.1 Develop and promote the use of birthing classes</i> A module for teaching birthing classes will be designed, developed and offered in all health centres. All pregnant women and future fathers will be encouraged to attend birthing and breathing exercise classes.</p>	MOH with MOLGCP Module and system developed by 12/2013	* Rate of pregnant women and their partners attending birthing and breathing exercise classes * Target: 60% of pregnant women by 12/2016 * Target: 20% of future fathers by 12/2016	* 31,200(de sign of module and teaching materials for birthing classes) * Classes will be included in routine health centre activities
		<p><i>1.5.2 Increase awareness of the importance of deliveries in clinics and hospitals, with medically trained birth attendants</i> Through antenatal education, pregnant women are encouraged to deliver in a birthing centre of a health facility with trained and skilled medical attendants, accompanied by the future father and/or other family members.</p>	MOH with the support of MOET and MOSD By 03/2014	* Rate of deliveries in birthing centres * Target: 75% by 2015 * Rate of deliveries with trained and skilled medical attendants * Target: 85% by 2016	<i>Included in MOH and UNFPA total MCH budget</i>
		<p><i>1.5.3 Develop Community Transportation Plans for births in hospitals or clinics</i> Using a simple format, each community will prepare a brief Community Transportation Plan for Healthy Deliveries in a hospital or other birthing facilities. If needed, the community will provide a small fund to help with transportation and lodging close to birthing facilities.</p>	MOH, MOLGCP and Communities By 12/2013	* Rate of communities with a written Community Transportation Plan for Healthy Deliveries * Target: 98% of communities have a written plan by 03/2014	* 7,800 (support for developing format of plan) * Costs for transportation and lodging will be borne by the community

		<p><i>1.5.4 Develop mobile clinics that will attend deliveries</i> In remote areas, mobile clinics will be developed to provide medically attended deliveries.</p>	MOH By 03/2014	<p>* Establishment of mobile clinics with medical personnel to provide deliveries * Targets: 20 by 12/2014 30 by 12/2015 40 by 12/2016 50 by 12/2017 50 by 12/2018</p>	<i>To be included in MOH budget</i>
		<p><i>1.5.5 Improve birth outcomes</i> As a result of all of the above measures, birth outcomes will be greatly improved in terms of the rates of low birth weight, neonatal mortality, infant mortality, and maternal mortality.</p>	MOH, MOLGCP and Communities By 12/2016	<p>* Rate of low birth weight infants (&lt;2,500 grams) * Target: (9.3%, 2009) 8% by 2016 * Rate of neonatal mortality * Target: (47 per 1,000 births, 2009) 20 per 1,000 births by 2016 * Rate of infant mortality * Target: (91 per 1,000 births, 2009) 65 per 1,000 births by 2016 * Rate of maternal mortality * Target (1,155 per 100,000 deliveries, 2009) 500 by 2016</p>	<i>Included in MOH and UNFPA total MCH budget (All additional costs are listed above.)</i>
1.6	Revise and improve birth registration services	<p><i>1.6.1 Review regulations for birth registration and birth certificates</i> Regulations will be reviewed and revised for birth registration and the issuance of birth certificates without charge within 1 year of birth, with a respectable name for each child.</p>	MOH, MOSD,MOHA, MOLGCP, IECCD Centres and designated community councils, chiefs and centres By 12/2013	<p>* Revised regulations will be developed, reviewed and officially established for birth registration and birth certificates by 12/2013</p>	* 15,600 (review and revision of regulations)
		<p><i>1.6.2 Adopt guidelines for the enforcement of birth registration</i> Enforcement guidelines will be prepared and adopted for birth registration stating that by 03/2014, parents or guardians must report and register all infant births and child deaths within 1 year of birth or death.</p>	MOH, MOSD and MOHA By 03/2014	<p>* Enforcement guidelines established by 03/2014</p>	* 15,600 (preparation of enforcement guidelines)

		<p><i>1.6.3 Conduct national mobile birth registration campaign</i> A national mobile birth registration campaign will be conducted during 2013 – 2014 to register at least 90% of currently unregistered children from 1 month after birth to 19 years of age.</p>	MOH, MOSD, MOHA and communities beginning by 12/2014	* Mobile birth registration campaign conducted * Target: 90% of unregistered children are registered by 12/2015	* 234,000 (mobile campaign costs: 117,000 in 2014/15 and 117,000 in 2015/16)
		<p><i>1.6.4 Link birth registration system to continuous child tracking system</i> The birth registration system will be unified with the child tracking system. (See Strategy 5)</p>	MOH, MOSD, MOHA, and Bureau of Statistics By 12/2014	* Unified birth registration and child tracking system designed and implemented by 12/2014	* 46,800 (design of linkage of birth registration database with child tracking system)
1.7	Expand and improve neonatal health and nutrition care	<p><i>1.7.1 Conduct breastfeeding campaign</i> A breastfeeding campaign will be designed and conducted with health care personnel, midwives and IECCD Centres to ensure that breastfeeding begins within one hour of delivery, exclusive breastfeeding is used for the first six months, and after the sixth month, breastfeeding continues for two years, along with appropriate complementary feeding. This campaign will reinforce antenatal, neonatal and parent education modules on breastfeeding for mothers, fathers and grandparents. (See Strategy 2)</p>	MOH, FNCO and many partners Campaign conducted beginning by 12/2013	* Rate of women who breastfeed within 1 hour of birth * Target: 95% by 12/2014 * Rate of women who exclusively breastfeed for first six months * Target: 95% by 12/2015	* 62,400 annually (breast-feeding campaign costs)
		<p><i>1.7.2 Implement Expanded Programme on Immunisation (EPI) fully</i> The EPI will be fully implemented throughout Lesotho to lower child mortality and morbidity.</p>	MOH By 12/2014	* Rate of 6, 12, 18 and 24 month children who are up-to-date in their immunisations * Target: 95% of children 0 to 24 months have immunisations stipulated for age by the Child Immunisation Package by 12/2014	<i>Included in MOH and UNFPA total MCH budget</i>
		<p><i>1.7.3 Design and implement a child development screening system and select a screening tool</i> A child development screening system will be designed and a screening tool will be selected,</p>	MOH with the full collaboration of MOET, MOSD, FNCO and MOAFS,	* Rate of children developmentally screened at all appropriate ages	* 39,000 (selection, adaptation and duplication of

		adapted, field tested and duplicated. Any current screening tools for measuring child development will be reviewed. Medical doctors and nurses will be training to conduct the screenings with the mothers. Screenings will be conducted at birth, 2 weeks, and at 3, 9, 12, 18, 24 and 36 months of age.	beginning by 12/2013	* Target: 80% of children screened at appropriate ages by 12/2014 * Target: 90% of children screened at appropriate ages by 12/2016	screening tool) * 117,000 per year (copying, distributing and training for conducting screenings and reports)
		<i>1.7.4 Refer vulnerable children to ECI services</i> Children found to have developmental delays, malnutrition, HIV or disabilities will be referred to ECI services, as they become available (See Strategy 3).	MOH, MOSD, FNCO and MOET together by 12/2015	* Rate of children identified who are referred to ECI services * Target: In regions with ECI services, 98% of children believed to need ECI services are referred to them by 12/2015	* 31,200 per year (referral system costs)

#### 4.2 Strategy 2

<b>Strategy 2</b>
<b>Develop IECCD Centres and services, with priority given to children from 0 to 3 years and their parents to ensure holistic child development</b>
<b>Objectives</b>
<ul style="list-style-type: none"> <li>• Ensure all children develop well during their first 36 months of life as a foundation for all future growth, development and learning in preschool, primary and secondary school.</li> <li>• Develop high-quality IECCD Centres with services for antenatal education, child development especially from 0 to 3 years, parent education, feeding and preventive health care (including public, community and private sector services), services for vulnerable children, and locate them close to local families.</li> <li>• Take an integrated approach to parent education for child development, ensuring that all Basotho parents receive culturally and linguistically appropriate services based on national values and scientific research results.</li> <li>• Expand and improve health care and nutrition services to provide preventive and basic health care, immunisations, well-child checkups and breastfeeding support.</li> <li>• Improve the quality of day care centres and family care for infants and toddlers.</li> </ul>

#### Lead Ministries for Strategy 2

The Lead Ministry for IECCD Centres will be the MOH with strong support and full collaboration of MOET, MOSD, MOLGCP and MOAFS. The Lead Ministry for parent and adolescent education will be MOET, with strong support from MOH and MOSD. The Department for National IECCD Policy Implementation will play a major role in helping to develop, implement and coordinate integrated

services. The National Multisectoral IECCD Council will approve official documents of the IECCD Centres and will oversee their development policies, challenges and achievements.

## Action Plan for Strategy 2

No.	Services and Activities	Tasks	Implementing Agencies and Deadlines	Indicators, Measures & Targets	Budget Allocation (Maloti)
2.1	Plan and pilot IECCD Centres and then expand them	<p><i>2.1.1 Develop a Comprehensive Service Plan for IECCD Centres</i> To develop the Comprehensive Service Plan for IECCD Centres, consultation meetings will be held with all stakeholders, communities will be mobilised, and successive Plan drafts will be reviewed. A list of core Centre services is provided in Section 2.1.1 of the IECCD Policy.</p>	MOH with the strong support of FNCO, MOET, MOSD, MOLGCP, MOAFS, district and local health, nutrition, sanitation, education and protection partners By 12/2013	<ul style="list-style-type: none"> <li>* Consultation meetings held by 09/2013</li> <li>* Draft Plan reviewed by 10/2013</li> <li>* Plan adopted by all partners by 12/2013</li> <li>* Communities mobilised to establish IECCD Centres by 03/2014</li> </ul>	* 195,000 (Includes consultants, meeting and transportation costs)
		<p><i>2.1.2 Train local authorities in relevant skills for coordination and oversight</i> To ensure local authorities provide strong support, help to coordinate and oversee IECCD Centres, training workshops will be developed and provided progressively as the number of Centres is expanded.</p>	MOH with the strong support of MOET, MOSD, FNCO, MOLGCP, MOAFS, district and local health, nutrition, sanitation, education and protection partners By 03/2014	<ul style="list-style-type: none"> <li>* Develop a manual for training local authorities by 09/2013</li> <li>* Field test and revise the manual by 12/2013</li> <li>* Begin holding training workshops by 03/2014</li> </ul>	* 50,000 (preparation and field testing of manual) * training workshops will be provided during the IECCD Centre training listed below
		<p><i>2.1.3 Develop and adopt IECCD Centre service standards, regulations and registration system</i> IECCD Centre service standards and regulations will be developed and adopted. In collaboration with MOH, MOET, MOSD, MOLGCP and MOAFS, the National Multisectoral IECCD Council will officially register each Centre.</p>	MOH, MOET, MOSD, MOLGCP, MOAFS and the National Multisectoral IECCD Council By 03/2014	<ul style="list-style-type: none"> <li>* Centre and service standards adopted by 03/2014</li> <li>* Regulations adopted by 03/2014</li> <li>* Initial Centres registered officially by 06/2014</li> </ul>	* 46,800 (preparation of service standards, regulations and registration system)
		<p><i>2.1.4 Develop personnel regulations, salary scales and terms of reference (TOR) for Centre personnel</i> Personnel regulations, salary scales and TOR will be developed for all personnel, including professionals, paraprofessionals and community volunteers. They may use local regulations if</p>	MOH, MOET, MOSD, MOLGCP, MOAFS and the Multisectoral IECCD Council By 03/2014	<ul style="list-style-type: none"> <li>* Personnel regulations adopted by 03/2014</li> <li>* Salary scales established by 03/2014</li> <li>* Terms of reference prepared by 03/2014</li> </ul>	* 23,400 (preparation of regulations, salary scales and TOR)



	they pertain but each Centre should have written regulations that fit their needs and activities.			
	<p><i>2.1.5 Develop and implement a plan for educational materials, methods and instruments</i> A plan for materials selection, adaptation or development will be prepared. Based on the plan, materials, methods and instruments will be selected or developed or adapted, and then field tested, translated, formatted and printed or produced. Toy and Book Libraries and a toy making guide will be designed or selected.</p>	MOH with strong support of MOET, FNCO, MOSD, MOAFS, MOLGCP and district and local health, nutrition, sanitation, education and protection partners By 12/2013	<ul style="list-style-type: none"> <li>* Materials selection and development plan prepared by 12/2013</li> <li>* Materials developed or adapted, field tested, revised and printed by 03/2014</li> <li>* Toy and Book Libraries and a Toy Making Guide selected or prepared by 12/2013</li> </ul>	<ul style="list-style-type: none"> <li>* 156,000 in 2013/14 and 468,000 in 2014/15 for selection, development, adaptation, translation and printing (10 major items x 62,400 each)</li> </ul>
	<p><i>2.1.6 Prepare a training plan, training and monitoring manuals and an IECCD career ladder</i> A training plan and manuals for IECCD Centres will be developed, along with a career ladder for Centre personnel. District Centre supervisors will provide in-service training when they make regular site visits to Centres.</p>	MOH, MOET, MOSD, MOLGCP and MOAFS By 03/2014	<ul style="list-style-type: none"> <li>* Training system developed by 12/2013</li> <li>* Training manual prepared by 12/2013</li> <li>* Monitoring and evaluation manual prepared by 03/2014</li> <li>* In-service training system planned by 03/2014</li> </ul>	<ul style="list-style-type: none"> <li>* 117,000 (manuals, instruments and guides prepared)</li> </ul>
	<p><i>2.1.7 Plan and hold pre- and in-service Centre training workshops</i> Using the training manuals and all IECCD Centre materials, personnel of the 20 pilot IECCD Centres will be trained. In-service training sessions will be provided twice a month during site visits.</p>	MOH with the strong support of MOET, MOSD, MOLGCP, MOAFS and district and local health, nutrition, sanitation, education and protection partners By 06/2014	<ul style="list-style-type: none"> <li>* Training workshops planned and held by 06/2014, if not before</li> </ul>	<ul style="list-style-type: none"> <li>* 171,600 (training workshops for personnel of 20 pilot IECCD Centres)</li> </ul>
	<p><i>2.1.8 Organise IECCD Centres and establish formal interagency agreements</i> Selected IECCD Centres will be organised. They will include Community IECCD Committees and all local agencies. Formal</p>	MOH, with strong support of MOET, FNCO, MOSD, MOLGCP, MOAFS and district and local health,	<ul style="list-style-type: none"> <li>* 20 selected IECCD Centres established and equipped by 12/2014</li> <li>* Interagency agreements</li> </ul>	<ul style="list-style-type: none"> <li>* 62,400 per IECCD Centre per year (plus in-kind services,</li> </ul>

	interagency agreements will be developed and signed. IECCD Desk Officers in ministries will help to conduct inter-ministerial and inter-agency coordination activities.	nutrition, sanitation, education and protection partners By 03/2015 (Expansion plans are in 2.1.9 and 2.1.10)	signed by 06/2014 * IECCD Ministerial Desk Officers designated and coordinating effectively by 12/2014 * Target: 20 Centres fully functioning by 03/2015	grants and donations) *1,248,000 (20 Centres for 2014/15)
	<i>2.1.9 Conduct a mapping study to plan for Centre expansion</i> A mapping study will be conducted to project growth and to locate IECCD Centres in communities with the greatest needs.	MOH and MOET, MOSD, MOLGCP, MOAFS, BOS, MOF and MODP By 12/2014	* Mapping study conducted by 12/2014	* 46,800 (mapping study)
	<i>2.1.10 Develop an expansion plan for "going to scale," including cost studies and a financial plan</i> A plan for taking IECCD Centres to scale will be developed, along with cost studies. A financial plan will be prepared with the goal of achieving growth targets listed here. Although the cost in aggregate may seem to be high, the variety of funding sources in addition to government funding, the low cost of the Centres given in-kind support, and the prior preparation of all elements and systems needed to take the Centres to scale, it should be feasible to expand them rapidly.	MOH and MOET, MOSD, MOLGCP, MOAFS, with the support of MOF and MODP in collaboration with Districts and Communities By 2014/15, 2015/16, 2016/17 and 2017/18	* Plan for going to scale developed by 12/2014 * Cost studies conducted by 12/2014 * Financial Plan prepared by 12/2014 * IECCD Centres expanded * Target: 2014/15 20 Centres established * Target: 2015/16 100 Centres established * Target: 2016/17 200 Centres established * Target: 2017/18 200 Centres	Initial Cost projections (budget for 2014 is in 2.1.2 above, 62,400 per Centre per year) * 2014/15: 1,248,000 * 2015/16: 6,240,000 * 2016/17: 12,480,000 * 2017/18: 12,480,000
	<i>2.1.11 Design and implement mobile teams and satellite centres for remote rural areas</i> Once Centres are well established, mobile teams and satellite centres will be designed and progressively developed in rural areas where they are needed.	MOH and MOET, MOSD, MOLGCP, MOAFS with MOF and MODP By 2014/15 – 2017/18	* Mobile teams and satellite centres designed by 12/2014 * 5 pilot mobile teams and 5 pilot satellite centres established by 12/2015 * System expanded to at least 10 of each	* 46,800 in 2014/15 (design of mobile teams and satellite centres) * 2015/16: 390,000 (5 mobile teams and 5 satellite centres) * 2016/17:

				in 2016/17 and 2016/18	780,000 (10 mobile teams and 10 satellite centres) * 2017/18 780,000 (same)
2.2	Implement national programme for parent education and support	2.2.1 <i>Plan national parent education services</i> A Plan for National Parent Education Services and materials provided through home visits and classes will be developed for use in IECCD Centres and other community sites.	MOET with MOH, MOSD and other stakeholders By 03/2014	* Plan for National Parent Education Services and materials prepared and adopted by 03/2014	* 23,400 (plan development)
		2.2.2 <i>Select and adapt parent education materials and prepare them for use</i> Some existing materials will be selected or strengthened, some external materials will be adapted and translated, and some new materials will be drafted. All materials will be field tested, assessed, revised, formatted, copied/produced and distributed. Topics for parent education materials are listed in the IECCD Policy.	MOET, with MOH, MOSD, MOAFS and other ministries as needed By 09/2014	* Parent education materials selected, adapted or created, printed or copies and distributed according to plan by 09/2014	*156,000 2013/14 and *468,000 2014/15 (20 modules x 31,200avr. each)
		2.2.3 <i>Prepare a training manual and a monitoring and evaluation (M&amp;E) manual for parent education services</i> A Training Manual and an M&E Manual will be prepared and used for training personnel (see training above and in Strategy 6).	MOET, with MOH, MOSD and MOAFS By 09/2014	* Parent education training manual and M&E manual prepared and used in training workshops by 09/2014	* 46,800 (preparation and field testing of manuals (Training costs in 2.1.7)
2.3	Expand essential health care services	2.3.1 <i>Reinforce Integrated Management of Childhood Illnesses (IMCI) package and use Community and Care for Development components</i> Existing IMCI components will be used to serve at least 80% of vulnerable children.	MOH By 12/2013	* Rate of children 0 to 5 years served by IMCI * Target: 80% of vulnerable children served by 12/2013	* Included in WHO and MOH annual budget 390,000
		2.3.2 <i>Establish coordination agreements between health facilities and IECCD Centres</i> Interagency agreements signed and village health workers will assist IECCD Centres that will in turn support Health Centres.	MOH, MOSD and MOET By 03/2014	* All IECCD Centres sign interagency agreements with local Health Centres by 03/2014	* 15,600 (Drafting agreements, travel and communications)
		2.3.3 <i>Continue to place high priority on Expanded Programme on Immunisation (EPI) services</i> Major efforts will be made to expand EPI services and	MOH with support of MOET and all stakeholders By 12/2013	* MOH immunisation service targets established in health plans are achieved or	Included in MOH and UNFPA total MCH budget

		achieve MOH immunisation targets.		surpassed by 12/2013 * MOH seeks to achieve at least 80% of overall immunisation coverage, up from 62% at present by 2014	
		<i>2.3.4 Ensure MOH, FNCO and MOSD help develop selected parent education modules</i> MOH and MOSD will assist MOET to develop or select educational modules in areas of health, nutrition, sanitation and child and maternal protection.	MOH, FNCO and MOSD with MOET By 09/2014	* All parent education modules in health, nutrition, sanitation and protection are prepared with MOH and MOSD help by 09/2014	* 93,600 (support for special MOH and MOSD expenses)
2.4	Provide nutrition education for parents and rehabilitation and feeding services for infants and toddlers	<i>2.4.1 Reinforce breastfeeding and complementary feeding guidance</i> Educational materials and all IECCD services will emphasize guidance for breastfeeding within one hour of birth and exclusive breastfeeding for six months, and complementary feeding and continued breastfeeding. (See also 1.7.1)	MOH with the support of FNCO, MOET, MOSD, and MOAFS During 2013 – 2014 and beyond	* Rate of breastfeeding within one hour of birth * Target: 90% of births by 2015 * Rate of exclusive breastfeeding for first six months of life * Target: 80% by 2015	<i>Included in MOH and UNFPA total MCH budget</i>
		<i>2.4.2 Expand and improve nutrition education and food supplements for HIV affected women and children</i> In addition to ARV and PMTCT services, pregnant and lactating women and children 0 to 5 years with HIV infection will receive nutrition education and food supplements, combined with child development activities	MOH and FNCO, with the support of MOET for nutrition education in parent education services During 2013 – 2014 and beyond	* Rate of pregnant and lactating women and children receiving nutrition education, food supplements and parent education * Target: 95% by 2014	<i>Included in UNICEF and MOH for annual nutrition education support</i>
		<i>2.4.3 Encourage the expansion of the feeding programme for pregnant and lactating mothers and children from 6 months to 3 years</i> Priority will be given to expanding the targeted feeding programme for families living in poverty to serve more pregnant and lactating mothers and their children from 6 months to 3 years of age.	MOH and FNCO, with the support of IECCD Centres and day care centres During 2013 – 2014 and beyond	* Rate of eligible mothers and children receiving feeding programme in targeted communities * Target: 80% of eligible mothers and children in targeted communities served by 2014	<i>Included in MOH, WFP and UNFPA total MCH budgets and MOH budgetary increases, as needed</i>
		<i>2.4.4 Expand micronutrient and de-worming services</i>	MOH and FNCO	* Rate of children 0 to 3	<i>Included in MOH and</i>

		Increased attention will be given to ensuring all infants and young children receive Vitamin A, iron and iodine and regular de-worming services.	By 12/2013 and beyond	and up to 5 years receive micronutrients * Target: 95% of children served by 12/2013 * Rate of children from 12 months to 5 years receive regular de-worming services * Target: 90% of children served by 12/2013	<i>UNFPA total MCH budget</i>
		<i>2.4.5 Expand nutritional rehabilitation services linked to ECI services</i> In coordination with FNCO, infant stimulation will be provided for all malnourished children through enrolment in ECI services.	MOH and FNCO By 12/2015 and beyond	* Rate of malnourished children 0 to 3 years receiving nutritional rehabilitation combined with ECI services for child development and parent education * Targets: * 40% of malnourished children by 12/2015 * 60% of malnourished children by 12/2016 * 70% by 12/2017	* 780,000 annual additional nutritional rehabilitation <i>Some support included in MOH and UNFPA total MCH budget</i>
		<i>2.4.6 Improve food and inspection regulations and related parent education services</i> Food regulations and inspection will be improved and enforced. A related parent education module will be developed.	MOH and FNCO, with support from MOET, MOSD and MOTICM By 03/2014 and beyond	*Food and inspection regulations improved and adopted by 12/2013 * Regulations used to prepare a new parent education module by 03/2014	* 39,000 (to improve and adopt regulations) (Funds for parent education module, see 2.2.2 above)
2.5	Improve day care centres and family child care services for children, 0 to 3 years	<i>2.5.1 Develop and adopt service standards, regulations and registration for day care centres and family child care services</i> Service standards and regulations and a registration system will be developed and	MOET with support from MOH, MOSD and MOLGCP By 12/2013	* Service standards, regulations and a registration system adopted for day care centres and family child care	* 39,000 (service standards, regulations and registration system)

	adopted for all day care centres and family child care services.		services by 12/2013	
	<p><i>2.5.2 Inspect, monitor and register day care centres and family child care services</i></p> <p>Using the service standards and regulations and guidelines for registration, day care centres and family child care services will be registered. They will be inspected and monitored without prior announcement. If they do not meet service requirements, they will be closed until they meet them.</p>	MOET with support from MOH, MOSD and MOLGCP ensuring local compliance By 12/2014 and beyond	<p>* Day care centres and family child care services will be registered</p> <p>* Target: 50% by 12/2014</p> <p>* Day care centres will be monitored annually</p> <p>* Target: 50% by 06/2015</p>	* 312,000 per year from 2013/14 and beyond (2 staff members and transportation)
	<p><i>2.5.3 MOET and IECCD Centres assist to improve the quality of day care centres and family child care services</i></p> <p>MOET and IECCD Centres, and especially their Toy and Book Libraries and toy making activities, will give support to day care centres and family child care services. They will provide training and support for child development and parent education activities.</p>	MOET and IECCD Centres with support of MOH, MOSD, MOLGCP and Local Government District Committees By 12/2014 and beyond	<p>* Rate of IECCD Centres reporting they support one or more day care centres and family child care services</p> <p>Target: 100% by 12/2014</p>	<i>The regular activities of IECCD Centres are included in budgets above.</i>
	<p><i>2.5.4 Expand health care and feeding services for infants and toddlers in day care centres, as possible</i></p> <p>Special attention will be given to providing expanded health care and feeding services for infants and toddlers in day care centres.</p>	MOH, FNCO with the support of MOET and IECCD Centres By 12/2014	<p>* MOH and MOET report expanded amounts of health and feeding services to day care centres and family child care services by 12/2014</p>	<i>Included in MOH and FNCO budgets above.</i>

### 4.3 Strategy 3

<b>Strategy 3</b>
<b>Ensure vulnerable children with developmental delays, malnutrition, HIV and AIDS or disabilities receive early childhood intervention services</b>
<b>Objectives</b>
<ul style="list-style-type: none"> <li>Place a special emphasis on neonatal screening and the development in stages of early childhood intervention (ECI) services for children with low birth weight, developmental delays, malnutrition, HIV and AIDS and disabilities and their parents.</li> <li>Give special attention to children and mothers with malnutrition and HIV and AIDS, and ensure that infected infants and young children receive antiretroviral (ARV) treatment, nutritional supplements and developmentally appropriate stimulation<sup>5</sup> to prevent and overcome developmental delays, and their parents or guardians receive parent education and support.</li> <li>Conduct early child screenings to identify all vulnerable children and ensure rapid referrals, assessment for ECI eligibility, and enrolment in ECI services.</li> <li>Develop comprehensive and feasible ECI services in stages, including programme planning, preparation, training, piloting with evaluation and monitoring, revision and expansion of services.</li> </ul>

#### Lead Ministries for Strategy 3

Early Childhood Intervention (ECI) services will be conducted through a partnership between the MOH, MOSD and the MOET, with help from the Department for National IECCD Policy Implementation. The involvement of the public health establishment is critically important because physicians and nurses identify and serve many high-risk infants and children as well as children with developmental delays, malnutrition, chronic diseases such as HIV and AIDS, disabilities and atypical behaviours. The participation of the education establishment is equally important with respect to: the provision of special education services; the training of early intervention specialists; the provision of services for children with atypical behaviours, such as the autism spectrum; and the inclusion of children with delays and disabilities and their families in all available education services, such as inclusive day-care centres, special education services, and inclusive pre-schools.

#### Action Plan for Strategy 3

No.	Services and Activities	Tasks	Implementing Agencies and Deadlines	Indicators, Measures & Targets	Budget Allocation (Maloti)
3.1	Develop Early Childhood Intervention (ECI) services (sometimes also called child psychosocial stimulation and development services)	3.1.1 <i>Stage 1: Develop a Comprehensive Plan for National ECI Services</i> A comprehensive National ECI Service Plan will be developed and adopted by the MOH, MOSD and MOET.	MOH, MOSDMOET and FNCO By 12/2013	*Comprehensive Plan for National ECI Services developed and adopted by 12/2013	* 62,400 (consultant for plan development and meetings)
		3.1.2 <i>Select initial professional personnel for pilot sites</i> Fellowships for regional and international training will be	MOH, MOSD and MOET By 12/2013	* Criteria for ECI personnel roles established and TOR prepared.	* 15,600 (set criteria, review and

<sup>5</sup> "Developmentally appropriate stimulation" refers to activities that parents and other caregivers can do with young children to help them develop well in all areas of social, emotional, physical, language, and cognitive development, and in a way that is appropriate for their levels of development.

		identified. Criteria for selecting and training ECI personnel will be established, TOR issued, and candidates reviewed and selected for training.		* Candidates reviewed and selected for training by 12/2013	selection of candidates)
		<p><i>3.1.3 Provide pre-service training for core professional personnel</i></p> <p>Graduate level training will be provided regionally or internationally to prepare professional ECI specialists, with a focus on early interventionists as well as speech therapists, physical/occupational therapists and special educators.</p>	MOH, MOSD and MOET This training will be partially dependent upon securing support from international development partners for study From 09/2013 - 12/2014	* Professionals trained in ECI services * Target: 4 to 6 professionals trained by 12/2014	* 780,000 or more (partner support for graduate level study in South Africa, U.S.A., Canada or U.K.)
3.2	Implement ECI services in stages	<p><i>3.2.1 Stage 2: Prepare and adopt ECI policies and procedures, select programme materials and manuals, and prepare for pre-service training in Lesotho, regionally or internationally</i></p> <p>ECI policies and procedures will be drafted and adopted. Curricula, educational materials, child assessments, IFSP format, ECI service manual, methods, training manual and M&amp;E manual will be selected, adapted and translated. Pre-service training services will be prepared for in country and regional training.</p>	MOH, MOSD and MOET By 09/2014	* ECI policies and procedures developed and adopted by 06/2014 * Curricula, educational materials, child assessments, IFSP format, ECI service manual and M&E manual developed or adapted and translated and field tested by 06/2014 * Training programme designed and prepared by 09/2014	* 23,400 (policies and procedures prepared and adopted) * 156,000 (materials and manuals adapted and printed) * 273,000 (Training designed and prepared)
		<p><i>3.2.2 Stage 3: Conduct pre-service training in Lesotho, regionally or internationally</i></p> <p>To complement (or substitute for) international training, national and regional training will be provided to prepare supervisors and early intervention specialists who, in turn, will train and supervise paraprofessional ECI home visitors</p>	MOH, MOSD and MOET By 03/2015	* Pre-service training conducted in Lesotho and South Africa From 01/2015 to 03/2015	* 273,000 (training of early interventionists in Lesotho) * 234,000 (training in South Africa)
		<p><i>3.2.3 Stage 4: Implement ECI services in 6 Pilot sites</i></p> <p>ECI services will be provided in 6 pilot sites using previously prepared materials. The pilot sites will be monitored and evaluated. Supervisors will be selected and trained to conduct M&amp;E,</p>	MOH, MOSD, MOET, FNCO and the Department for National IECCD Policy Implementation By 12/2015	* 6 Pilot ECI sites established in IECCD Centres and health centres, and ECI services will be provided	* 702,000 per year (for 6 sites from 2014+ 6 ECI Pilot sites x 117,000



		<p>supervisory and in-service activities. A National ECI Office for Coordination, Training and Evaluation will be established.</p>		<p>beginning before 12/2015 * Supervisors trained and placed in service by 12/2015 * National ECI Office established by 12/2015 (location to be determined)</p>	<p>per year per site) * 639,600 per year (professional supervisors (140,400 x 4 persons and 78,000 for other costs) * 156,000 per year (National Office)</p>
		<p>3.2.4 Stage 5: Review, revise and expand ECI services Based on M&amp;E results, the ECI system will be revised and prepared to go to scale in stages from 2016 forward.</p>	<p>MOH, MOSD, MOET and FNCO By 12/2016+</p>	<p>* ECI system reviewed &amp; revised by 12/2016 * Six more ECI service sites opened in 2017/18 * Target: 50% of eligible children served by 2017/18<sup>6</sup></p>	<p>*1,404,000 per year (total of 12 ECI service sites in 2017) *639,600 &amp; 156,000 per year</p>

#### 4.4 Strategy 4

Strategy 4
<p><b>Improve and expand preschool services (including home-based and reception year services) for children 3 to 5 years, and improve transition from home and preschool to primary school</b></p>
Objectives
<ul style="list-style-type: none"> <li>• Reinforce existing education policies for preschool education to provide a strong foundation for learning through offering high-quality preschool education throughout Lesotho.</li> <li>• Develop and improve the quality of preschool curricula to encourage the use of culturally, linguistically and age-appropriate educational materials and active teaching methods to stimulate child development.</li> <li>• Prepare preschool-age children and parents for entering primary school, introducing them to the school setting while assisting the schools to receive the children and their parents.</li> <li>• End the enrolment of underage and overage children in preschools by providing nearby early care and development services and more primary schools, with special attention to using accelerated learning classes for overage primary school entrants.</li> <li>• Ensure preschools have essential support services for health, nutrition and sanitation.</li> <li>• Improve transition from home and preschool to primary school.</li> </ul>

<sup>6</sup> See National Strategic Plan on Vulnerable Children, April 2012 – March 2017, p. 38.

## Lead Ministries for Strategy 4

The lead ministry for Strategy 4 will be MOET, with input and support from MOH, MOSD, MOLGCP, MOAFS, FNCO, and MOGYSR for relevant activities pertaining to health, nutrition, sanitation and protection and the community development of preschool education services.

## Action Plan for Strategy 4

No.	Services and Activities	Tasks	Implementing Agencies and Deadlines	Indicators, Measures & Targets	Budget Allocation (Maloti)
4.1	Reinforce education policies to expand and improve preschool education	<p><i>4.1.1 Reinforce preschool policies and establish enrolment requirements</i></p> <p>A parent awareness campaign will be conducted to ensure parents fully understand recent changes in preschool policies and the importance of sending their children to preschool. It will include preschool enrolment requirements, including the presentation of a birth certificate.</p>	MOET with support from MOLGCP By 12/2013	* National campaign for preschool parent awareness will be conducted by 12/2013	* 46,800 2 years (parent awareness campaign)
		<p><i>4.1.2 Reduce progressively underage and overage children enrolled in preschools and primary schools</i></p> <p>An official statement will be issued regarding ages for preschool and school enrolment rules and interim approaches for villages and towns lacking needed educational services, with the goal of ending the occurrence of underage and overage pupils.</p>	MOET By 12/2015	* Official statement drafted and circulated in zones with underage and overage pupils in preschool and/or primary school by 12/2013 * Rate of underage and overage primary school children reduced by 20% 12/2015	* 3,900 (planning and communication of statement to all preschools and primary schools)
		<p><i>4.1.3 Expand community preschools progressively</i></p> <p>Community preschools will be expanded annually to reach 45% of children 3 to 5 years of age by 2016/17. This target will include reception year pupils also although to reach this target, special emphasis will be</p>	MOET and MOLGCP with communities From 2013 to 2018	* Expand the number of children served in preschools (baseline: 2011/12: 60,117) * Target by 2013/14: 68,000	<u>Estimated additional</u> recurrent budget required <sup>7</sup> (Annual estimated cost per pupil = M1,351)

<sup>7</sup> More precise annual estimates will be needed and they should also include MOET administrative, training, supervisory, transportation and other costs related to programme expansion. This annual cost per capita includes feeding, fees, learning materials, teaching equipment, teacher salaries, and capital expenditures for building rental. This projection provides a general estimate for modest expansion of recurrent costs. It does not include capital costs for school construction, but usually communities or local schools provide the preschool classrooms.

	placed on community preschools as well. Communities will be mobilised and trained to help plan, build, maintain, manage and oversee preschools.		* Target by 2014/15: 74,000 * Target by 2015/16: 80,000 * Target: by 2016/17 86,000 * Target: by 2017/18 86,000 * Target by 2017/18: at least 45% of preschool age children served	* Target 2013/14: <sup>8</sup> 10,649, 933 * Target 2014/15 18,755, 933 Target * 2015/16 26,861, 933 * Target 2016/17 34,967, 933 * Target 2017/18 34,967, 933
	<i>4.1.4 Expand home-based preschools progressively</i> The number of home-based preschools will be expanded progressively. MOET will continue to provide pre- and in-service training, expand human resources for supervision and increase various types of material support to assist community preschool educators. A small stipend for home-based caregiver-teachers will be provided (M150/month = M1, 800/year). A small fund for in-service training, supervision and materials will be provided (M3,000 per class per year)	MOET with UNICEF, WFP and MOLGCP plus community volunteers and support From 2013 to 2018	Expand number of home-based preschools (baseline in 2011/2012: 60) * Target by 2013/14: 100 preschools * Target by 2014/15: 120 preschools * Target by 2015/16: 140 preschools * Target by 2016/17: 160 preschools * Target by 2017/18: 180 preschools	Budget required per home-based teacher per year (Beginning in 2012/13, annual cost per home-base preschool = M4,800) * Target 2013/14: 480,000 * Target 2014/15 576,000 * Target 2015/16 672,000 * Target 2016/17 768,000 * Target 2017/18 864,000
	<i>4.1.5 Expand and construct reception year classes progressively</i> Additional reception year classrooms will be constructed. They will be expanded from 222 in 2010 to at least 400	MOET From 2013/14 to 2017/18	* Number of reception year pupils (baseline: 2010/11: 5,696) * Target by 2013/14: 7,300	<u>Estimated Additional</u> recurrent budget required per pupil per year <sup>9</sup>

<sup>8</sup> This and each of the succeeding sums include the increases for expansion that are listed above.

<sup>9</sup>These amounts represent sums additional to the current MOET budget for reception year classes. The annual cost per capita for reception year pupils includes feeding costs, fees, learning materials, teacher salaries and teaching supplies and equipment. It does not include building construction or maintenance costs because

	classrooms in 2017/18, thereby increasing the number of pupils from 5,696 in 2010 to at least 11,000 pupils in 2017/18.		* Target by 2014/15: 8,100 * Target by 2015/16: 9,000 * Target: by 2016/17 10,000 * Target by 2017/18 10,000	* Target 2013/14: 1,841, 392 * Target 2014/15 2,759, 792 * Target 2015/16 3,792, 992 * Target 2016/17 4,940, 992 * Target 2017/2018 4,940,992
	<i>4.1.6 Establish uniform preschool and reception year service standards, regulations and training manuals</i> In collaboration with non-public preschool providers, uniform preschool and reception year service standards, regulations and training manuals will be prepared, printed and distributed to all preschool establishments	MOET in collaboration with other preschool partners By 12/2014	* Uniform preschool and reception year service standards, regulations and training materials prepared and adopted by 12/2014	* 117,000 (meetings, consultant support and printing)
	<i>4.1.7 Strengthen the preschool registration and certification system</i> A preschool and day care registration and certification system will be completed and adopted. Registration and certification instruments will be finalised and adopted. A Multisectoral Preschool Supervision Team will be selected and trained to conduct the certification process.	MOET, in collaboration with other preschool partners By 12/2014	* Registration and certification system adopted by 03/2014 * Registration and certification instruments finalised by 03/2014 * Multisectoral Preschool Supervision Team selected and trained by 06/2014 * All preschools and day care centres will be registered and certified by 12/2014	* 78,000 (registration and certification system developed) * 15,600 (instruments prepared) * Training costs are presented in 4.1.8
	<i>4.1.8 Establish supervisory roles and activities, and train supervisors</i> A Training Manual for Preschool Supervisors will be prepared, along with supervisory checklists, and	MOET, in collaboration with other preschool partners by 12/2014	* Training Manual for Preschool Supervisors with supervisory checklists,	* 31,200 (Training Manual) * 46,800 (M&E Manual,

reception year preschool classes are attached to existing primary schools for which there is a separate MOET capital costs budget.

		<p>guidelines. A Preschool Monitoring and Evaluation Manual with instruments and guides will also be prepared. Training workshops will also be held for members of the Multisectoral Preschool Supervision Team.</p>		<p>prepared by 01/2014 * Preschool Monitoring and Evaluation Manual, and instruments and guides prepared by 01/2014 * Training workshops held by 12/2014</p>	<p>instruments and guides) * 46,800(Training workshops)</p>
		<p><i>4.1.9 Promote parent-teacher partnerships and parent involvement in preschools</i> A Preschool Parent Involvement booklet will be prepared providing guidance on parent-teacher partnerships, parent involvement in preschools, and the creation and management of Preschool Boards for each preschool.</p>	<p>MOET, with support from MOLGCP and in collaboration with other preschool partners by 03/2014</p>	<p>* Preschool Parent Involvement Booklet prepared, field tested, revised, formatted and printed by 03/2014</p>	<p>* 62,400 (preparation and printing or copying of booklet)</p>
		<p><i>4.1.10 Promote and implement inclusive preschool education for children with developmental delays and disabilities</i> All preschool and primary school teachers will receive training workshops on inclusive preschool and primary school education. A plan will be developed and implemented for the regional training of special educators, specialists and teachers in inclusive preschool and primary school education in 3 special centres in order to help schools provide appropriate learning and play opportunities for children with developmental delays and disabilities with their typically developing peers.</p>	<p>MOET, in collaboration with other preschool partners by 12/2014</p>	<p>* Training workshops on inclusive preschool education planned and held by 12/2014 * Plan for specialised regional training prepared by 06/2014 * Regional training begun by 12/2014</p>	<p>* 117,000 (training workshops) * 15,600(regional plan prepared) * 156,000(regional training provided, complemented by scholarships)</p>
4.2	<p>Improve the quality of preschool education</p>	<p><i>4.2.1 Review and revise current preschool curricula and educational materials and methods</i> Preschool curricula and educational materials and methods will be reviewed, and a plan will be prepared to revise some materials and add new ones. All materials will be translated into Sesotho and other minority group languages and adapted as needed. Curricula, materials and manuals will be printed or copied and distributed. In-service training will be conducted to prepare all</p>	<p>MOET, in collaboration with other preschool partners by 03/2015</p>	<p>* Preschool curricula, materials and manuals reviewed by 12/2013 * Materials and methods adapted, added, translated by 09/2014 * Materials field tested, revised, printed and distributed by 12/2014 * In-service training</p>	<p>* 15,600(review based on recent study) * 23,400(plan prepared) * 195,000 (materials and methods improved, selected, adapted, translated, reviewed</p>

		preschool teachers to use the new materials.		workshops provided by 03/2015	finalised and copied or printed) * 156,000(in-service training)
		<p><i>4.2.2 Develop new preschool curricula and materials on health, hygiene, nutrition and other topics</i></p> <p>A plan will be developed and implemented to add new topics to the preschool curriculum. All materials will be drafted, field tested, revised, formatted and printed. In-service training will be provided on these new items.</p>	MOET with the help of FNCO, MOH, MOSD and MOAFS and in collaboration with other preschool partners by 12/2014	<p>* Plan developed for special new curricula and materials by 12/2013</p> <p>* Materials drafted and finalised by 12/2014</p> <p>* In-service training listed in 4.2.1</p>	<p>* 15,600 (plan developed)</p> <p>* 156,000(materials prepared)</p> <p>* In-service training noted above</p>
4.3	Provide essential preschool support services for health, nutrition and sanitation	<p><i>4.3.1 Expand and improve health, nutrition, sanitation and protection services for preschools</i></p> <p>Official written interagency agreements will be developed between each preschool and its local health centre. Each preschool will have an up-to-date first aid kit with all MOET recommended items.</p>	MOET, MOH, FNCO, MOAFS and MOSD in collaboration with other preschool partners by 03/2014	<p>* Each preschool develops an interagency agreement with a local health centre by 03/2014</p> <p>* Each preschool has an up-to-date first aid kit by 03/2014</p>	<p>* 15,600(support to preschools and health centres to develop inter-agency agreements)</p> <p>* 62,400(selected items for first aid kits)</p>
		<p><i>4.3.2 Expand early childhood feeding services</i></p> <p>Feeding services will be provided for all day care services, preschools and reception year classes serving impoverished, vulnerable and marginalised children. Special training and monitoring services will be given to food handlers.</p>	MOET and SSRFU, in partnership with FNCO, MOH, MOAFS and MOSD From 12/2013 and beyond	<p>* Feeding services will be expanded to serve all vulnerable children by 12/2013 and beyond</p> <p>* Special training and monitoring provided by 12/2013</p>	<p>* 780,000 additional annual food donations (WFP and USAID)</p> <p>* 78,000 (training and monitoring services)</p>
		<p><i>4.3.3 Ensure good sanitation in IECCD Centres and preschools</i></p> <p>MOH will assist IECCD Centres and preschools to build and/or maintain good sanitation systems. A booklet will be selected or prepared for children and parents about good Centre and home sanitation practices, personal hygiene, and first aid in the preschool and home.</p>	MOET with MOH in collaboration with other preschool partners by 12/2014	<p>* MOH will assist all IECCD Centres and preschools to develop good sanitation systems</p> <p>* Target: 100% of IECCD Centres and preschools have good sanitation</p>	<p>* 195,000 per year, 2013/14onward (MOH will seek international support as well)</p> <p>* 78,000</p>

				systems by 12/2014 * Booklet prepared and used by Centres and preschools by 12/2014	(preparation and copying of booklet)
		4.3.4 <i>Develop preschool homestead gardening</i> All preschools will be encouraged to plant gardens. Communities will be asked to donate land. MOAFS will provide agricultural education to children, teachers and parents.	MOET and SSRFU and MOLGCP with MOAFS and communities by 03/2014	* MOAFS supports preschool gardens by 03/2014 * Gardens developed by 80% of preschools by 12/2014	* 78,000per year (MOAFS travel, etc.) * 62,400per year (seeds and implements for preschool gardens)
		4.3.5 <i>Construct and improve playgrounds and develop guidelines for them</i> Guidelines will be prepared for constructing playgrounds and ensuring they are safe for children to use. Communities will be asked to provide land for the playgrounds, and to build and maintain them.	MOET, MOLGCP and MOGYSR, in collaboration with communities by 12/2013 and beyond	* Playground guidelines drafted, field tested, revised, formatted and printed by 09/2013 * Communities asked to give land, construct and maintain playgrounds by 12/2013 * Playgrounds expanded * Target: Playgrounds developed in 60% of preschools by 12/2015 * Target: 90% of preschools by 12/2017	* 39,000(guide-lines) * 156,000 per year (assistance and equipment for preschool playgrounds)
		4.3.6 <i>Plan referrals to protection services</i> A referral booklet will be prepared to help preschool personnel refer at-risk children and parents to child protection services. The Child Helpline will receive partial support to expand its services, provide 24-hour service, and to ensure referrals are sent to appropriate child protection services in a timely manner.	MOET with support from MOSD, MOH, CGPU and others by 12/2013	* Booklet will be prepared, field tested, revised and printed by 12/2013 * Child Helpline will be expanded to ensure national coverage by 09/2013 and beyond	* 46,800(booklet) * 78,000per year (support for Child Helpline)
4.4		4.4.1 <i>Prepare Transition Plan</i> Transition Plan Guidelines will be prepared to assist	MOET, in collaboration with other	* Transition guidelines	* 46,800(pre

	preschools and primary schools to ensure the smooth transition of children from home or preschools to primary schools, including parental participation and school outreach activities. Preschool and primary schools will provide educational materials for school readiness activities, especially for parents and children who are unable to access reception year services.	preschool and primary school partners By 12/2014	prepared by 06/2014 * Educational materials for enriched school readiness activities will be completed and distributed by 12/2014	paration of guidelines) * 156,000 (preparation, adaptation, printing and distribution of transition learning materials)
	<b>4.4.2 Implement Transition Plan Guidelines</b> Using the Transition Plan Guidelines and the educational materials, transition activities will be conducted by families with the support of all preschools and primary schools. After pilot use during 2014, the Transition Plan and guidelines will be reviewed and revised for use in 2015 and beyond.	MOET, in collaboration with preschools and primary school partners By 03/2015 and onward	* Transition Plan and Guidelines implemented by 03/2015 * Transition Plan and Guidelines reviewed, revised and distributed by 03/2016	* 312,000 per year from 2015 onward (support to primary schools and pre-schools for transition activities) * 78,000 (review, revision, printing and distribution of materials)

#### 4.5 Strategy 5

<b>Strategy 5</b>
<b>Promote the rights and protection of children and parents, especially for children in difficult circumstances</b>
<b>Objectives</b>
<ul style="list-style-type: none"> <li>• Prepare and adopt legislation for child and maternal rights and the legal protection of young children and mothers.</li> <li>• Reinforce existing national policies and plans for social and child protection.</li> <li>• Provide basic packages for social protection combined with educational, health and nutritional supports for children in difficult circumstances, including orphaned children and “social orphans;” children with disabilities; children affected by or infected with HIV and AIDS; abused or neglected children; children in the streets; children in abusive child labour; children of commercial sex workers; children of incarcerated parents; and others.</li> <li>• Ensure communities prepare Community Risk Reduction Plans for Young Children to increase child safety and improve child protection, with a focus on vulnerable children.</li> <li>• Develop multisectoral coordination, a child tracking system, integrated services, and strong networks and partnerships to strengthen linkages among all stakeholders dealing with child protection services.</li> </ul>



## Lead Ministries for Strategy 5

The lead ministry for Strategy 5 will be MOSD, and it will collaborate closely with MOH, MOET, MOLE, MOHA, MOLHRC, MOLGCP, MOGYSR, BOS and the Child and Gender Protection Unit. Many non-public partners (NGOs, FBOs and CBOs) and international development partners and communities will also participate in developing, improving and expanding child protection services.

## Action Plan for Strategy 5

No.	Services and Activities	Tasks	Implementing Agencies and Deadlines	Indicators, Measures & Targets	Budget Allocation (Maloti)
5.1	Promote legal protection	<p><i>5.1.1 Prepare booklet on parental rights and responsibilities</i> A booklet on parental rights and responsibilities and rights to privacy will be prepared, translated, adapted, field tested, revised, formatted, printed and distributed.</p>	MOSD with MOH, MOET, MOLE and MOLHRC By 03/2014	* Parental rights booklet prepared by 03/2014	* 78,000(booklet)
		<p><i>5.1.2 Develop special parent education module and training manual for fathers led by fathers</i> The roles and responsibilities of fathers in child rearing, child care giving, child protection and preventing abuse and neglect will be emphasised in this parent education module.</p>	MOSD with MOH, MOET, MOLE and MOLHRC By 03/2014	* Father education module prepared, field tested, revised, printed and distributed for parent education by 03/2014	* 78,000(module prepared and distributed)
		<p><i>5.1.3 Prioritise implementation of Children's Protection and Welfare Act for children 0 to 5 years old</i> The Child and Gender Protection Unit will be expanded: 2 specialists for child development and social work. Activities for children 0 to 5 years of age will be added, including orphans and other vulnerable children. A media campaign will be conducted to increase community awareness of the Act's provisions.</p>	MOSD with MOH, MOHA, MOLE, MOET, CGPU, MOLHRC and MOLGCP By 12/2013	* Child and Gender Protection Unit expanded to serve more children 0 to 6 by 12/2013 * Community awareness campaign conducted from by 12/2013	* 468,000 per year additional to current budget (to expand Child and Protection Unit's services for children 0 to 6) * 62,400(media campaign)
		<p><i>5.1.4 Implement National Disability and Rehabilitation Policy, focusing on children 0 to 5 years old</i> The Policy and related legislation will be reviewed to identify initiatives for young children with disabilities in addition to the ones included in this Policy for ECI services and inclusive preschool education. An Action Plan will be developed to guide the</p>	MOSD, MOH, MOET, MOLE and MOLHRC By 12/2013 and beyond	* Disability Policy reviewed by 12/2013 * Additional activities identified and planned by 12/2013 * Action Plan drafted and implemented by 12/2014 and beyond	* 7,800(review) * 7,800(Action Plan) * 195,000 per year (additional activities for children 0 to 6 with

		implementation of priority initiatives. New initiatives for children with disabilities will be implemented.			disabilities)
5.2	Ensure adequate social protection for families with young children	<i>5.2.1 Place priority on Child Grants Programme for families with children 0 to 5 years old</i> MOH, MOSD and MOLGCP will give greater priority to ensuring child grants are given to children 0 to 5 years.	MOSD, MOH and MOLGC By 12/2013 and beyond	* Child Grants reviewed and greater priority is placed on serving children 0 to 5 years and their parents by 12/2013	* 2010 expenditure: \$746,000 USD for cash grants in 5 Districts
5.3	Ensure conditional cash transfers include IECCD conditions	<i>5.3.1 Establish conditions for early childhood services</i> Conditions for CCTs reviewed, and conditions for IECCD services included, as possible, in relevant CCTs. (See suggested conditions or co-responsibilities in the IECCD Policy)	MOSD with MOH and MOET By 12/2013 and beyond	* CCTs reviewed and IECCD conditions added by 12/2013 and beyond	* 46,800 (review conducted and results implemented in existing CCTs)
		<i>5.3.2 Develop Model CCT system for impoverished families with young children</i> A model CCT-IECCD system will be designed and planned in detail. It will be piloted in a selected community of one district for 18 months, monitored and evaluated. If successful, it will be taken to scale nationwide in Lesotho.	MOSD in collaboration with MOET, MOH, MOLGCP, UNICEF and all relevant stakeholders by 03/2015 and beyond	* Model CCT IECCD system designed and planned by 12/2013 * Model CCT system piloted, monitored and evaluated in a selected community council of one district by 03/2015	* 390,000 (designing and planning for CCT model) * 2,730,000 (UNICEF implementation of model) * 468,000 (M&E of model)
5.4	Promote community planning for child protection services	<i>5.4.1 Prepare Community Risk Reduction Plans for Children 0 to 5 Years old</i> A format will be prepared for Community Risk Reduction Plans for Children 0 to 5 Years. Communities and Village Child Justice Committees will prepare their plans and submit them to their district and national MOSD, MOH, MOET and Disaster Risk Management Offices. Technical support will be given as needed.	MOSD, MOH, MOET, MOLGCP and the Disaster Risk Management Authority in Prime Minister's Office, communities and Village Child Justice Committees By 03/2014 and beyond	* Format prepared for Plans by 09/2013 * Communities prepare and submit their Plans by 12/2013 * MOSD and MOH provide technical support as needed from 09/2013 to 12/2016	* 7,800(form at drafting) * 78,000per year (to help communities prepare and implement their plans, in addition to services in this Strategic Plan)
5.5	Ensure child protection, especially for vulnerable children:  <i>a) Abused and neglected children, and</i>	<i>5.5.1 Register all protection services, require annual reports and provide supervision</i> A registration form will be prepared and distributed to all identified protection services agencies. They will be required to register by 06/2013.	MOSD with support from MOH, MOET, MOLGCP and MOLHRC with non-public partners By 12/2013 and beyond	* Formats for registration and for annual reports prepared, field tested and finalised by 12/2013	* 23,400 (registration and report format preparation) * 117,000 per year

	<i>children with diseases or disabilities</i>	Using an established format, all such agencies will be required to submit an annual report. MOSD supervisory visits will be conducted quarterly. Additional supervisory visits and technical assistance will be given to agencies needing to improve their services.		* Registration forms submitted by 03/2014 * Annual reports will be submitted by December of each year, from 2014 onward * MOSD supervisory visits conducted quarterly from 06/2014 onward	(additional support for follow-up with agencies to ensure they register and report)
	<i>5.5.2 Provide prevention services for abused and neglected children, and children with diseases or disabilities</i> A media campaign will be conducted to eradicate child abuse and neglect and reduce the incidence of childhood diseases and disabilities, and especially those caused by injuries. Using a parent education module, MOSD, MOH and MOET specialists will give parent education classes on preventing child abuse and neglect, disease and disabilities in IECCD Centres and preschools.	MOSD and the Police Services' CGPU, MOH, MOET, MOGYSR and MOLGCP with non-public partners and communities By 12/2014 and beyond	* Media campaign designed and conducted by 12/2014 * Parenting classes to prevent child abuse and neglect, diseases and disabilities by 03/2014 and onward	* 93,600(media campaign) * 78,000per year (for special parenting classes in IECCD Centres and pre-schools)	
	<i>5.5.3 Provide training services for personnel serving abused and neglected children, and children with diseases or disabilities</i> A training module with educational materials will be prepared for training health, education and local government personnel on how to handle cases of child abuse and neglect and childhood diseases or disability. Training will be provided at the District level throughout Lesotho.	MOSD and the Police Services' CGPU, MOH, MOET, MOGYSR and MOLGCP, with non-public partners and communities By 03/2014 and beyond	* Training module and educational materials prepared, translated, field tested and printed by 03/2014 * Training for health, education, and local government personnel conducted by 03/2014, and beyond	* 117,000 (for training module and materials) * 195,000 per year(for district-level training workshops)	
	<i>5.5.4 Provide treatment services for abused and neglected children, and children with diseases or disabilities</i> Special health services will be provided to children who are abused, neglected or who have diseases or disabilities. Intensive checkups and health and mental health treatments	MOSD and the Police Services' CGPU, MOH, MOET, MOGYSR, MOLGCP, with non-public partners and communities	* Trained personnel will provide improved special health services, checkups and treatments from 03/2014 onward	* Included in MOH and UNFPA total MCH budget	

		will be provided to children, as needed.	By 03/2014 and beyond		
		<i>5.5.5 Provide ECI and related services for abused and neglected children, and children with diseases or disabilities, 0 to 3 and up to 5 years old</i> ECI services will be linked with a series of additional services that will be developed, expanded or improved, such as alternative placement, respite care, family counselling, assistive technologies, and help to enrol in ECI services or inclusive preschools	MOSD in collaboration with MOH, MOET and non-public partners, communities and international donors By 12/2015 and beyond	* Additional needed services identified by 12/2015 * Fund established to provide support for children, families and relevant services by 03/2014	* 15,600(identification of additional needed services) * 780,000 per year (annual donors' fund to support additional services)
	<i>b) Orphaned and abandoned children</i>	<i>5.5.6 Regulate the placement of children from birth to 3 years old in orphanages</i> An awareness campaign will be conducted on the importance of not institutionalising children from birth to 3 years of age. Transition programmes will be reviewed and then expanded, improved or new ones developed, as needed. Procedures for home-based placements will be developed, implemented and enforced, including provision for transition within 3 months' time after placement.	MOSD, MOH, MOET and MOLGCP with non-public partners, communities and international donors By 03/2014 and beyond	* Conduct an awareness campaign by 03/2014 * Transition programmes reviewed by 03/2014 * Transition programmes supported by 09/2014 * Procedures for home-based placements will be developed by 03/2014 * Home-based placements will be expanded rapidly from 03/2014 and beyond * Children from 0 to 3 years will no longer be placed in institutions except for short transitions to family care by 12/2014	* 93,600(awareness campaign) * 23,400(review of current transition programmes) * 468,000 per year (support for transition programmes completed by donors) * 468,000 per year (support for home-based placements)
		<i>5.5.7 Provide CCTs and counselling for impoverished parents to prevent the institutionalisation of young children</i> CCTs and family preservation, family therapy and counselling will be provided to high-risk parents to prevent child abandonment and institutionalisation, to the extent possible.	MOSD with MOH, MOET and non-public partners and international donors By 03/2014 and beyond	* CCTs provided to impoverished parents with young children by 03/2014 * Family preservation and counselling services offered by 03/2014	* Use partially:\$152,000 USD (2011), EU cash grants * 234,000 per year (counseling services)

		<p><i>5.5.8 Establish and/or enforce registration, service standards and regulations for orphanages and other places serving abandoned children; and require plans for family placement</i></p> <p>All orphanages and similar places serving orphaned or abandoned children will be officially registered. Service standards and regulations will be established for all orphanages, including a requirement for rules to be developed by each orphanage in accordance with service standards and regulations. A plan for regular supervision will be developed and implemented. Within 1 month of entry, each child will be required to have an Individualised Plan for Home Placement within 3 months' time after entry to the orphanage or another institution.</p>	<p>MOSD, with MOH, MOET and non-public partners and international donors By 03/2014 and beyond</p>	<p>* Rate of orphanages officially registered by 03/2014 * Target: 100% of orphanages * Service standards and regulations for orphanages established by 03/2014 * Rate of orphanages that develop rules in line with service standards and regulations by 03/2014 * Target: 100% of orphanages by 03/2014 * Plan for supervision developed and implemented by 03/2014 * Rate of institutionalised orphans, 0 to 5 years that have an Individualised Plan for Home Placement by 03/2014 * Target 100% of institutionalised orphans * Rate of home placement within 3 months * Target: 98% of children placed in institutions have a caring home within 3 months' time by 03/2015</p>	<p>* 78,000(registration process) * 46,800(review, enforce or establish standards, and regulations) * 78,000 (assistance to help orphanages establish own rules) * 156,000 (Supervisory plan developed and implemented in addition to regular budget) * 234,000 per year (to help develop Individualised Plans for Home Placement and for placement services)</p>
		<p><i>5.5.9 Provide a package of supports for orphaned or abandoned children</i></p> <p>A package of supports for orphaned or abandoned children will be designed and partially provided through and/or linked with the Child Grants Programme for children under 5 years of age. Other eligible children not served by</p>	<p>MOSD with MOET, MOH and the Child Grants Programme, with non-public partners, communities and international donors</p>	<p>* Package of supports designed by 03/2014 * Package of supports implemented from 03/2014 and beyond</p>	<p>* 46,800(design of package of supports) * 468,000+ per year MOSD, plus international</p>

	<p>the Child Grants Programme will also receive a package of supports. With the help of national and international resources, all orphans and abandoned children will receive this package of supports. (See the initial list of supports in the IECCD Policy.)</p>	By 03/2014 and beyond	<p>* Rate of orphans receiving package of supports</p> <p>* Targets:</p> <ul style="list-style-type: none"> <li>- 40% by 2013/14,</li> <li>- 45% by 2014/15,</li> <li>- 50% by 2015/16</li> <li>- 80% by 2016/17</li> <li>- 90% by 2017/18</li> </ul>	donors (to implement package)
c) <i>Young children required to do abusive child labour</i>	<p><i>5.5.10 Identify children in abusive child labour and prevent its continuation</i></p> <p>A study to identify these children will be conducted.</p> <p>A project will be designed and implemented to prevent and eradicate abusive child labour among children 5 years of age and under.</p> <p>Conditional cash transfers will be used with a specific list of conditions, along with other approaches. (See description in the IECCD Policy.)</p>	MOSD, MOLE, CGPU and the Labour Commission, with non-public partners and international donors By 09/2014 and beyond	<p>* Study conducted by 09/2014</p> <p>* Project including CCTs designed and developed by 09/2014</p> <p>* Project implemented and monitored by 09/2014</p> <p>* Rate of children under 6 not in abusive child labour</p> <p>* Target: 99.5% by 03/2016</p>	<p>* 62,400(study)</p> <p>* 117,000 (project design)</p> <p>* 624,000 per year (project and M&amp;E costs complemented by donors)</p>
d) <i>Children living or working in the streets</i>	<p><i>5.5.11 Identify young children living and/or working in the streets and parents or others who use children to beg, and offer them residential services and a package of supports</i></p> <p>A study will be conducted to identify children (3 to 5 years) living and/or working in the streets.</p> <p>Guidelines for identifying and serving these children will be developed.</p> <p>A package of supports will be designed and developed, including enrolment in preschool or primary school, health and nutrition care, clothing and personal items. Families will be reunified as possible.</p>	MOSD, CGPU, MOH, FNCO and MOLE with non-public partners, communities and international donors By 03/2014 and beyond	<p>* Street children identified by 03/2014</p> <p>* Core package of supports designed by 03/2014</p> <p>* Package implemented by 06/2014</p> <p>* Rate of children 3 to 6 who are identified and then receive services</p> <p>* Target: 80% by 2015/16</p> <p>* Target: 90% by 2016/17</p> <p>* Target: 95% by 2017/18</p>	<p>* 46,800 (study)</p> <p>* 46,800 (design of package)</p> <p>* 390,000 per year from 2014/15 onward (for implementation plus donor support)</p>
e) <i>Children of incarcerated parents</i>	<p><i>5.5.12 Provide a package of supports for children living in prison with an incarcerated parent</i></p> <p>A package of supports will be designed, including nutritious food and health care for them</p>	MOSD with MOET, MOH, MOLHRC, CGPU, FNCO, MOAFS and MOGYSR non-public partners	<p>* Design a package of supports by 03/2014</p> <p>* Provide antenatal/neonatal and parent</p>	<p>* 31,200(design of package using available items)</p>

		and their children. In addition, antenatal and neonatal education will be provided for all pregnant women. Parent education, child development services, and quality child care services will be provided to mothers with children.	and communities By 03/2014 and beyond	education and other supports to pregnant women and mothers in prison by 2014/15 and beyond	* 195,000 per year (prison services to pregnant women and mothers)
		<i>5.5.13 Give supports for children of incarcerated parents who are not living in prisons</i> A package of supports will be designed and implemented for the young children of incarcerated mothers and fathers who are not living in prison. A plan will be developed and implemented to improve visiting days in prison, including parent education for incarcerated mothers and fathers, and supervision of appropriate play activities during the visits.	MOSD with MOET, MOH, MOLHRC, CGPU, MOGYSR with non-public partners By 03/2014 and beyond	* Package of supports for children designed by 03/2014 * Package of supports implemented by 03/2014 * Rate of children of incarcerated mothers and fathers served with package * Targets: 80% by 2015/16 90% by 2016/17 95% by 2017/18 * Plan developed and implemented for visiting days by 03/2014 * Rate of mothers and fathers reporting improved conditions and experiences during visits * Target: 95% by 12/2015 and annually	* 46,800 (design of package) * 234,000 per year (children served using package) * 46,800 (plan preparation) * 351,000 per year (visiting day activities, parent education groups, and learning toys and books)
	<i>f) Children of commercial sex workers</i>	<i>5.5.14 Develop and implement an IECCD service plan to serve the children of commercial sex workers</i> A comprehensive plan for serving pregnant and parenting commercial sex workers and their children from birth to 5 years of age will be developed and implemented. The plan will include the preparation of home visitors who will be linked to IECCD Centres and a variety of core services as described in the IECCD Policy.	MOSD with MOET, MOH, MOLHRC, CGPU, MOGYSR and non-public partners By 09/2014 and beyond	* Plan developed by 06/2014 * Plan implemented by 09/2014 * Rate of pregnant and parenting commercial sex workers served * Target: at least 80% of identified women served by 12/2015	* 46,800 (plan) * 312,000 per year (home visiting services)
5.6	Develop National Child Database and	<i>5.6.1 Prepare a Plan for a National Child Database and Tracking System</i>	MOSD, MOH, MOET, BOS, MOHA,	* Plan prepared, piloted, revised	* 234,000 (plan preparation)

	Tracking System	A plan for the National Child Database and Tracking System will be prepared, piloted, revised, adopted and implemented nationwide.	MOLGCP, and all other relevant ministries and non-public organisations By 03/2014 and beyond	and adopted by 03/2014 * System implemented, beginning as of 03/2014	tion, piloting, and completion) * 351,000 per year (to implement system)
		<i>5.6.2 Develop rules and regulations on parental and child rights and system access</i> Rules and regulations will be established regarding rights to privacy and access to database information on the part of parents and service providers. A training module on these rules and regulations will be prepared, and training workshops will be held.	MOSD, MOH, MOET, BOS, MOHA, MOLGCP, and all other relevant ministries and non-public organisations By 03/2014 and beyond	* Rules and regulations established by 03/2014 * Training module on rules and regulations for privacy rights developed by 03/2014 * Workshops provided for all relevant agencies from 2014/15 onward	* 46,800 (preparation of training module on rules and regulations on rights) *78,000 per year (training workshops on use of module)

#### 4.6 Strategy 6

<b>Strategy 6</b>
<b>Expand and improve the system for pre- and in-service training for all IECCD services</b>
<b>Objectives</b>
<ul style="list-style-type: none"> <li>• Conduct a detailed IECCD Capacity Needs Assessment to map needs for IECCD professionals, paraprofessionals and volunteers, in relation to required competencies.<sup>10</sup></li> <li>• Establish a career ladder for professionals and paraprofessionals, including requirements for certification and continuing education for recertification on a scheduled basis.</li> <li>• Expand and improve pre-service training for professionals, paraprofessionals and volunteers.</li> <li>• Develop a National IECCD Resource and Training Centre, and in subsequent stages, establish District IECCD Resource and Training Centres that will use field-tested educational materials, service standards and manuals to provide high-quality training.</li> <li>• Develop a strong system of continuous in-service training at central, district and community levels.</li> <li>• Train IECCD supervisors to conduct in-service training and monitoring as well as supervisory activities during site visits.</li> </ul>

<sup>10</sup>IECCD professionals are paid and have higher education training. Paraprofessionals are paid IECCD personnel who lack professional training and usually have a partial or complete secondary school education. Volunteers are unpaid; however, they may receive incentives, such as clothing, food or help with their homes or gardens.



## Lead Ministries for Strategy 6

MOET, MOH and MOSD, in collaboration with the Council on Higher Education, NUL and LCE, will share the leadership for respective areas of pre- and in-service training with a focus on ensuring that cross training (polyvalent/multisectoral training) occurs for all IECCD personnel. In addition, the MOLGCP will assist with planning and enabling decentralised training. The Department for National IECCD Policy Implementation will help to guide all pre- and in-service training activities, ensure that they are well coordinated, and serve intended participants in a timely manner.

## Action Plan for Strategy 6

No.	Services and Activities	Tasks	Implementing Agencies and Deadlines	Indicators, Measures & Targets	Budget Allocation (Maloti)
6.1	Conduct a Capacity Needs Assessment of the IECCD workforce	<i>6.1.1 Undertake an IECCD Capacity Needs Assessment</i> Capacity Needs Assessment of IECCD human resources will be conducted to assess current levels of training of IECCD personnel. A list of IECCD professional and paraprofessional categories will be developed. The study will project pre- and in-service training needs for IECCD personnel for a multi-year period. (See an initial list of personnel categories in 6.1.1 of the IECCD Policy.)	MOET, MOH and MOSD with LCE, NUL and relevant ministries and non-public organisations. A consultant will be engaged, and work will be completed By 12/2013	* Assessment conducted and report prepared by 12/2013	* 117,000 (study consultant and related costs)
6.2	Establish IECCD personnel standards, career ladders, and certification systems	<i>6.2.1 Develop personnel standards and career ladders, and review and revise certification systems to include requirements for continuing education</i> Personnel standards and career ladders will be established for each major IECCD professional and paraprofessional service role. Certification requirements will be reviewed or developed and approved, including qualifications earned outside of Lesotho. Certification will include rules for continuing education and recertification.	MOET, MOH and MOSD By 03/2014	* Personnel standards, certification requirements and career ladders established and implemented by 03/2014	* 156,000 (development of personnel service standards, certification requirements and career ladders)
6.3	Expand and improve pre-service training	<i>6.3.1 Expand training of professional early childhood educators</i> With the support of the Council on Higher Education, a plan will be prepared for professional IECCD training. The Plan for Advanced IECCD Training will also be submitted to institutions of higher education, MOET, MOH, MOSD and the National Multisectoral IECCD Council for consideration and approval.	Council on Higher Education, NUL, LCE, MOET, MOH, MOSD, National Multisectoral IECCD Council, LAC, NHTC, other training centres, and	* The Council on Higher Education will begin developing the Plan for Advanced IECCD Training by 06/2013 * Plan for Advanced IECCD Training	* 23,400(Council planning costs) * 78,000(consultant to the Council) *1,367,340 (minimum projected)

		<p>This activity will be coordinated with the Capacity Needs Assessment listed in Section 6.1.1.</p>	<p>the Department for National IECCD Policy Implementation by 06/2014</p>	<p>completed by 12/2013 * New programmes and courses prepared and staff secured by 06/2014</p>	<p>additional annual budgetary requirement for 100 more students in CECE programme.) Additional budgets for LCE and NUL will be included in the Plan.</p>
		<p><i>6.3.2 Design cross training approaches for integrated and multisectoral services</i> A Plan for cross training will be developed to prepare personnel for multisectoral and integrated IECCD services and activities.</p>	<p>MOET, MOH, MOSD, LCE, LAC, NHTC with the Department for National IECCD Implementation by 09/2014</p>	<p>* Plan for cross training in pre- and in-service training developed by 09/2014</p>	<p>* 46,800(drafting Plan and selecting training materials)</p>
		<p><i>6.3.3 Prepare training plans, manuals and workshops for paraprofessionals and volunteers</i> Guidelines for Developing Training Plans for Paraprofessionals and Volunteers will be prepared. Training manuals will also be drafted. Then all major IECCD services will be asked to prepare and implement a Training Plan for Paraprofessionals and Volunteers, including for day care centres, home-based preschools and others. (See 6.3.3 in the IECCD Policy.)</p>	<p>MOET, MOH, MOSD, LCE, LAC, NHTC, other training centres, and non-public partners with the Department for National IECCD Policy Implementation by 12/2014</p>	<p>* Guidelines prepared by 12/2014 * All major IECCD services prepare and implement a Training Plan for Paraprofessionals and Volunteers by 12/2014</p>	<p>* 156,000(2 years drafting, copying and distributing Guidelines &amp; manuals) * 195,000 per year (helping IECCD services to draft and implement their Plans)</p>
6.4	Develop a National IECCD Resource and Training Centre	<p><i>6.4.1 Plan and establish a National IECCD Resource and Training Centre</i> A Plan for designing and establishing a National IECCD Resource and Training Centre will be prepared, including guidance for core personnel, consultants, activities, audiovisual resources and print materials, and budget. The plan will be implemented in 2014.</p>	<p>MOET, MOH, MOSD and LCE with the Department for National IECCD Policy Implementation plus all relevant stakeholders by 09/2014</p>	<p>* Plan drafted, reviewed and adopted by the National Multisectoral IECCD Council by 03/2014 * Centre established and functioning by 09/2014 and beyond</p>	<p>* 78,000(consultant to prepare Plan for Centre) * 429,000 per year 2014 and beyond (core annual budget, with additional funds from donors)</p>

		<p><i>6.4.2 Establish District IECCD Resource and Training Centres</i> Subsequently, District IECCD Resource and Training Centres will be established. A Plan for creating the District Centres will be prepared and implemented in stages.</p>	<p>MOET, MOH, MOSD and LCE with MOLGCP and the Department for IECCD Policy Implementation plus all relevant stakeholders by 03/2016</p>	<p>* Plan drafted, reviewed and adopted by the National Multisectoral IECCD Council by 12/2015 * Two District Centres established and functioning by 03/2016</p>	<p>* 78,000(consultant to prepare Plan for District Centres) * 624,000 (312,000per district per year x 2 Districts for core annual budget, additional funds from donors)</p>
6.5	<p>Plan and implement continuous in-service training services</p>	<p><i>6.5.1 Develop Annual National Plans for In-Service Training</i> To ensure comprehensive and continuous in-service training occurs, an overall Annual National Plan for In-Service Training will be developed and based on central, district and local training plans for all major IECCD services. (See guidance in 6.5.1 in the IECCD Policy.)</p>	<p>MOET, MOH, MOSD, LCE and the Department for IECCD Policy Implementation plus all relevant stakeholders by 12/2013 and beyond</p>	<p>* National Plan for In-Service Training prepared by December of each year, by 12/2013 and annually thereafter</p>	<p>* 39,000per year (2012 and beyond for National Plans for In-Service Training)</p>
6.6	<p>Develop in-service training workshops for IECCD field supervisors</p>	<p><i>6.6.1 Plan for the continued training of field supervisors of IECCD services</i> An Annual Plan for Training IECCD Field Supervisors will be prepared. Field supervisors will be trained in supervisory techniques, in-service training methods, and applying monitoring instruments.</p>	<p>MOET, MOH, MOSD, Department for IECCD Policy Implementation plus all relevant stakeholders by 12/2013 and beyond</p>	<p>* Annual Plans for Training IECCD Field Supervisors prepared by December of each year, beginning in 2013 * Annual training provided for field supervisors by 12/2013 and beyond</p>	<p>* 39,000per year (for Annual Plans) * 390,000 per year (for training: 39,000per year per district x 10 districts 2013 and beyond)</p>

#### 4.7 Strategy 7

<b>Strategy 7</b>
<b>Design and implement a structure and plan for policy monitoring, evaluation, action research and follow-up planning</b>
<b>Objectives</b>
<ul style="list-style-type: none"> <li>• Provide quality assurance and accountability through developing a system for IECCD monitoring, evaluation and reporting linked to continuous programme planning.</li> <li>• Develop an IECCD Management Information System (IECCD MIS), which will 1) collaborate with all other relevant management information systems in the MOH, MOET, MOSD and the Bureau of Statistics to secure existing data for IECCD policy indicators, 2) conduct monitoring, surveys and studies to gain data for new indicators, and 3) act as the “single point of contact” for international agencies requesting IECCD data of Lesotho.</li> <li>• Conduct periodic assessments of child development to improve the targeting of services and to assess improvements in child outcomes.</li> <li>• Conduct 2 to 3 action research projects each year to plan and improve IECCD services.</li> </ul>

#### Lead Ministries for Strategy 7

The Department for National IECCD Policy Implementation will lead and house the activities for IECCD policy monitoring and evaluation. It will ensure that results will be used for continuous planning to achieve programme improvement and growth. MOET, MOH, MOSD, MOF, MODP and all other ministries and stakeholders will collaborate fully with the Department to ensure activities for service monitoring and evaluation proceed according to plans. The Department will report to the National Multisectoral IECCD Council.

#### Action Plan for Strategy 7

No.	Services and Activities	Tasks	Implementing Agencies and Deadlines	Indicators, Measures & Targets	Budget Allocation (Maloti)
7.1	Develop a national system for monitoring, evaluation, reporting, learning and follow-up planning	<p><i>7.1.1 Plan and develop an IECCD Management Information System</i></p> <p>An IECCD Management Information System (IECCD MIS) will be established in the Department for National IECCD Policy Implementation. It will be planned and set up rapidly to conduct national-level IECCD monitoring, evaluation, reporting, learning and follow-up planning. It will function as Lesotho’s “single point of contact” for international agencies. Staff training and technical support will be provided in Lesotho, South Africa and other countries.</p>	MOET, Department for National IECCD Policy Implementation and BOS, MOH, MOSD and other ministries. It will report to the National Multisectoral IECCD Council by 12/2013	<p>* Plan and establish the IECCD MIS by 12/2013</p> <p>* Recruit 2 staff members for the Department to work on the IECCD MIS, and provide initial staff training by 12/2013</p>	<p>* 31,200(Development of Plan for IECCD MIS)</p> <p>* 312,000per year for salaries and costs (External support will also be sought.)</p>
		<p><i>7.1.2 Establish interagency agreements for data sharing</i></p>	Department for National IECCD Policy	* Formal interagency agreements	* 5,000(incidental costs)

		Formal interagency agreements for sharing data will be established with the Bureau of Statistics, MOF, MODP, Education MIS (EMIS), Health MIS (HEMIS), and the statistics unit of MOSD.	Implementation and all partners in statistical databases and reporting by 12/2013	forged by 12/2013	in setting up agreements and sharing data)
		<i>7.1.3 Develop IECCD M&amp;E Manual, Indicators Charts, Instruments and Guides</i> A comprehensive IECCD M&E Manual with a plan, instruments and guides will be developed to monitor and evaluate policy inputs, outputs and outcomes resulting from major IECCD services.	Department for National IECCD Policy Implementation and consultant By 03/2014	* M&E Manual, instruments and guides prepared, field tested and finalised by 03/2014	* 93,600(consultant and related costs, 2013/14)
7.2	Develop a reporting schedule and an Annual National IECCD Action Plan	<i>7.2.1 Design and develop a reporting schedule and an Annual National IECCD Action Plan</i> Schedules and formats for reporting will be developed, and a system for preparing the Annual National IECCD Action Plan will be developed.	Department for National IECCD Policy Implementation and the National Multisectoral IECCD Council By 12/2013	* Schedules for reporting developed by 12/2013 * Annual National IECCD Action Plan developed by December of each year, beginning in 2014	* 46,800 (costs for setting up schedule and formats) * 62,400per year (costs to prepare Annual National IECCD Action Plan, 2013 onward)
7.3	Conduct a national assessment of child development	<i>7.3.1 Develop a plan for the national assessment of child development</i> The Plan for the national assessment of child development will be prepared. (See points in IECCD Policy.)	Department for National IECCD Policy Implementation, BOS, MOF, MODP and consultant by 12/2013	* Plan for assessment of child development prepared by 12/2013	* 46,800 (consultant and related costs)
		<i>7.3.2 Conduct the survey on child development</i> The survey will be conducted and results will be used for planning IECCD services, with a special focus on ECI services	Department for National IECCD Policy Implementation, BOS, MOF, MODP and consultant by 12/2014	* Survey completed by 12/2014, and the results used for programme planning in 2015 and beyond	* 468,000 (in 2013) (consultant, survey team and transportation)
		<i>7.3.3 Repeat the survey each 4 years</i> The survey will be repeated each 4 years, and results will be compared to 2013 study, and they will be used to plan the future IECCD Strategic Plan for 2017 – 2021.	Department for National IECCD Policy Implementation, BOS, MOF, MODP and consultant by 12/2017	* Second survey completed by 12/2017	* 507,000 (in 2017/18)
		<i>7.3.4 Child development improved</i> Due to IECCD services, level of child development improved	National IECCD Policy Implementation, BOS,	* Level of child development improved *Rate of malnutrition	(Funds listed above)

		and malnutrition is reduced in Lesotho.	MOF, MODP and consultant by 12/2017	reduced by 2017	
7.4	Conduct action research on IECCD topics	<i>7.4.1 Develop an action research plan and select initial topics</i> An Annual Plan for Action Research will be prepared. From 3 to 4 research projects will be conducted each year, and will be funded by external donor support.	Department for National IECCD Policy Implementation By December annually beginning by 2013/14	* Annual Action Research Plan prepared each year and research is conducted, beginning by 2013/14	* 3,900per year (preparation of annual plan) * 400,000 per year for research

#### 4.8 Strategy 8

<b>Strategy 8</b>	
<b>Develop and implement annual plans for policy advocacy and social communications</b>	
<b>Objectives</b>	
<ul style="list-style-type: none"> <li>• Develop Annual Policy Advocacy Plans and provide seminars, workshops and other activities to promote the implementation of the IECCD Policy and Strategic Plan.</li> <li>• Hold an Annual IECCD Forum to bring specialists and other IECCD personnel together for the purpose of sharing ideas and experiences as well as conducting policy advocacy.</li> <li>• Prepare Annual Social Communication Plans using community radio, television, print media and other tools to transmit and reinforce key IECCD parent education messages for parents and communities.</li> </ul>	

#### Lead Ministries for Strategy 8

Under the guidance of the National Multisectoral IECCD Council, the Department for National IECCD Policy Implementation will conduct policy advocacy and social communications in collaboration with the MOH, MOSD, MOAFS, MOCST, MOET, MOF, MODP, MOHA, MOGYSR, MOJHRC, MOCSL and MOLGCP and collaborating IECCD civil society and private sector stakeholders.

#### Action Plan for Strategy 8

No.	Services and Activities	Tasks	Implementing Agencies and Deadlines	Indicators, Measures & Targets	Budget Allocation (Maloti)
8.1	Conduct policy advocacy and IECCD networking	<i>8.1.1 Prepare an Annual IECCD Policy Advocacy Plan and implement it</i> The Annual IECCD Policy Advocacy Plan will be prepared and implemented with close collaboration with all IECCD partners and stakeholders, including the National IECCD Network.	Department for National IECCD Policy Implementation with National Multisectoral IECCD Council and National IECCD Network by 12/2013 and annually	* Annual IECCD Policy Advocacy Plan prepared by December of each year * Plan implemented annually beginning in 2013	* 7,800(annual plan prepared) * 78,000 per year (plan implementation)

		<p><i>8.1.2 Plan and hold Annual IECCD Forums</i> Annual IECCD Forums will be planned and held to share best practices and plan for coordinated action.</p>	Department for National IECCD Policy Implementation with National Multisectoral IECCD Council and National IECCD Network, beginning in late 2013	* Annual IECCD Forum planned and conducted each year beginning in late 2013	* 7,800 per year (prepare Forum plan) * 117,000 per year plus additional donor support (forum costs)
8.2	Prepare and implement Annual IECCD Social Communications Plans	<p><i>8.2.1 Develop Annual IECCD Social Communications Plans</i> Annual IECCD Social Communications Plans will be prepared and implemented using radio, television and print materials to transmit at least 10 key messages for parents and communities on child health, nutrition, learning and development, hygiene and safety. (See suggested topics in section 82.1 of the IECCD Policy.)</p>	Department for National IECCD Policy Implementation with National Multisectoral IECCD Council By December of each year	* Annual Plan prepared by December of each year * Social Communications Plan implemented annually beginning in 2013	* 7,800 per year (annual plan prepared) * 117,000 per year & donations (media implementation activities)
		<p><i>8.2.2 Give special attention to radio education for parents and children</i> Radio education will be emphasised in order to reach parents and communities in remote rural areas.</p>	Department for National IECCD Policy Implementation community radio systems and LDTC with National Multisectoral IECCD Council	* Radio education programmes planned and conducted beginning by 03/2013	* 117,000 per year beginning in 2013/14 (radio education support plus additional donations)
8.3	Establish Child Ambassadors for IECCD	<p><i>8.3.1 Select Child Ambassadors to promote IECCD</i> Child Ambassadors for IECCD will be selected, and through the National Multisectoral IECCD Council, other mechanisms will be used to support children's participation in IECCD advocacy.</p>	National Multisectoral IECCD Council with support of Department for National IECCD Policy Implementation By 12/2013	* Child ambassadors selected beginning by 12/2013	* 15,600 (annual events related to Child Ambassadors)

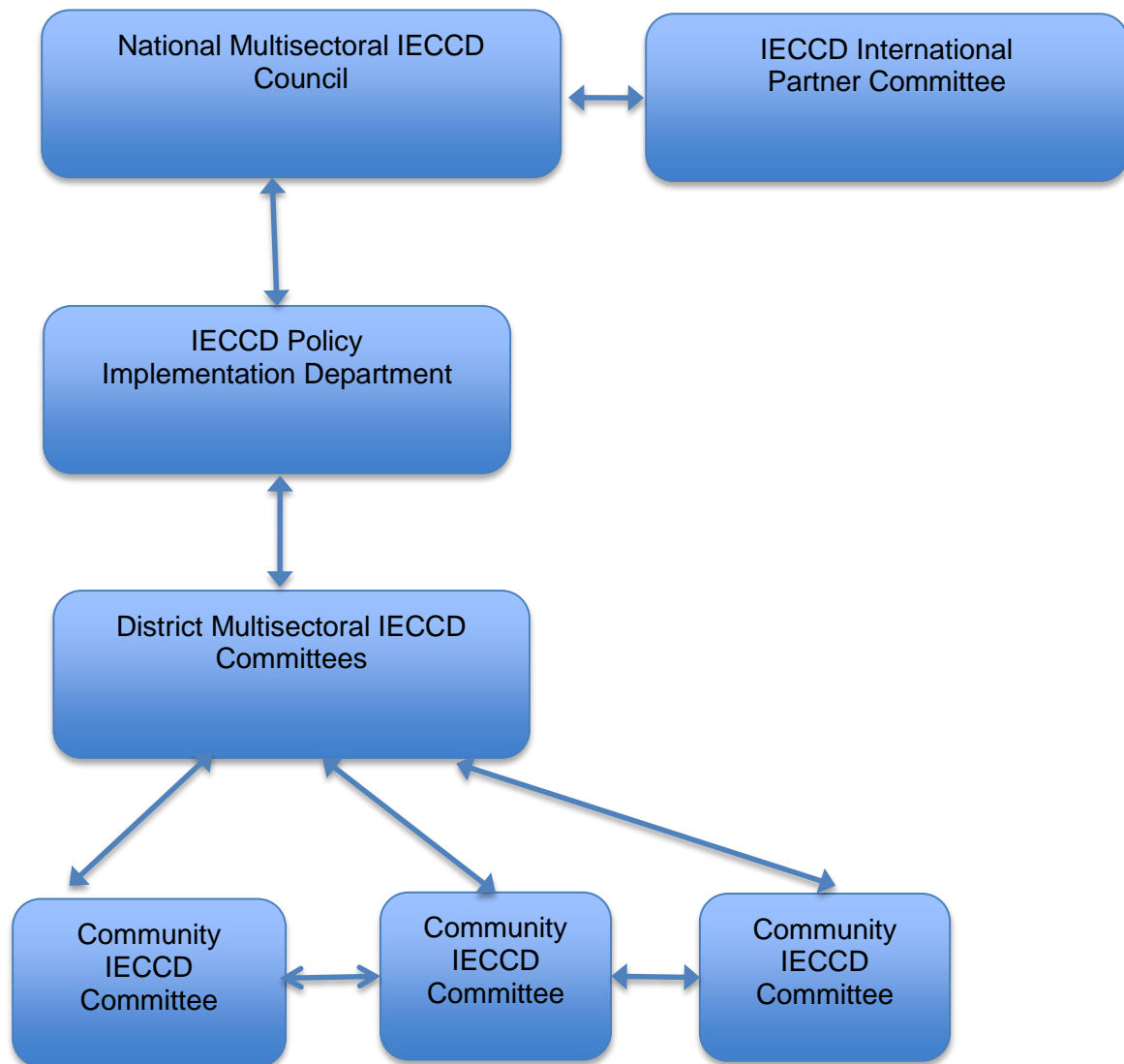
## 5. Organisation of IECCD System

### 5.1 Organisation Chart

As provided in the IECCD Policy, the following Organisation Chart presents the IECCD structures of the Kingdom of Lesotho at national, district and community levels. This organisational framework was developed in accordance with national plans for service decentralisation.

#### IECCD Organisation Chart

As stated in the IECCD Policy, the organisational structure is composed of the following entities.



### 5.2 IECCD Organisational Entities

#### *National Multisectoral IECCD Council*



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

### ***IECCD International Partner Committee***

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

### ***Department for National IECCD Policy Implementation***

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

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

### ***District Multisectoral IECCD Committees***

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

Multisectoral IECCD Committees will be established within six months of the adoption of the IECCD Policy.

### **Community IECCD Committees**

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

### **5.3 Membership, Roles, Responsibilities and Schedules**

The following chart presents the membership, roles, responsibilities, activities and schedules of each of the IECCD entities.

**Main IECCD Entity Membership and Roles and Responsibilities**

<b>Entity</b>	<b>Membership</b>	<b>Roles and Responsibilities</b>	<b>Schedule</b>
<b>National Multisectoral IECCD Council</b>	<p><b>Chaired by MOET, the officially designated lead IECCD Ministry</b></p> <p><b>25 to 30 Members:</b></p> <ul style="list-style-type: none"> <li>* Principal Secretaries and/or Department Heads of IECCD ministries or their designees</li> <li>* Directors of leading private sector and civil society organisations in education, health, nutrition, sanitation and protection, including representatives of NGOs, FBOs and CBOs</li> <li>* A list of permanent representatives will be prepared</li> <li>* In consultation with the Council, the Chair will establish a 3-member Executive Committee</li> </ul>	<ul style="list-style-type: none"> <li>* Ensure IECCD Policy and Strategic Plan are fully implemented</li> <li>* Officially approve and issue IECCD service standards, regulations and guidelines</li> <li>* Review and comment on annual national and district IECCD reports, with a focus on overseeing service coordination, equity, quality, expansion and accountability</li> <li>* Review and approve the Annual IECCD Action Plan and budget for continuing and new multisectoral and integrated services at all levels (Sectoral budgets will remain ministerial responsibilities)</li> <li>* Conduct policy advocacy with a focus on resource mobilisation for policy implementation</li> <li>* Comment on specific plans, such as the Social Communications Plan</li> </ul>	<p><i>First year:</i> Quarterly meetings</p> <p><i>Thereafter:</i> Meetings will be held twice a year in June and December. The Chair may decide to hold special meetings when needed.</p>
<b>IECCD International Partner Committee</b>	<p><b>Chaired by Chair of National Multisectoral IECCD Council</b></p> <p><b>Members:</b></p> <p>All current and future international IECCD partners including:</p> <ul style="list-style-type: none"> <li>* United Nations agencies</li> <li>* Multilateral and bilateral agencies</li> <li>* International foundations and corporations</li> </ul>	<ul style="list-style-type: none"> <li>* Review annual IECCD needs, achievements and budgets in Lesotho</li> <li>* Develop a “mosaic” of funding and material support to help implement the IECCD Policy and Strategic Plan, focusing on innovative and developmental activities, initial institution building and training.</li> <li>* Prepare and approve an Annual IECCD Investment Plan (as a part</li> </ul>	<p><i>Meetings will be held at least twice a year.</i></p>

	* International NGOs, FBOs, institutes and others	of the Annual National IECCD Action Plan)	
<b>Department for National IECCD Policy Implementation (Hosted by MOET)</b>	<p><b>Minimum of 6 full-time staff members, plus consultants, as needed:</b><sup>11</sup></p> <ul style="list-style-type: none"> <li>* Director and specialist in Early education(hired)</li> <li>* Maternal-child health specialist (seconded)</li> <li>* Nutrition/malnutrition specialist (seconded)</li> <li>* Child protection specialist (seconded)</li> <li>* Monitoring and evaluation (IECCD MIS) specialists (2 hired)</li> </ul> <p><b>Current ECCD Unit for early and preschool education activities Members:</b></p> <ul style="list-style-type: none"> <li>* In 2012, 4 core full-time staff members (1 inspector, 2 assistant inspectors and 1 community development officer. It is expected that the ECCD Unit will be expanded soon)</li> </ul>	<ul style="list-style-type: none"> <li>* Conduct and guide annual reporting and planning processes, in collaboration with all ministries, IECCD organisations, districts and communities</li> <li>* Guide, manage and oversee the implementation of the IECCD Policy Strategic Plan and Annual Action Plans and budget</li> <li>* Manage or fully implement specific activities listed in the IECCD Policy and Strategic Plan</li> <li>* Coordinate all multisectoral and integrated ECCD services with District and Community Committees, including both vertical and horizontal coordination</li> <li>* Assist to establish interagency agreements and partnerships</li> <li>* Monitor and evaluate IECCD services</li> <li>* Prepare Annual National IECCD Report in collaboration with district and community-level committees</li> </ul>	<i>Personnel will work full-time.</i>
<b>District Multisectoral IECCD Committees</b>	<p><b>Chaired by District Administrator or his/her designee</b></p> <p><b>Secretary of District Committee should be the representative of MOET or MOH</b></p> <p><b>Members:</b></p> <ul style="list-style-type: none"> <li>* District leaders for IECCD services in IECCD ministries or their designees</li> <li>* Selected district IECCD leaders of the private sector, NGOs, FBOs and CBOs</li> <li>* Others according to District decision</li> <li>* A list of permanent district representatives will be prepared</li> </ul>	<ul style="list-style-type: none"> <li>* Under the guidance of the Department for National IECCD Policy Implementation, prepare regular District reports and plans and submit them to the Department</li> <li>* Coordinate and integrate IECCD services in District, according to the Annual Plan</li> <li>* Ensure Community IECCD Committees and services are supported, supervised, monitored and evaluated</li> <li>* Coordinate and share with other district committees (vertical and horizontal coordination)</li> </ul>	<i>Monthly meetings will be held.</i>
<b>Community IECCD Committees</b>	<p><b>Chaired by a community leader. Leader can be selected on a rotating basis.</b></p> <p><b>Members:</b></p> <ul style="list-style-type: none"> <li>* Chair and other representatives of the Community Council</li> </ul>	<ul style="list-style-type: none"> <li>* Identify community IECCD needs, challenges and problems</li> <li>* Mobilise the community and its resources to support IECCD services</li> <li>* Prepare Annual Community IECCD Plan</li> </ul>	<i>Monthly meetings will be held.</i>

<sup>11</sup> These staff members will be in addition to the members of the MOET staff for IECCD education services.

	<ul style="list-style-type: none"> <li>* Local chief</li> <li>* Parents and youth</li> <li>* Key leaders and members of local IECCD services</li> <li>* Principals and some teachers of primary schools</li> <li>* Medical doctor and nurse</li> <li>* Representative of community radio</li> <li>* Others according to community decision</li> </ul>	<ul style="list-style-type: none"> <li>* Coordinate all community and village groups that are conducting IECCD services</li> <li>* Assist with the implementation of IECCD services, including the selection of personnel and volunteers</li> <li>* Conduct community oversight activities</li> <li>* Prepare reports for District Multisectoral IECCD Committees and the Department for National IECCD Policy Implementation</li> <li>* Coordinate and share local innovations with other Community IECCD Committees</li> <li>* Work closely with the District IECCD Committee</li> </ul>	
--	---	--	--

#### 5.4 Key Support Activities and Budget for IECCD Organisational Entities

The following chart outlines key activities that will be conducted to ensure the IECCD system will function effectively and efficiently and will achieve its goal of fully implementing the IECCD Policy and Strategic Plan.

No.	Services and Activities	Tasks	Implementing Agencies and Deadlines	Indicators, Measures & Targets	Budget Allocation (Maloti)
9.1	Department Personnel	<p><i>9.1.1 Recruit and hire Department Director and 5 staff members</i></p> <p>Prepare TOR, advertise, interview and select the Director, 2 specialists for the IECCD MIS for monitoring and evaluation (under 7.1), and 3 seconded specialists for health, nutrition and protection</p>	National Multisectoral IECCD Council Upon adoption of IECCD Policy in 2013, with the collaboration of MOET, MOH, MOSD and MOAFS	<ul style="list-style-type: none"> <li>* 1 Director and 2 staff members selected and hired by 06/2013</li> <li>* 3 specialists selected and seconded upon adoption of IECCD Policy by 06/2013</li> </ul>	<ul style="list-style-type: none"> <li>* 187,200 per year (salary for Director)</li> <li>* For 2 annual salaries for IECCD M&amp;E and planning specialists (See 7.1.1)</li> <li>* 421,200 per year (salaries for 3 seconded specialists)</li> </ul>
9.2	Organisational activities	<p><i>9.2.1 Prepare organisational manuals</i></p> <p>Manuals will be developed to help guide the activities of each of the 5 organisational entities regarding their membership, objectives, roles, responsibilities, activities and schedules. The manuals will be used to train and coach initial and new members of each of the entities over time.</p>	Department of National IECCD Policy Implementation by 06/2013	* Five organisational manuals prepared, reviewed, revised, printed and distributed for use by 06/2013	* 78,000 (15,600 per manual x 5 manuals; development and printing)

9.3	Training activities to prepare all organisational entities	<p><i>9.3.1 Design and conduct training workshops</i></p> <p>To ensure each organisational entity is appropriately constituted, trained and guided, 4-hour workshops will be designed and held at national and regional levels. Regional committee members will then guide the development and training of Community Multisectoral IECCD Committees. Annual training will be essential due to personnel turnovers in entities.</p>	Department of National IECCD Policy Implementation and District Multisectoral IECCD Committees Before 03/2014	<p>* 1 national training workshop held by 12/2013</p> <p>* 10 district workshops held by 12/2013</p> <p>* 86community workshops held by district leaders by 03/2014 and beyond</p>	* 117,000 (annual training costs, including essential local one-day travel)
9.4	Holding organisational entity meetings	<p><i>9.4.1 Support for holding organisational entity meetings</i></p> <p>Small financial and/or material support will be provided for the meeting costs of the following entities:</p> <p>* National Multisectoral IECCD Council</p> <p>* IECD International Partner Committee</p>	Department of National IECCD Policy Implementation, annually	* Small support will be provided for coffee, snacks and supplies for each meeting from 2013/14 and beyond	* 3,120 National Council annually * 1,560 Partner Committee annually (M390 per meeting)
9.5	Formal interagency agreements	<p><i>9.5.1 Formal agreements among agencies</i></p> <p>As called for in the Strategic Plan, many formal interagency agreements will be developed at all levels to promote and ensure good service integration and multisectoral coordination. The Department will assist the agencies to prepare and evaluate the functioning of their interagency agreements.</p>	Department of National IECCD Policy Implementation, District Multisectoral IECCD Committees and Community Multisectoral IECCD Committees by 12/2013 and beyond	* The Department assists agencies to establish and carry out interagency agreements by 12/2013 and beyond	* Budgets for inter-agency agreements are listed above in Strategies 1 to 8
9.6	Coordination Plans	<p><i>9.6.1 Prepare horizontal and vertical coordination plans</i></p> <p>Plans will be developed for frequent horizontal and vertical coordination. The plans will include guidance on when and how to prepare, submit reports on services, and monitoring and evaluation reports, and share descriptions of innovations. Every effort will be made to ensure top/down, bottom/up and horizontal coordination activities are routinely conducted at national, district and community levels. The coordination plans will be circulated widely at all levels.</p>	Department of National IECCD Policy Implementation, District Multisectoral IECCD Committees and Community Multisectoral IECCD Committees by 12/2013 and quarterly thereafter	* Coordination plans prepared and circulated widely by 12/2013 and quarterly thereafter	* 117,000 per year

## 6. IECCD Investment Plan

### 6.1 Budget Projections

**Annex III Annual Budget Projections per Strategy and the IECCD Department** was prepared using budget amounts presented in Strategies 1 to 8, plus the budget amounts for the National Department for IECCD Policy Implementation. This Annex provides detailed guidance for the investments and implementation of the IECCD Policy and Strategic Plan.

The following summary chart presents projected budgets per Strategy, for the Department and for the entire five-year period. All of these funds are additional to current budgets of ministries that provide IECCD services therefore a gap analysis is not presented.

#### Summary of Annual Budget Projections per Strategy and the IECCD Department (Maloti)

Strategy	2013/14	2014/15	2015/16	2016/17	2017/18
Strategy 1	456,300	799,500	1,220,700	1,883,700	1,883,700
Strategy 2	1,173,200	4,149,600	7,722,000	14,352,000	14,352,000
Strategy 3	338,000	1,479,400	1,497,600	2,199,600	2,199,600
Strategy 4	14,621,025	24,829,525	33,315,925	42,416,325	42,512,325
Strategy 5	2,620,800	82,524,400	8,892,000	6,318,000	6,318,000
Strategy 6	686,400	2,662,140	2,537,340	3,083,340	3,083,340
Strategy 7	627,300	1,246,300	778,300	778,300	1,285,300
Strategy 8	468,000	468,000	468,000	468,000	468,000
IECCD Department	925,080	847,080	847,080	847,080	847,080
Totals	21,916,105	118,537,945	57,278,945	72,336,345	72,949,345

It is recommended that ministries increasing assume recurrent costs for key IECCD services, such as antenatal and neonatal education, IECCD Centres, parent education, early childhood intervention services, preschool education, child protection services, and annual activities for monitoring, evaluation, policy advocacy and social communications.

Development partners, civil society organisations and private sector organisations are requested to provide full or partial support especially for innovative activities, the development of new curricula and materials, the improvement of pre- and in-service training programmes, preparation and implementation of pilot projects, and special research and evaluation projects.

A major fundraising effort will be required to establish the Department of National IECCD Policy Implementation and to implement fully the activities and services presented under the 8 IECCD Strategies. The following section presents the IECCD Investment Strategy, which includes expanding and focussing:

- Ministerial budgets;
- Civil society, private sector and community contributions; and
- International development partner investments in Lesotho's children and families.

### 6.2 IECCD Investment Strategy

The following section expands on the plan presented in the IECCD Policy.

#### ***National Investment Targets for IECCD***

To ensure long-term sustainability and high technical quality in all sectors and at all levels, in the future the Government will provide the largest amount of funding for IECCD services and activities. It is in the interest of the Government to invest significantly in the development and well being of

young children to ensure the citizens of tomorrow will be healthy, intelligent and productive and to meet the Millennium Development Goals and National Strategic Development Goals.

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

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

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

The percentages of investment in sectoral areas will be increased in incremental stages in order to achieve the following targets:

***Education Sector***

- By 2013/2014, the MOET will provide at least 3% of its annual budget for ECCD and IECCD services and coordination;
- By 2014/2015, the MOET will provide at least 5%;
- By 2015/2016, the MOET will provide at least 7%;
- By 2016/2017, the MOET will provide at least 8%; and
- By 2017/2018, the MOET will provide from 10% to 14%.

***Health, Nutrition and Sanitation Sectors***

- By 2013/2014, the MOH will provide at least 3% of its budget for preventative and primary maternal-child health and nutrition services and for reproductive health services;
- By 2014/2015, the MOH will provide at least 5%;
- By 2015/2016, the MOH will provide at least 7%;
- By 2016/2017, the MOH will provide at least 9%; and
- By 2017/2018, the MOH will provide from 10% to 14%.

***Protection Sector (MOSD)***

- By 2013/2014, the MOSD will provide at least 5% of its budget for ECCD protection services;
- By 2014/2015, the MOSD will provide at least 7%;
- By 2015/2016, the MOSD will provide at least 10%;
- By 2016/2017, the MOSD will provide at least 12%; and
- By 2017/2018, the MOSD will provide from 14% to 15%.

***Support for the Department for National IECCD Policy Implementation***

To ensure the full implementation of the IECCD Policy and Strategic Plan and the provision of essential planning, monitoring, reporting and multisectoral integration and coordination, the MOF and MODP, in collaboration with the MOET, MOH and MOSD, will ensure that a core budget will be provided annually to the Department for National IECCD Policy Implementation.

This core budget will cover the salaries and benefits of 6 professional staff members and essential costs for materials, supplies, communications, travel, office equipment, furniture, communications and other items. The MOH will provide 2 “seconded” specialists in health and nutrition for the Department and MOSD will provide one seconded specialist for child protection.

In addition to support for the Department from MOET, additional support will be secured annually from the Kingdom of Lesotho Trust Fund for Young Children that will be established (see below) as well as from several international partners, including United Nations agencies, bilateral and multilateral donor agencies, foundations and corporations.

### ***District and Community Investment in IECCD***

In line with decentralisation plans and the policy to develop IECCD Centres and services in all communities, by 2014/15, District Councils and Community Councils will be expected to give at least 5% of their annual budgets to IECCD Centres and other IECCD services.

Annual reports will be provided on these contributions from communities and districts, and their use for specific IECCD services, and these reports will be used to plan future budgets per District.

### ***International Investment in IECCD***

#### ***UN Agencies and Multilateral Development Partners***

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

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

Major efforts will be made to ensure UN country programmes focus sharply on activities and services presented in this IECCD Strategic Plan.

#### ***Bilateral Development Partners***

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

- Austria
- Canada
- China
- Denmark
- Germany
- Irish Aid
- Japan (JICA)
- Korea



- Luxembourg
- Norway and Norwegian Association of Disabled (NAD)
- The Netherlands
- Switzerland
- United Kingdom: Department for International Development (DfID)
- United States of America
  - USAID
  - Millennium Challenge Corporation
  - PEPFAR

### ***International NGOs, FBOs, Foundations and Corporations***

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

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

### ***Higher Education Partnerships***

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

### **6.3 Annual IECCD Investment Plan**

Under the guidance of the National Multisectoral IECCD Council and with the full collaboration of the IECCD International Partner Committee and the MOF, MODP, the Department for IECCD Policy Implementation will prepare an Annual IECCD Action Plan that will include an Annual IECCD Investment Plan.

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

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

#### **6.4 Kingdom of Lesotho Trust Fund for Young Children**

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

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

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

#### **6.5 Adoption of IECCD Centres**

A system for "adopting" community-level IECCD Centres will be developed. Banks, insurance companies, car dealerships, chain stores, corporations and other businesses will be invited to provide core funding for IECCD Centres located in communities with high levels of young children in need. It is hoped that IECCD Centres will develop a close relationship with their adopters. In some cases, communities may decide to name their IECCD Centre in honour of their sponsors.

#### **6.6 Planning a Mosaic of Funding Support for IECCD Services and Activities**

Under the leadership of the National Multisectoral IECCD Council, the IECCD International Partner Committee will develop **Annual Plans for the Coordination of External IECCD Investments** with national and international development partners.

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

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

Partnership meetings will be held at least twice a year. During the year, partners will work with the Department for IECCD Policy Implementation and with specific IECCD services or activities. As appropriate, the Department will assist with the development of formal interagency agreements for supporting services and activities. The Department will also follow up to ensure that work proceeds

according to plan, including monitoring and evaluation for purposes of quality assurance and fiscal and programme accountability.

## 7. IECCD Monitoring and Evaluation Indicators

The IECCD Strategic Plan includes many indicators that will be used to assess the implementation and impacts of the IECCD Policy and Strategic Plan. The indicators are presented in the Activity Charts of Chapter 4 and in **Annex IV: Policy Indicators**.

These lists of indicators are presented by type of indicator: operational input or output indicators and outcome indicators. Most of the indicators are output indicators and some are outcome indicators. Input indicators will focus on investment, personnel and material inputs, and they will be gathered on a service-by-service basis through cost studies and project reports. For outcome indicators, targets are provided if it was possible to specify them.

Some other indicators will be added to this list regarding the implementation of the IECCD Policy and Strategic Plan. This will be a separate exercise that will build upon the indicator list provided in this IECCD Strategic Plan.

Each calendar or fiscal year, a Monitoring and Evaluation Report will be prepared using data gathered by the ECD Management Information System (located in the Department for National IECCD Policy Implementation), the various ministries and several surveys, project reports and small special studies.

Once established, the Department for National IECCD Policy Implementation will develop a full plan for monitoring and evaluation based on the indicators selected for this Strategic Plan. A more refined list of measures will be developed as well as a number of Monitoring and Evaluation Manuals that are included in this Strategic Plan.

The National Multisectoral IECCD Council will review the Annual Monitoring and Evaluation Report in order to assess progress, challenges and results. They will give their guidance to the Department for National IECCD Policy Implementation.

The Annual Monitoring and Evaluation Reports will be used to plan, revise, improve and expand IECCD services at national, regional, community and village levels.

## Annex I

### Acronyms

ADB	African Development Bank
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy (for HIV and AIDS)
ART	Area Resource Teachers
ARV	Anti-Retrovirals
BOS	Bureau of Statistics
CBO	Community Based Organisation
CC	Community Councils
CCT	Conditional Cash Transfers
CECE	Certificate in Early Childhood Education
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CFS	Child Friendly Schools
CGPU	Child and Gender Protection Unit
CHE	Council on Higher Education
C-IMCI	Community Integrated Management of Childhood Illness
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
CSB	Corn Soya Blend
CT	Cash Transfers
DC	District Councils
DCS	District Council Secretaries
DSW	Department of Social Welfare
DDCC	District Development Coordinating Committee
EC	European Commission
ECCD	Early Childhood Care and Development
ECI	Early Childhood Intervention
EFA	Education for All
EGPAF	Elisabeth Glaser Paediatric AIDS Foundation
ELDS	Early Learning and Development Standards
EMIS	Education Management Information System
EPI	Expanded Programme on Immunisation
ESSP	Education Sector Strategic Plan
EU	European Union
FBO	Faith Based Organisation
FHD	Family Health Division
FNCO	Food and Nutrition Coordinating Office
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	German Technical Cooperation
HBRP	Home Based Resource Persons
HIV and AIDS	Human Immuno-Deficiency Virus and Acquired Immuno-Deficiency Syndrome
ICAP	The International Centre for AIDS Care and Treatment Programmes
IECCD	Integrated Early Childhood Care and Development
IMCI	Integrated Management of Childhood Illnesses
IQ	Intelligence Quotient
LAC	Lesotho Agricultural College
LCE	Lesotho College of Education
LCGE	Lesotho Child Grants Programme
LDHS	Lesotho Demographic and Health Survey
LDTCC	Lesotho Distance Teaching Centre

LNFD	Lesotho National Federation for the Disabled
M&E	Monitoring and Evaluation
MCC	Millennium Challenge Corporation
MCH	Maternal-Child Health
MDG	Millennium Development Goals
MOAFS	Ministry of Agriculture and Food Security
MOCST	Ministry of Communications, Science and Technology
MODP	Ministry of Development Planning (from 2012 onward)
MOET	Ministry of Education and Training
MOF	Ministry of Finance (from 2012 onward)
MOFDP	Ministry of Finance and Development Planning
MOH	Ministry of Health (from 2012 onward)
MOHA	Ministry of Home Affairs (from 2012 onward)
MOHAPS	Ministry of Home Affairs and Public Safety
MOHSW	Ministry of Health and Social Welfare
MOGYSR	Ministry of Gender, Youth, Sports and Recreation
MOLHRC	Ministry of Law, Human Rights and Constitutional Affairs
MOLE	Ministry of Labour and Employment
MOLGCP	Ministry of Local Government, Chieftainship and Parliamentary Affairs
MOSD	Ministry of Social Development (from 2012 onward)
MOTICM	Ministry of Trade and Industry, Cooperatives and Marketing
NAC	National AIDS Council
NCDC	National Curriculum Development Centre
NGO	Non Governmental Organisation
NGOC	Coalition of Non Governmental Organisations for the Rights of the Child
NHTC	National Health Training College
NOCC	National Orphans and Vulnerable Children's Coordinating Committee
NPA	National Plan of Action
NTT	National Teacher Trainer
NUL	National University of Lesotho
OUA	Organization of African Unity
OSISA	Open Society Initiative for Southern Africa
OVC	Orphans and Vulnerable Children
PCV	Peace Corps Volunteers
PEPFAR	President's Emergency Plan for Aids Relief
PMTCT	Preventing Mother-to-Child Transmission (of HIV infection)
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
SSRFU	School Self-Reliance and Feeding Unit
STI	Sexually Transmitted Infections
TRC	Transformation Resource Centre
UNAIDS	United Nations Agency for International Development
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organisation
WVI	World Vision International

## Annex II

### Multisectoral Working Group for IECCD Policy Planning

- T. Ntšekhe-Mokhehle MOET – Chief Education Officer, Primary (Team Leader)
- E. M. Sebatane National University of Lesotho – Institute of Education
- S. Letsatsi Catholic Relief Services
- M. Motjoli MOET – ECCD Unit
- M. Ntšaba MOET – ECCD Unit
- M. Kali MOET – ECCD Unit
- M. Mantutle MOET – ECCD Unit
- S. Morojele-Dotoro MOET – Acting Chief Inspector Field Services
- M. Hoohlo MOET – Senior Education Officer
- M. Setlaba MOET – Special Education Unit
- M. Taleng MOET – Special Education Unit
- L. Molapo MOET – National Curriculum Development Centre
- M. Liphoto MOET – Planning Unit
- T. Ntholeng MOET – Planning Unit
- Y. Mahlaha MOET – Home Base Resource Person
- L. Possa MOET- National Teacher Trainer
- M. Ramats'ella MOET-National Teacher Trainer
- M. Morahanye MOET – SSRFU
- M. Mohale MOET – Information Office
- M. Mabula MOET Information Office
- V. Lefu Home-Based Teacher
- Majela, Matla Sisters of Charity
- T. Tsilane UNESCOM
- M. Marite MOSD
- T. Shale MOSD
- M. Maute MOSD
- M. Potsane MOAFS – Nutrition
- M. Lifalakane Food and Nutrition Coordinating Office
- P. Ntjona MOH – Expanded Programme for Immunisations
- M. Mohai MOH – Family Health Division
- M. Mahahabisa MOH – Environmental Health
- M. Mathe MOH – IMCI
- M. Khasoane MOH – Nutrition
- T. Diaho MOH – Nutrition
- S. Marealle MOH
- N. Ntlame MOH
- M. Maqhana MOH
- L. Mofo MODP - NSDP
- M. Thoosa LMPS – Child and Gender Protection Unit
- T. Shano Ministry of Tourism and Environmental
- M. Motšoane Ministry of Agriculture and Food Security
- P. Makatle Disaster Management Authority

- L. Lesholu Beautiful Gate
- M. Mokhahlane Lesotho Girl Guides Association
- L. Rasethuntša Catholic Radio
- N. Tšephe Lesotho Girl Guides Association
- P. Ntšonyane Lesotho College of Education
- M. Lesia Lesotho College of Education
- M. Setoromo Lesotho College of Education
- L. Masupha Lesotho Save the Children
- M. Makara Catholic Commission for Justice and Peace
- M. Moshoeshoe Lesotho Pre-school and Day Care Association (LPDCA)
- Sr. B. Lekena Sisters of Good Shepherd
- N. Lepphoto Touching Tiny Lives
- B. Cerney Catholic Relief Service
- C. Chandreyee Catholic Relief Services
- L. Rasethunts'a Catholic Radio
- H. Matli World Vision (Social Protection)
- H. Habi World Vision
- M. Mots'epe Sentebale
- P. Tankiso Management Sciences For Health (MSH)
- K. Moejane PACT
- L. Masupha Lesotho Save the Children
- M. Setoromo Lesotho College of Education
- B. Johnson Lesotho College of Education
- Sr. P. Hlobotsi Global Service Corps - IECCD
- P. Montši UNESCOM
- V. Ankrah UNICEF
- L. Makara Letšela UNICEF
- F. Mohammad UNICEF
- F. Noureddine UNICEF
- B. Yamba USAID
- N. Matsepe WFP



## Annex III

### Annual Budget Projections per Strategy and the IECCD Department

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

Service no.	Task no.	Task title	2013/14	2014/15	2015/16	2016/17	2017/18
1.1 Plan & implement preconception education & family planning services	1.1.1	Preconception booklet & guide	42,900				
	1.1.2	Preconception Outreach plan	7,800				
	1.1.3	Booklet on family planning, STIs & HIV/AIDS	39,000				
	1.1.4	Preconception education training		62,400			
1.2 Plan & implement antenatal & neonatal education	1.2.1	Antenatal education materials	195,000				
	1.2.2	Train antenatal trainers & supervisors		35,100	35,100	35,100	35,100
	1.2.3	Antenatal & neonatal education services		156,000			
	1.2.4	Antenatal & neonatal educ. service expansion		156,000	780,000	1,560,000	1,560,000
1.3 Improve antenatal health & nutrition care	1.3.1	Antenatal & neonatal health care expansion	MB <sup>12</sup>	MB	MB	MB	MB
	1.3.2	Offer additional clinic visits for high-risk women	MB	MB	MB	MB	MB
1.4 Expand services for women & children affected by HIV/AIDS	1.4.1	Reinforce HIV testing efforts	MB	MB	MB	MB	MB
	1.4.2	Expansion of PMTCT & ART services	MB	MB	MB	MB	MB
	1.4.3	Preparation of referral protocol for ECI services		15,600			
	1.4.4	Training in ECI referrals for HIV field personnel			78,000	78,000	78,000
1.5 Improve deliveries	1.5.1	Birth classes developed & promoted	31,200				
	1.5.2	Increase awareness of use of birthing centres	MB	MB	MB	MB	MB
	1.5.3	Format for community transportation plans	7,800				
	1.5.4	Improve birth outcomes in several areas	MB	MB	MB	MB	MB

<sup>12</sup> MB = Already allocated in sectoral budget.

1.6 Revise & improve birth registration services	1.6.1	Review birth registration & certificates regulation	15,600				
	1.6.2	Adopt enforcement guidelines	15,600				
	1.6.3	National mobile registration campaign		117,000	117,000		
	1.6.4	Birth registration linked to tracking system		46,800			
1.7 Expand & improve neonatal health & nutrition care	1.7.1	Breast feeding campaign conducted	62,400	62,400	62,400	62,400	62,400
	1.7.2	Fully implement EPI services	MB	MB	MB	MB	MB
	1.7.3	Design & implement child screening system	39,000	117,000	117,000	117,000	117,000
	1.7.4	Health referral system to ECI services		31,200	31,200	31,200	31,200
Sub-total			456,300	799,500	1,220,700	1,883,700	1,883,700

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

Service no.	Task no.	Task title	2013/14	2014/15	2015/16	2016/17	2017/18
2.1 Plan & pilot IECCD Centres & then expand them	2.1.1	Plan for IECCD Centres developed	195,000				
	2.1.2	Training local authorities	50,000				
	2.1.3	Centre standards, regulations, registration	46,800				
	2.1.4	Personnel regulations, salary scales & TOR	23,400				
	2.1.5	Plan & develop ed. materials & methods	156,000	468,000			
	2.1.6	Training plan & monitoring manuals	117,000				
	2.1.7	Hold pre- & in-service Centre training		171,600			
	2.1.8	Centres & interagency agreements developed		1,248,000			
	2.1.9	Mapping study to plan Centre expansion		46,800			
	2.1.10	Plan & implement Centre expansion		1,248,000	6,240,000	12,480,000	12,480,000
	2.1.11	Design mobile teams & satellite centres		46,800	390,000	780,000	780,000
2.2 Implement national programme for parent education & support	2.2.1	Plan national parent education services	23,400				
	2.2.2	Select & adapt parent education materials	156,000	468,000			
	2.2.3	Training & M&E manual on parent ed.		46,800			

2.3 Expand essential health care services	2.3.1	Reinforce IMCI & Care4Dev packages	MB	MB	MB	MB	MB
	2.3.2	Interagency coordination agreements forged	15,600				
	2.3.3	Prioritise EPI services	MB	MB	MB	MB	MB
	2.3.4	MOHSW helps with parent ed. Modules		93,600			
2.4 Provide nutrition education for parents & rehabilitation & feeding services for infants & toddlers	2.4.1	Breastfeeding & feeding guidance	MB	MB	MB	MB	MB
	2.4.2	Nutrition education & supplements for HIV	MB	MB	MB	MB	MB
	2.4.3	Feeding programmes for mothers & children	MB	MB	MB	MB	MB
	2.4.4	Micronutrient & de-worming services	MB	MB	MB	MB	MB
	2.4.5	Expand nutritional services for ECI			780,000	780,000	780,000
	2.4.6	Food & inspection regs. & parent ed.	39,000				
2.5 Improve day care centres & family child care services for children, 0 to 3 years	2.5.1	Day care standards, regs. & registration	39,000				
	2.5.2	Inspect, monitor & register day care	312,000	312,000	312,000	312,000	312,000
	2.5.3	MOET & IECCD Centres help day cares	IB <sup>13</sup>	IB	IB	IB	IB
	2.5.4	Day care health care & feeding services	M&FB <sup>14</sup>	M&FB	M&FB	M&FB	M&FB
Sub-total			1,173,200	4,149,600	7,722,000	14,352,000	14,352,000

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

Service no.	Task no.	Task title	2013/14	2014/15	2015/16	2016/17	2017/18
3.1 Develop Early Childhood Intervention services	3.1.1	Develop Plan for National ECI Services	62,400				
	3.1.2	Select professional personnel for pilot sites	15,600				
	3.1.3	Pre-service training for professional personnel	260,000	520,000			
3.2 Implement ECI services in stages	3.2.1	ECI policies, materials, & regional training		452,400			
	3.2.2	Conduct pre-service training in Lesotho		507,000			
	3.2.3	Implement ECI services in 6 Pilot sites			1,497,600		
	3.2.4	Review, revise & expand ECI services				2,199,600	2,199,600
Sub-total			338,000	1,479,400	1,497,600	2,199,600	2,199,600

<sup>13</sup> These expenses included in IECCD Centre budgets above.

<sup>14</sup> Included in MOHSW and FNCO budgets.

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

Service no.	Task no.	Task title	2013/14	2014/15	2015/16	2016/17	2017/18
4.1 Reinforce education policies to expand & improve preschool education	4.1.1	Reinforce preschool & enrolment policies	46,800	46,800			
	4.1.2	Reduce underage & overage preschoolers	3,900				
	4.1.3	Expand community preschools <sup>15</sup>	10,649,933	18,755,933	26,861,933	34,967,933	34,967,933
	4.1.4	Expand home-based preschools	480,000	576,000	672,000	768,000	864,000
	4.1.5	Expand reception year classes	1,841,392	2,759,792	3,792,992	4,940,992	4,940,992
	4.1.6	Preschool & reception standards & regulations		117,000			
	4.1.7	Preschool registration & certification improved		93,600			
	4.1.8	Supervisory roles & activities & training		78,000			
	4.1.9	Parent/teacher partnerships & involvement	62,400				
	4.1.10	Implement inclusive preschool education		117,000	171,600		
4.2 Improve the quality of preschool education	4.2.1	Revise preschool curricula & materials	234,000	156,000			
	4.2.2	New curricula & materials in health, nutrition, etc.	15,600	156,000			
4.3 Provide essential	4.3.1	Preschool health, nutrition,	78,000				

<sup>15</sup> More precise annual estimates will be needed and they should also include MOET administrative, training, supervisory, transportation and other costs related to programme expansion. This annual cost per capita includes feeding, fees, learning materials, teaching equipment, teacher salaries, and capital expenditures for building rental. This projection provides a general estimate for modest expansion of recurrent costs. It does not include capital costs for school construction, but usually communities or local schools provide the preschool classrooms.

preschool support services for health, nutrition & sanitation		sanitation & protection					
	4.3.2	Expand early childhood feeding services	858,000	858,000	858,000	858,000	858,000
	4.3.3	Sanitation in IECCD Centres & preschools		273,000	195,000	195,000	195,000
	4.3.4	Develop preschool gardens	140,400	140,400	140,400	140,400	140,400
	4.3.5	Playgrounds & develop guidelines	39,000	156,000	156,000	156,000	156,000
	4.3.6	Plan referrals to protection services	124,800	78,000	78,000	78,000	78,000
4.4 Improve transition to primary school	4.4.1	Prepare Transition Plan	46,800	156,000			
	4.4.2	Implement Transition Plan Guidelines		312,000	390,000	312,000	312,000
Sub-total			14,621,025	24,829,525	33,315,925	42,416,325	42,512,325

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

Service no.	Task no.	Task title	2013/14	2014/15	2015/16	2016/17	2017/18
5.1 Promote legal protection	5.1.1	Booklet on parental rights and responsibilities	78,000				
	5.1.2	Father education module & manual	78,000				
	5.1.3	Implement Children's Protection & Welfare Act	530,400	468,000	468,000	468,000	468,000
	5.1.4	Implement Disability & Rehabilitation Act	15,600	195,000	195,000	195,000	195,000
5.2 Ensure social protection for families with children 0-6	5.2.1	Child Grants for families with children 0 -5	CGB <sup>16</sup>	CGB	CGB	CGB	CGB

<sup>16</sup>CGB = Child Grants Budget

5.3 Ensure CCTs include IECCD	5.3.1	Conditions for early childhood services	46,800				
	5.3.2	Model CCT system for impovertised families	390,000	2,730,000	3,198,000		
5.4 Promote community planning for child protection services	5.4.1	Community Risk Reduction Plans for Children 0-5	7,800	78,000	78,000	78,000	78,000
5.5a Abused & neglected children & children with diseases or disabilities	5.5.1	Protection services registered & supervised	23,400	117,000	117,000	117,000	117,000
	5.5.2	Prevention services for abused, neglected, disabled 0-5		171,600	78,000	78,000	78,000
	5.5.3	Training services for protection personnel	117,000	195,000	195,000	195,000	195,000
	5.5.4	Treatment services for children 0-5	MB	MB	MB	MB	MB
	5.5.5	ECI services for high-risk 0-5	15,600	780,000	780,000	780,000	780,000
5.5b Orphaned & abandoned children	5.5.6	End 0-3 placement in orphanages	117,000	936,000	936,000	936,000	936,000
	5.5.7	CCTs & counselling to prevent placement in orphanages	234,000 & grants	234,000 & grants	234,000 & grants	234,000 & grants	234,000 & grants
	5.5.8	Orphanage registration & standards	358,800	234,000	234,000	234,000	234,000
	5.5.9	Support package for orphaned children	46,800	468,000 & grants	468,000 & grants	468,000 & grants	468,000 & grants
5.5c Children in abusive labour	5.5.10	Identify & prevent abusive child labour, 0-5	62,400	117,000	624,000	624,000	624,000
5.5d Children living & working in the streets	5.5.11	Residential services support package	93,600 & grants	390,000 & grants	390,000 & grants	390,000 & grants	390,000 & grants
5.5e Children of incarcerated parents	5.5.12	Support package for children living in prison	31,200	195,000	195,000	195,000	195,000

	5.5.13	Support other children of incarcerated parents	93,600	585,000	585,000	585,000	585,000
5.5f Commercial sex workers' children	5.5.14	Plan for commercial sex workers' children		46,800	312,000	312,000	312,000
5.6 Develop National Child Database & Tracking System	5.6.1	Child Database & Tracking System	234,000	234,000	351,000	351,000	351,000
	5.6.2	Rules & regulations for system access	46,800	78,000	78,000	78,000	78,000
Sub-total			2,620,800	82,524,400	8,892,000	6,318,000	6,318,000

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

Service no.	Task no.	Task title	2013/14	2014/15	2015/16	2016/17	2017/18
6.1 Conduct a Capacity Needs Assessment of the IECCD workforce	6.1.1	Undertake IECCD Capacity Needs Assessment	117,000				
6.2 Establish IECCD personnel service standards, career ladders, & certification systems	6.2.1	Personnel standards, career ladders, & certification systems	156,000				
6.3 Expand & improve pre-service training	6.3.1	Training of professional early childhood educators	101,400	1,367,340	1,367,340	1,367,340	1,367,340
	6.3.2	Cross training for integrated services		46,800			
	6.3.3	Training for paraprofessionals & volunteers	156,000	351,000	195,000	195,000	195,000
6.4 Develop a National IECCD Resource & Training Centre	6.4.1	Nat'l. IECCD Resource & Training Centre	78,000	429,000	429,000	429,000	429,000
	6.4.2	District IECCD Resource & Training Centres			78,000	624,000	624,000

6.5 Plan & implement in-service training services	6.5.1	Annual National Plans for In-Service Training	39,000	39,000	39,000	39,000	39,000
6.6 Develop in-service training workshops for IECCD field supervisors	6.6.1	Training of IECCD field supervisors	39,000	429,000	429,000	429,000	429,000
Sub-total			686,400	2,662,140	2,537,340	3,083,340	3,083,340

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

Service no.	Task no.	Task title	2013/14	2014/15	2015/16	2016/17	2017/18
7.1 Develop a national system for monitoring, evaluation, reporting & planning	7.1.1	IECCD Management Information System	31,200	312,000	312,000	312,000	312,000
	7.1.2	Interagency agreements for data sharing	5,000				
	7.1.3	M&E Manual, Indicators, Instruments & Guides	93,600				
7.2 Develop a reporting schedule & an Annual National IECCD Action Plan	7.2.1	Reporting schedule & Annual National IECCD Action Plan	46,800	62,400	62,400	62,400	62,400
7.3 Conduct a national assessment of child development	7.3.1	Nat'l child development assessment Plan	46,800				
	7.3.2	Conduct survey on child development		468,000			
	7.3.3	Repeat survey each 4 years					507,000
7.4 Conduct action research on IECCD topics	7.4.1	Develop action research plan & topics	403,900 & grants	403,900 & grants	403,900 & grants	403,900 & grants	403,900 & grants
Sub-total			627,300	1,246,300	778,300	778,300	1,285,300

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

Service no.	Task no.	Task title	2013/14	2014/15	2015/16	2016/17	2017/18
-------------	----------	------------	---------	---------	---------	---------	---------



8.1 Conduct policy advocacy & IECCD networking	8.1.1	Annual IECCD Policy Advocacy Plan	85,800	85,800	85,800	85,800	85,800
	8.1.2	Annual IECCD Forums	124,800	124,800	124,800	124,800	124,800
8.2 Prepare & implement Annual IECCD Social Communications Plans	8.2.1	Annual IECCD Social Communications Plans	124,800	124,800	124,800	124,800	124,800
	8.2.2	Radio education for parents & children	117,000	117,000	117,000	117,000	117,000
8.3 Establish Child Ambassadors for IECCD	8.3.1	Child Ambassadors to promote IECCD	15,600	15,600	15,600	15,600	15,600
Sub-total			468,000	468,000	468,000	468,000	468,000

### Department for National IECCD Policy implementation - Budget

Service no.	Task no.	Task title	2013/14	2014/15	2015/16	2016/17	2017/18
9.1 Personnel	9.1.1	Department Director & 3 staff members (2 members are in 7.1.1)	608,400	608,400	608,400	608,400	608,400
9.2 Organisational activities	9.2.1	Prepare organisational manuals	78,000				
9.3 Training activities to prepare all organisational entities	9.3.1	Design & conduct training workshops	117,000	117,000	117,000	117,000	117,000
9.4 Holding organisational entity meetings	9.4.1	Holding organisational entity meetings	4,680	4,680	4,680	4,680	4,680
9.5 Formal interagency agreements	9.5.1	Formal agreements among agencies	In Strategies 1-8 above	In Strategies 1-8 above	In Strategies 1-8 above	In Strategies 1-8 above	In Strategies 1-8 above
9.6 Coordination Plans	9.6.1	Horizontal & vertical coordination plans	117,000	117,000	117,000	117,000	117,000
Sub-total			925,080	847,080	847,080	847,080	847,080

## Annex IV

### Policy Indicators

<b>Strategy 1: Improve and expand preconception, antenatal and neonatal services for mothers, fathers and infants</b>						
<b>Task</b>	<b>Indicator</b>	<b>In-put</b>	<b>Out-put</b>	<b>Out-come</b>	<b>Measure</b>	<b>Targets</b>
<b>1.1 Plan and implement preconception education and family planning services</b>						
1.1.1	Preconception booklet printed & distributed		X		Booklet distributed	By 03/2014
1.1.2	Preconception Outreach Plan developed		X		Outreach Plan	By 12/2013
1.1.3	Booklet selected, printed & distributed to all IECCD services & health centres		X		Booklet distributed	By 03/2014
1.1.4	Selected health personnel throughout Lesotho trained		X		Training Report	By 12/2014
<b>1.2 Plan and implement antenatal and neonatal education</b>						
1.2.1	Antenatal folders & materials adapted, field tested & printed		X		Antenatal Materials	By 03/2014
1.2.2	Nurses trained to be trainers & supervisors: 20 nurses trained		X		Training Report	By 09/2014
1.2.3	Community Antenatal Educators (CAE) (volunteers) trained & supervised in 20 IECCD Centres; volunteers trained and supervised: 5 CAEs each trained & supervised in 20 IECCD Centres; 100 volunteers trained and supervised		X		Training Report	By 12/2014
1.2.4	a. Antenatal & neonatal education services expanded: Number of Centres and Volunteers		X		Service Reports	2014/15: 20 centres, 100 volunteers 2015/16: 100 centres, 500 volunteers 2016/17 and 2017/18: 200 centres, 1,000 volunteers
	b. Rate of use of antenatal education services by pregnant women: 80% of pregnant women in 200 target communities			X	Health statistics	By 2017/18:
<b>1.3 Improve antenatal health and nutrition care</b>						
1.3.1	Rate of pregnant women who receive at least 4 antenatal health & nutrition care visits: 85%			X	Health statistics	By 12/2014
1.3.2	Rate of health care centre use by high-risk pregnant women: 100% of centres report high-risk women request additional visits			X	Health statistics	By 12/2014
<b>1.4 Expand services for pregnant women and young children affected by HIV and AIDS</b>						
1.4.1	Rate of women tested for HIV & AIDS: 98% of pregnant women who agree to testing are tested			X	Health statistics	By 03/2014
1.4.2	Rate of mothers, fathers & children identified to have HIV who receive PMTCT & ART services: 98% of identified mothers, fathers & children			X	Health statistics	By 06/2014
1.4.3	Protocol and referral system to ECI services developed & adopted		X		Protocol and referral	By 06/2014

					system adopted	
1.4.4	a. All health, education & protection specialists are progressively trained about ECI services		X		Training reports	By 2014/15
	b. Rate of children 0 to 3 with or suspected to have HIV who are referred to ECI services: In regions with ECI services, 98% of such children are referred to ECI services			X	Referrals Report	By 12/2016
<b>1.5 Improve deliveries</b>						
1.5.1	Rate of pregnant women & their partners attending birthing & breathing exercise classes		X		Training Report and Health statistics	* 60% of pregnant women by 12/2016 * 20% of future fathers by 12/2016
1.5.2	a. Rate of deliveries in birthing centres: 75%			X	Health statistics	By 2015
	b. Rate of deliveries with trained & skilled medical attendants: 85%			X	Health statistics	By 2016
1.5.3	Rate of communities with a written Community Transportation Plan for Healthy Deliveries: 98% of communities have a written plan		X		Report on Plans	By 03/2014
1.5.4	Mobile clinics with birthing capacity and trained medical personnel developed to serve remote rural areas: Number established		X		Report on mobile clinics	20 by 12/2014 30 by 12/2015 40 by 12/2016 50 by 12/2017 50 by 12/2018
1.5.5	a. Rate of low birth weight infants (<2,500 grams): (9.3%, 2009) 8% by 2016			X		By 2016
	b. Rate of neonatal mortality: (47 per 1,000 births, 2009) 20 per 1,000 births by 2016			X		By 2016
	c. Rate of infant mortality: (91 per 1,000 births, 2009) 65 per 1,000 births by 2016			X		By 2016
	d. Rate of maternal mortality: (1,155 per 100,000 deliveries, 2009) 500 by 2016			X		By 2016
<b>1.6 Revise and improve birth registration services</b>						
1.6.1	Revised regulations will be developed, reviewed & officially established for birth registration & birth certificates		X		Documents available	By 12/2013
1.6.2	Enforcement guidelines established		X		Guidelines available	By 03/2014
1.6.3	Mobile birth registration campaign conducted, and rate of child registration: 90% of unregistered children are registered			X	Birth registration statistics	By 12/2015
1.6.4	Unified birth registration & child tracking system designed & implemented		X		Unified system established	By 12/2014
<b>1.7 Expand and improve neonatal health and nutrition care</b>						
1.7.1	a. Rate of women who breastfeed within 1 hour of birth: 95%			X	Health statistics	By 12/2014
	b. Rate of women who exclusively breastfeed for first six months: 95%			X	Health statistics	By 12/2015

1.7.2	Rate of 6, 12, 18 & 24 month children who are up-to-date in their immunisations: 95% of children 0 to 24 months have immunisations stipulated for age by Child Immunisation Package			X	Health statistics	By 12/2014
1.7.3	Rate of children developmentally screened at all appropriate ages		X		Health statistics	* 80% by 12/2014 * 90% by 12/2016 & onward
1.7.4	Rate of children identified who are referred to ECI services: In regions with ECI services, 98% of children believed to need ECI services are referred to them			X	Health statistics	By 12/2015

<b>Strategy 2: Develop IECCD Centres and services, with priority given to children from 0 to 3 years and their parents to ensure holistic child development</b>						
<b>Task</b>	<b>Indicator</b>	<b>In-put</b>	<b>Out-put</b>	<b>Out-come</b>	<b>Measure</b>	<b>Targets</b>
<b>2.1 Plan and pilot IECCD Centres and then expand them</b>						
2.1.1	a. Consultation meetings held		X		Reports	By 09/2013
	b. Draft Plan reviewed		X		Reports	By 10/2013
	c. Plan adopted by all partners		X		Reports	By 12/2013
	d. Communities mobilised to establish Centres		X		Reports	By 03/2014
2.1.2	a. Manual for training authorities developed		X		Manual prepared	By 09/2013
	b. Manual field tested and revised		X		Manual completed	By 12/2013
	c. Training workshops begun		X		Workshop report	By 03/2014
2.1.3	a. Centre & service standards adopted		X		Standards adopted	By 03/2014
	b. Regulations adopted		X		Regulations adopted	By 03/2014
	c. Initial Centres registered officially		X		Centres registered	By 06/2014
2.1.4	a. Personnel regulations adopted		X		Regulations adopted	By 03/2014
	b. Salary scales established		X		Scales established	By 03/2014
	c. Terms of reference prepared		X		TOR prepared	By 06/2014
2.1.5	a. Materials selection & development plan prepared		X		Materials & Plan done	By 12/2013
	b. Materials developed or adapted, field tested, revised & printed		X		Materials printed	By 03/2014
	c. Toy & Book Libraries & a Toy Making Guide selected or prepared		X		Libraries & Guide done	By 12/2013
2.1.6	a. Training system developed		X		System developed	By 12/2013
	b. Training manual prepared		X		Manual prepared	By 12/2013
	c. Monitoring & evaluation manual prepared		X		Manual prepared	By 03/2014
	d. In-service training system planned		X		System planned	By 03/2014
2.1.7	Training workshops planned & held		X		Training conducted	By 06/2014, if not before

2.1.8	a. 20 selected IECCD Centres established & equipped		X		Centre reports	By 12/2014
	b. Interagency agreements signed		X		Agreements signed	By 06/2014
	c. IECCD Ministerial Desk Officers designated & coordinating effectively		X		Ministry reports	By 12/2014
	d. 20 centres fully functioning				Centre reports	By 03/2015
2.1.9	Mapping study conducted		X		Study conducted	By 12/2014
2.1.10	a. Plan for going to scale developed		X		Plan developed	By 12/2014
	b. Cost studies conducted		X		Cost studies conducted	By 12/2014
	c. Financial Plan prepared		X		Financial Plan done	By 12/2014
	d. IECCD Centres expanded: Number of Centres established		X		Centre Reports	2014/15: 20 Centres 2015/16: 100 Centres 2016/17 and 2017/18: 200 Centres
2.1.11	a. Mobile teams & satellite centres designed		X		Centre reports	By 12/2014
	b. 5 pilot mobile teams & 5 pilot satellite centres established		X		Centre reports	By 12/2015
	c. System expanded to at least 10 mobile teams and 10 pilot centres		X		Centre Reports	By 2016/17
<b>2.2 Implement national programme for parent education and support</b>						
2.2.1	Plan for National Parent Education Services & materials prepared & adopted		X		Plan adopted	By 03/2014
2.2.2	Parent education materials selected, adapted or created, printed or copies & distributed according to plan		X		Materials prepared	By 09/2014
2.2.3	Parent education training manual & M&E manual prepared & used in training workshops		X		Manuals prepared	By 09/2014
<b>2.3 Expand essential health care services</b>						
2.3.1	Rate of children 0 to 5 years served by IMCI: 80% of vulnerable children served		X		Health statistics	By 12/2013
2.3.2	All IECCD Centres sign interagency agreements with local Health Centres		X		Agreements signed	By 03/2014
2.3.3	a. MOH immunisation service targets established in health plans are achieved or surpassed			X	Health statistics	By 12/2013
	b. MOH seeks to achieve overall immunisation coverage target of 80% (up from 62% at present)			X	Health statistics	By 12/2014
2.3.4	All parent education modules in health, nutrition, sanitation & protection are prepared with MOH and MOSD help		X		Modules prepared	By 09/2014
<b>2.4 Provide nutrition education for parents and rehabilitation and feeding services for infants and toddlers</b>						
2.4.1	a. Rate of breastfeeding within one hour of birth: 90% of births			X	Nutrition statistics	By 2015
	b. Rate of exclusive breastfeeding for first six months of life: 90% of infants			X	Nutrition statistics	By 2015

2.4.2	Rate of pregnant & lactating women & children receiving nutrition education, food supplements & parent education: 95%			X	Nutrition statistics	By 2014
2.4.3	Rate of eligible mothers & children receiving feeding programme in targeted communities: 80% of mothers and children			X	Feeding statistics	By 2014
2.4.4	a. Rate of children 0 to 3 & up to 5 years receive micronutrients: 95% of children served			X	Nutrition statistics	By 12/2013
	b. Rate of children from 12 months to 5 years receive regular de-worming services: 90% of children			X	Nutrition statistics	By 12/2013
2.4.5	Rate of malnourished children 0 to 3 years receiving nutritional rehabilitation combined with ECI services for child development & parent education			X	Nutrition & ECI statistics	* 40% by 12/2015 * 60% by 12/2016 * 70% by 12/2017
2.4.6	a. Food & inspection regulations improved & adopted		X		Regulations adopted	By 12/2013
	b. Regulations used to prepare a new parent education module		X		Module prepared	By 03/2014
<b>2.5 Improve day care centres and family child care services for children, 0 to 3 years</b>						
2.5.1	Service standards, regulations & a registration system adopted for day care centres & family child care services		X		Standards, regulations & system adopted	By 12/2013
2.5.2	a. Day care centres & family child care services will be registered: 50%		X		Day care records	By 12/2014
	b. Day care centres will be monitored annually: 50%		X		Day care records	By 06/2015
2.5.3	Rate of IECCD Centres reporting they support one or more day care centres & family child care services: 100%		X		IECCD Centre reports	By 12/2014
2.5.4	MOH reports expanded amounts of health & feeding services to day care centres & family child care services		X		MOH reports	Service expansion by 12/2014

<b>Strategy 3: Ensure vulnerable children with developmental delays, malnutrition, HIV and AIDS or disabilities receive early childhood intervention services</b>						
<b>Task</b>	<b>Indicator</b>	<b>In-put</b>	<b>Out-put</b>	<b>Out-come</b>	<b>Measure</b>	<b>Targets</b>
<b>3.1 Develop Early Childhood Intervention (ECI) services</b>						
3.1.1	Comprehensive Plan for National ECI Services developed & adopted		X		Plan adopted	By 12/2013
3.1.2	a. Criteria for ECI personnel roles established & TOR prepared.		X		Criteria established	By 12/2013
	b. Candidates reviewed & selected for training		X		Candidates selected	By 12/2013
3.1.3	Professionals trained in ECI services: 4 to 6 professionals		X		Training report	By 12/2014
<b>3.2 Implement ECI services in stages</b>						
3.2.1	a. ECI policies & procedures developed & adopted		X		Policies adopted	By 06/2014
	b. Curricula, educational materials, child assessments, IFSP format, ECI service manual & M&E manual developed or adapted & translated & field tested		X		Programme contents prepared	By 06/2014

	c. Training programme designed & prepared		X		Training prepared	By 09/2014
3.2.2	Pre-service training conducted in Lesotho and South Africa		X		Training reports	From 01/2015 – 03/2015
3.2.3	a. 6 Pilot ECI sites established in IECCD Centres & health centres, & ECI services will be provided		X		ECI Reports	By 12/2015, and before as possible
	b. Supervisors trained & placed in service		X		ECI Reports	By 12/2015
	c. National ECI Office established (location to be determined)		X		ECI Reports	By 12/2015
3.2.4	a. ECI system reviewed & revised		X		ECI Revision Report	By 12/2016
	b. Six more ECI service sites opened in 2015 – 2016: 50% of eligible children served in sites		X		ECI Reports	By 2017/18

<b>Strategy 4: Improve and expand preschool services (including home-based and reception year services) for children 3 to 5 years, and improve transition from home and preschool to primary school</b>						
<b>Task</b>	<b>Indicator</b>	<b>In-put</b>	<b>Out-put</b>	<b>Out-come</b>	<b>Measure</b>	<b>Targets</b>
<b>4.1 Reinforce education policies to expand and improve preschool education</b>						
4.1.1	National campaign for preschool parent awareness conducted		X		Campaign report	By 12/2013
4.1.2	a. Official statement drafted & circulated in zones with underage & overage pupils in preschool &/or primary school		X		Statement circulated	By 12/2013
	b. Rate of underage & overage primary school children reduced by 20%			X	Education statistics	By 12/2015
4.1.3	a. Expand the number of children served in preschools (baseline in 2011/12: 60,117 children)			X	Education statistics	2013/14: 68,000 2014/15: 74,000 2015/16: 80,000 2016/17: 86,000
	b. Achieve 45% preschool coverage of preschool age children			X	Education statistics	By 2017/18
4.1.4	Expand number of home-based preschools (baseline in 2011/2012: 60)			X	Education statistics	2013/14: 100 preschools 2014/15: 120 preschools 2015/16: 140 preschools 2016/17: 160 preschools 2017/18: 180 preschools
4.1.5	Number of reception year pupils (baseline: 2010/11: 5,696)			X	Education statistics	By 2013/14: 7,300 By 2014/15: 8,100 By 2015/16: 9,000 By 2016/17: 10,000 By 2017/18: 10,000
4.1.6	Uniform preschool & reception year service standards, regulations & training materials prepared & adopted		X		Standards, etc. adopted	By 12/2014

4.1.7	a. Registration & certification system adopted		X		System adopted	By 03/2014
	b. Registration & certification instruments finalised		X		Instruments completed	By 03/2014
	c. Multisectoral Preschool Supervision Team selected & trained		X		Team prepared	By 06/2014
	d. All preschools & day care centres registered & certified			X	All completed	By 12/2014
4.1.8	a. Training Manual for Preschool Supervisors with supervisory checklists prepared		X		Manual prepared	By 01/2014
	b. Preschool Monitoring & Evaluation Manual, & instruments & guides prepared		X		Manual prepared	By 01/2014
	c. Training workshops for Preschool supervisors held		X		Training held	By 12/2014
4.1.9	Preschool Parent Involvement Booklet prepared, field tested, revised, formatted & printed		X		Booklet printed	By 03/2014
4.1.10	a. Training workshops on inclusive preschool education planned & held		X		Workshops held	By 12/2014
	b. Plan for specialised regional training prepared		X		Training plan prepared	By 06/2014
	c. Regional training provided		X		Regional training held	Begun by 12/2014
<b>4.2 Improve the quality of preschool education</b>						
4.2.1	a. Preschool curricula, materials & manuals reviewed		X		Items reviewed	By 12/2013
	b. Materials & methods adapted, added, translated & adapted		X		Adaptation completed	By 09/2014
	c. Materials field tested, revised, printed & distributed		X		Materials completed	By 12/2014
	d. In-service training workshops provided		X		Workshops provided	By 03/2015
4.2.2	a. Plan developed for special new curricula & materials		X		Plan prepared	By 12/2013
	b. Materials finalised		X		Materials finalised	By 12/2014
<b>4.3 Provide essential preschool support services for health, nutrition and sanitation</b>						
4.3.1	a. Each preschool develops an interagency agreement with a local health centre		X		Agreements prepared	By 03/2014
	b. Each preschool has an up-to-date first aid kit		X		Preschool reports	By 03/2014
4.3.2	a. Feeding services will be expanded to serve all vulnerable children		X		Service report	By 12/2013 & beyond
	b. Special training & monitoring provided		X		Training & monitoring reports	By 12/2013
4.3.3	a. MOH will assist all IECCD Centres & preschools to develop good sanitation systems: 100% of IECCD Centres & preschools have good sanitation systems		X		IECCD Centre & preschool reports; sanitation reports	By 12/2014
	b. Booklet prepared & used by Centres & preschools		X		Centre & preschool reports	By 12/2014
4.3.4	a. MOAFS supports preschool gardens		X		MOAFS report	By 03/2014



	b. Rate of gardens developed: 80% of preschools			X	Preschool reports	By 12/2014
4.3.5	a. Playground guidelines drafted, field tested, revised, formatted & printed		X		Guidelines printed	By 09/2013
	b. Communities asked to give land, construct & maintain playgrounds		X		Preschool reports	By 12/2013
	c. Playgrounds of preschools expanded: rate of preschools with playgrounds			X	Preschool reports	60% by 12/2015 90% by 12/2017
4.3.6	a. Referral booklet will be prepared, field tested, revised & printed		X		Booklet prepared	By 12/2013
	b. Child Helpline will be expanded to ensure national coverage		X		Helpline report	By 09/2013 & beyond
<b>4.4 Improve transition from home, preschool or reception class to primary school</b>						
4.4.1	a. Transition guidelines prepared		X		Guidelines prepared	By 06/2014
	b. Educational materials for enriched school readiness activities will be completed & distributed		X		Materials prepared	By 12/2014
4.4.2	a. Transition Plan & Guidelines implemented		X		Plan & guidelines implemented	By 03/2015
	b. Transition Plan & Guidelines reviewed, revised & distributed for continuing use		X		Plan & guidelines distributed	By 03/2016 & beyond

<b>Strategy 5: Promote the rights and protection of children and parents, especially for children in difficult circumstances</b>						
<b>Task</b>	<b>Indicator</b>	<b>In-put</b>	<b>Out-put</b>	<b>Out-come</b>	<b>Measure</b>	<b>Targets</b>
<b>5.1 Promote legal protection</b>						
5.1.1	Parental rights booklet prepared		X		Booklet prepared	By 03/2014
5.1.2	Father education module prepared, field tested, revised, printed & distributed for parent education		X		Module prepared	By 03/2014
5.1.3	a. Child & Gender Protection Unit expanded to serve more children 0- 6		X		CGPU expanded	By 12/2013
	b. Community awareness campaign conducted		X		Campaign report	By 12/2013
5.1.4	a. Disability Policy reviewed		X		Policy reviewed	By 12/2013
	b. Additional activities identified & planned		X		Activities planned	By 12/2013
	c. Action Plan drafted & implemented		X		Plan implemented	By 12/2014 & beyond
<b>5.2 Ensure adequate social protection for families with young children</b>						
5.2.1	Child Grants reviewed & greater priority is placed on serving children 0 to 5 years & their parents		X		Grants reviewed	By 12/2013
<b>5.3 Ensure conditional cash transfers include IECCD conditions</b>						
5.3.1	CCTs reviewed & IECCD conditions added		X		IECCD conditions added	By 12/2013 & beyond
5.3.2	a. Model CCT IECCD system designed & planned		X		CCT IECCD system planned	By 12/2013

	b. Model CCT system piloted, monitored & evaluated in a selected community council of one district		X		CCT system implemented & evaluated	By 03/2015
<b>5.4 Promote community planning for child protection services</b>						
5.4.1	a. Format prepared for Community Risk Reduction Plans		X		Format prepared	By 09/2013
	b. Communities prepare & submit their Risk Reduction Plans		X		Plans prepared	By 12/2013
	c. MOSD provides technical support as needed		X		MOSD Report	From 09/2013 to 12/2016
<b>5.5 Ensure child protection, especially for vulnerable children</b>						
<b>a) Abused and neglected children, and children with diseases or disabilities</b>						
5.5.1	a. Formats for registration of protection services & for annual reports to be prepared, field tested & finalised		X		Formats prepared	By 12/2013
	b. Registration forms submitted		X		Forms submitted	By 03/2014
	c. Annual reports will be submitted by December of each year		X		Reports submitted	By 2014 & onward
	d. MOSD supervisory visits conducted quarterly		X		Supervision Reports	By 06/2014 & onward
5.5.2	a. Media campaign designed & conducted		X		Campaign conducted	By 12/2014
	b. Parenting classes to prevent child abuse & neglect, diseases & disabilities		X		Classes conducted	By 03/2013 & onward
5.5.3	a. Training module & educational materials prepared, translated, field tested & printed		X		Module prepared	By 03/2014
	b. Training for health, education, & local government personnel conducted		X		Training conducted	By 03/2014 & onward
5.5.4	Trained personnel will provide improved special health services, checkups & treatments		X		Services provided	By 03/2014 & onward
5.5.5	a. Additional needed services identified		X		Services identified	By 12/2015
	b. Fund established to provide support for children, families & relevant services	X			Fund established	By 03/2014
<b>b) Orphaned and abandoned children</b>						
5.5.6	a. Conduct an awareness campaign		X		Campaign conducted	By 03/2014
	b. Transition programmes reviewed		X		Programmes reviewed	By 03/2014
	c. Transition programmes supported		X		Programmes supported	By 09/2014
	d. Procedures for home-based placements will be developed		X		Procedures developed	By 03/2014
	e. Home-based placements will be expanded rapidly			X	Home placements expanded	From 03/2014 & onward
	f. Children from 0 to 3 years no longer placed in institutions except for short transitions to family care: 100%			X	Child services reports	12/2014 onward
5.5.7	a. CCTs provided to impoverished parents with young children		X		CCTs provided	By 03/2014
	b. Family preservation & counselling services offered		X		Family preservation offered	By 03/2014
5.5.8	a. Rate of orphanages that are officially registered: 100%			X	Orphanage records	By 03/2014

					Social work records	
	b. Service standards & regulations for orphanages established		X		Standards established	By 03/2014
	c. Rate of orphanages that develop rules in line with service standards & regulations: 100%			X	Rules developed	By 03/2014
	d. Plan for supervision developed & implemented		X		Plan implemented	By 03/2014
	e. Rate of orphans institutionalised, 0 to 5 years that have an Individualised Plan for Home Placement: 100%			X	Orphanage records	By 03/2014
	f. Rate of home placement within 3 months: 98% of children placed in institutions have a caring home within 3 months' time			X	Orphanage records; Social work records	By 03/2015
5.5.9	a. Package of supports for orphans designed		X		Package designed	By 03/2014
	b. Package of supports implemented		X		Package implemented	From 03/2014 & beyond
	c. Percentage of orphans 0-6 receiving package of supports			X	MOSD statistics & service reports	40% by 2013/14, 45% by 2014/15, 50% by 2015/16 80% by 2016/17 90% by 2017/18
<b>c) Young children required to do abusive labour</b>						
5.5.10	a. Study of abusive young child labour conducted		X		Study completed	By 09/2014
	b. Project including CCTs designed & developed		X		Project developed	By 09/2014
	c. Project implemented & monitored		X		Project monitored	By 09/2014
	d. Rate of children under 6 not in abusive child labour: 99.5%			X	MOSD statistics	99.5% by 03/2016
<b>d) Children living or working in the streets</b>						
5.5.11	a. Street children identified		X		Study Report	By 03/2014
	b. Core package of supports designed		X		Package designed	By 03/2014
	c. Package implemented		X		Package implemented	By 06/2014
	d. Rate of children 3 to 6 who are identified & then receive services			X	MOSD statistics; special study	80% by 2015/16 90% by 2016/17 95% by 2017/18
<b>e) Children of incarcerated parents</b>						
5.5.12	a. Design a package of supports		X		Package designed	By 03/2014
	b. Provide antenatal/neo-natal & parent education & other supports to pregnant women & mothers in prison			X	Supports provided in prisons	By 2014/15 & onward
5.5.13	a. Package of supports for children designed		X		Package designed	By 03/2014
	b. Package of supports implemented		X		Package implemented	By 03/2014
	c. Rate of children of incarcerated mothers & fathers served with package			X	MOSD statistics; special study	80% by 2015/16 90% by 2016/17 95% by 2017/18
	d. Plan developed & implemented for visiting days		X		Service Report	By 03/2014

	e. Rate of mothers & fathers reporting improved conditions & experiences during visits: 95%			X	Project study & report	By 12/2013 & annually
<b>f) Children of commercial sex workers</b>						
5.5.14	a. Plan developed		X		Plan prepared	By 06/2014
	b. Plan implemented		X		Project Report	By 09/2014
	c. Rate of pregnant & parenting commercial sex workers served: 80% of identified women served			X	Project report	By 12/2014
<b>5.6 Develop National Child Database and Tracking System</b>						
5.6.1	a. Plan prepared, piloted, revised & adopted		X		Plan adopted	By 03/2014
	b. System implemented		X		System implemented	By 03/2014
5.6.2	a. Rules & regulations established		X		Rules established	By 03/2014
	b. Training module on rules & regulations for privacy rights developed		X		Module developed	By 03/2014
	c. Workshops provided for all relevant agencies		X		Workshops conducted	By 01/2014 & onward

<b>Strategy 6: Expand and improve the system for pre- and in-service training for all IECCD services</b>						
<b>Task</b>	<b>Indicator</b>	<b>In-put</b>	<b>Out-put</b>	<b>Out-come</b>	<b>Measure</b>	<b>Targets</b>
<b>6.1 Conduct a Capacity Needs Assessment of the IECCD workforce</b>						
6.1.1	Assessment conducted & report prepared		X		Report available	By 12/2013
<b>6.2 Establish IECCD personnel service standards, career ladders, and certification systems</b>						
6.1.2	Personnel service standards, certification requirements & career ladders established & implemented		X		Standards, etc. implemented	By 03/2014
<b>6.3 Expand and improve pre-service training</b>						
6.3.1	a. The Council on Higher Education will begin developing the Plan for Advanced IECCD Training		X		Planning begun	By 06/2013
	b. Plan for Advanced IECCD Training completed		X		Plan completed	By 12/2013
	c. New programmes & courses prepared & staff secured		X		Programmes prepared; Staff secured	By 06/2014
6.3.2	Plan for cross training in pre- & in-service training developed		X		Plan developed	By 09/2014
6.3.3	a. Guidelines prepared		X		Guidelines available	By 12/2014
	b. Major IECCD services prepare & implement a Training Plan for Paraprofessionals & Volunteers: 100%			X	Training Plans implemented	By 12/2014
<b>6.4 Develop a National IECCD Resource and Training Centre</b>						
6.4.1	a. Plan drafted, reviewed & adopted by the National Multisectoral IECCD Council		X		Plan adopted	By 03/2014
	b. Centre established & functioning		X		Centre Report	By 09/2014 & beyond

6.4.2	a. Plan drafted, reviewed & adopted by the National Multisectoral IECCD Council		X		Plan adopted	By 12/2015
	b. Two District Centres established & functioning		X		District Centre Reports	By 03/2016
<b>6.5 Plan and implement continuous in-service training services</b>						
6.5.1	National Plan for In-Service Training prepared by December of each year		X		Plans prepared annually	By 12/2013 & annually thereafter
<b>6.6 Develop in-service training workshops for IECCD field supervisors</b>						
6.6.1	a. Annual Plans for Training IECCD Field Supervisors prepared by December of each year		X		Plans prepared annually	Beginning in 2013
	b. Annual training provided for field supervisors		X		Training provided annually	By 12/2013 & beyond

<b>Strategy 7: Design and implement a structure and plan for policy monitoring, evaluation, action research and follow-up planning</b>						
<b>Task</b>	<b>Indicator</b>	<b>In-put</b>	<b>Out-put</b>	<b>Out-come</b>	<b>Measure</b>	<b>Targets</b>
<b>7.1 Develop a national system for monitoring, evaluation, reporting, learning and follow-up planning</b>						
7.1.1	a. Plan & establish the IECCD MIS		X		IECCD MIS established	By 12/2013
	b. Recruit 2 staff members for the Department to work on the IECCD MIS, & provide initial staff training		X		2 staff members recruited & training done	By 12/2013
7.1.2	Formal interagency agreements forged		X		Agreement signed	By 12/2013
7.1.3	M&E Manual, instruments & guides prepared, field tested & finalised		X		M&E Manual prepared	By 03/2014
<b>7.2 Develop a reporting schedule and an Annual National IECCD Action Plan</b>						
7.2.1	a. Schedules for reporting developed		X		Schedules set	By 12/2012
	b. Annual National IECCD Action Plan developed by December of each year		X		Annual Action Plan developed	Annually beginning in 2014
<b>7.3 Conduct a national assessment of child development</b>						
7.3.1	Plan for assessment of child development and malnutrition prepared		X		Plan developed	By 12/2013
7.3.2	a. Survey completed		X		Completed survey report	By 12/2014
	b. Survey results used for programme planning in 2015 & beyond		X		Survey results used to plan	By 2015 & beyond
7.3.3	Second survey completed		X		Completed survey report	By 12/2017
7.3.4	a. Level of child development improved			X	Survey results	By 2017
	b. Rate of malnutrition reduced			X	Survey results	By 2017
<b>7.4 Conduct action research on IECCD topics</b>						
7.4.1	Annual Action Research Plan prepared		X		Plans prepared	Beginning by 2013/14

	3 to 4 research project conducted annually		X		Research conducted	Beginning by 2013/14
--	--	--	---	--	--------------------	----------------------

<b>Strategy 8: Develop and implement annual plans for policy advocacy and social communications</b>						
<b>Task</b>	<b>Indicator</b>	<b>In-put</b>	<b>Out-put</b>	<b>Out-come</b>	<b>Measure</b>	<b>Targets</b>
<b>8.1 Conduct policy advocacy and IECCD networking</b>						
8.1.1	a. Annual IECCD Policy Advocacy Plan prepared by December		X		Plan prepared	Beginning in 12/2013
	b. Plan implemented annually		X		Plan implemented	Beginning in 2013
8.1.2	Annual IECCD Forum planned & conducted each year		X		Annual Forum held	Beginning in late 2013
<b>8.2 Prepare and implement Annual IECCD Social Communications Plans</b>						
8.2.1	a. Annual Social Communication Plan prepared by December of each year		X		Plan prepared	Beginning in 2013
	b. Social Communications Plan implemented annually		X		Report prepared	Beginning in 2013
8.2.2	Radio education programmes planned & conducted		X		Radio Education conducted	Beginning by 03/2013
<b>8.3 Establish Child Ambassadors for IECCD</b>						
8.3.1	Child ambassadors selected		X		Children selected	Beginning by 12/2013

<b>Department for National IECCD Policy implementation</b>						
<b>Task</b>	<b>Indicator</b>	<b>In-put</b>	<b>Out-put</b>	<b>Out-come</b>	<b>Measure</b>	<b>Targets</b>
<b>9.1 Department Personnel</b>						
9.1.1	a. 1 Director & 2 staff members selected & hired	X			Personnel hired	By 06/2013 & onward
	b. 3 specialists selected & seconded upon adoption of IECCD Policy	X			Specialists seconded	By 06/2013 & onward
<b>9.2 Organisational activities</b>						
9.2.1	Five organisational manuals prepared, reviewed, revised, printed & distributed for use		X		Manuals prepared & used	By 06/2013
<b>9.3 Training activities to prepare all organisational entities</b>						
9.3.1	a. 1 national training workshop held		X		Workshop held	By 12/2013
	b. 10 district workshops held		X		District workshops held	By 12/2013
	c. 86 community workshops held by district leaders		X		Community workshops held	By 03/2014 & beyond
<b>9.4 Holding organisational entity meetings</b>						
9.4.1	Small support will be provided for coffee, snacks & supplies for each meeting	X			Meeting support provided	From 2013/14 & beyond
<b>9.5 Formal interagency agreements</b>						
9.5.1	The Department assists agencies to establish & carry out interagency agreements		X		Agreements signed as per schedule	By 12/2013 & beyond
<b>9.6 Coordination Plans</b>						
9.6.1	Coordination plans prepared & circulated widely		X		Coordination plans prepared	By 12/2013 & quarterly thereafter

Additional indicators regarding policy implementation will be selected in the future based on evolving needs for policy monitoring.