



Policy Goals

1. Establishing an Enabling Environment

Legal frameworks in Belize provide some protection for pregnant women, mothers, and young children. However, a comprehensive Early Childhood Development (ECD) policy does not yet exist. In addition to a multi-sectoral ECD strategy, Belize would benefit from an institutional anchor that could coordinate ECD at both the national and service delivery levels. The budget process for ECD is relatively transparent and ECD service providers are compensated by the Government. However, ECD allocation in the education sector is inadequate and ECD budget coordination could be improved.

Status

Emerging



2. Implementing Widely

ECD programming exists across the health, nutrition, protection, and education sectors. There is adequate and equitable coverage for some health and nutrition interventions, but access should be improved for other programs, such as breastfeeding promotion and anemia prevention. The gross preprimary enrollment rate in Belize is 47 percent. Early childhood care and education are not equitably provided to the poorest children.

Established



3. Monitoring and Assuring Quality

Administrative and survey data are available for ECD outcomes and levels of coverage. Minimum operating requirements and registration and licensing processes for daycare operators exist. Quality standards for preschools also exist; however, compliance with standards is largely unknown.

Emerging



Systems Approach to Better Education Results – Early Childhood Development (SABER-ECD)

SABER – ECD collects, analyzes and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multisectoral information is collected on ECD policies and programs through a desk review of available government documents, data and literature, and interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners and scholars. The SABER-ECD framework presents a holistic and integrated assessment of how the overall policy environment in a country affects young children’s development. This assessment can be used to identify how countries address the same policy challenges related to ECD, with the ultimate goal of designing effective policies for young children and their families.

Box 1 presents an abbreviated list of interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive, but is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors.

Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: Establishing an Enabling Environment, Implementing Widely and Monitoring and Assuring Quality. Improving ECD requires an integrated approach to address all three goals. As described in Figure 1, for each policy goal, a series of policy levers are identified, through which decision-makers can strengthen ECD. Strengthening ECD policies can be viewed as a continuum; as described in Table 1 on the following page, countries can range from a latent to advanced level of development within the different policy levers and goals.

Box 1: A checklist to consider how well ECD is promoted at the country level

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?
Health care
<ul style="list-style-type: none"> • Standard health screenings for pregnant women • Skilled attendants at delivery • Childhood immunizations • Well-child visits
Nutrition
<ul style="list-style-type: none"> • Breastfeeding promotion • Salt iodization • Iron fortification
Early Learning
<ul style="list-style-type: none"> • Parenting programs (during pregnancy, after delivery and throughout early childhood) • Childcare for working parents (of high quality) • Free preprimary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)
Social Protection
<ul style="list-style-type: none"> • Services for orphans and vulnerable children • Policies to protect rights of children with special needs and promote their participation/ access to ECD services • Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.)
Child Protection
<ul style="list-style-type: none"> • Mandated birth registration • Job protection and breastfeeding breaks for new mothers • Specific provisions in judicial system for young children • Guaranteed paid parental leave of least six months • Domestic violence laws and enforcement • Tracking of child abuse (especially for young children) • Training for law enforcement officers in regards to the particular needs of young children

Figure 1: Three core ECD policy goals

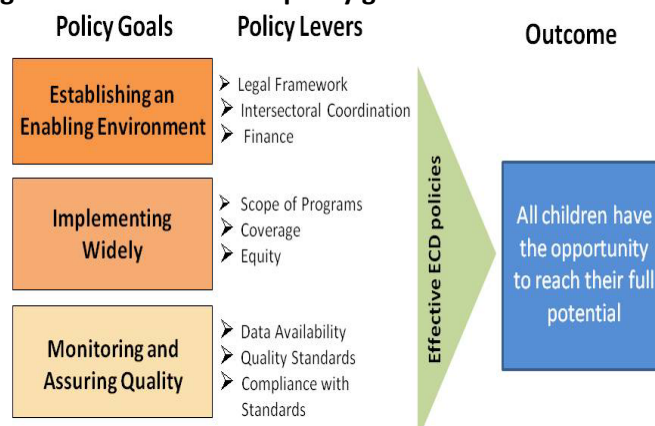


Table 1: ECD policy goals and levels of development

ECD Policy Goal	Level of Development			
	Latent 	Emerging 	Established 	Advanced
Establishing an Enabling Environment	Non-existent legal framework; ad-hoc financing; low inter-sectoral coordination.	Minimal legal framework; some programs with sustained financing; some inter-sectoral coordination.	Regulations in some sectors; functioning inter-sectoral coordination; sustained financing.	Developed legal framework; robust inter-institutional coordination; sustained financing.
Implementing Widely	Low coverage; pilot programs in some sectors; high inequality in access and outcomes.	Coverage expanding but gaps remain; programs established in a few sectors; inequality in access and outcomes.	Near-universal coverage in some sectors; established programs in most sectors; low inequality in access.	Universal coverage; comprehensive strategies across sectors; integrated services for all, some tailored and targeted.
Monitoring and Assuring Quality	Minimal survey data available; limited standards for provision of ECD services; no enforcement.	Information on outcomes at national level; standards for services exist in some sectors; no system to monitor compliance.	Information on outcomes at national, regional and local levels; standards for services exist for most sectors; system in place to regularly monitor compliance.	Information on outcomes from national to individual levels; standards exist for all sectors; system in place to regularly monitor and enforce compliance.

Policy Goal 1: Establishing an Enabling Environment

➤ Policy Levers: Legal Framework • Intersectoral Coordination • Finance

An Enabling Environment is the foundation for the design and implementation of effective ECD policies¹. An enabling environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD; coordination within sectors and across institutions to deliver services effectively; and, sufficient fiscal resources with transparent and efficient allocation mechanisms.

Policy Lever 1.1: Legal Framework



The legal framework comprises all of the laws and regulations which can affect the development of young children in a country. The laws and regulations which impact ECD are diverse due to the array of sectors which influence ECD and because of the different constituencies that ECD policy can and should target, including pregnant women, young children, parents, and caregivers.

National laws and regulations promote healthcare for pregnant women. In Belize, the provision of standard health screenings for HIV and STDs is guaranteed for all pregnant women. Prenatal care guidelines include standard follow-up procedures and referral to appropriate services. Additionally, the policy includes free antenatal visits for pregnant women. Skilled delivery is not a guaranteed free service, but 96 percent of births are attended by skilled attendants (UNICEF MICS4, 2011).

National laws and regulations promote healthcare for young children. Young children are required to receive a complete course of childhood immunizations in Belize. Well-child visits are also required through the *Integrated Management of Childhood Illnesses*. Referrals are provided as necessary.

National laws and regulations promote appropriate dietary consumption by pregnant women and children. The *Breastfeeding Policy* (1996) encourages breastfeeding in Belize. Belize meets some provisions of the International Code of Marketing of Breast Milk Substitutes, a global health policy framework adopted by the WHO. The Belize Bureau of Standards encourages salt iodization and fortification of cereals and staples with iron.

¹ Brinkerhoff, 2009; Britto, Yoshikawa & Boller, 2011; Vargas-Baron, 2005

Table 2: Comparison of maternity and paternity leave policies in Latin America and Caribbean

Belize	Barbados	Chile	Costa Rica	Jamaica
14 weeks maternity at 100% of salary, paid by state and employer. No paternity leave.	12 week maternity at 100% of salary, paid by state. No paternity leave.	18 weeks maternity, 100%, paid by state. 5 days paternity leave.	4 months at 100% of salary. Paid by state and employer. No paternity leave.	12 weeks maternity, at 100% for 8 weeks, paid by the employer. No paternity leave.

Source: ILO, 2012

Policies protect pregnant women and new mothers and promote opportunities for parents to provide care to newborns and infants in their first year of life. Belize is among 23 advanced countries that have ratified the ILO Maternity Protection Convention. Ratified by the Government of Belize in 2000, the Convention entitles new mothers to adequate paid maternity leave and lactating mothers to one or two paid breastfeeding breaks per working day. The *Government Workers Regulation* (1992) guarantees women 14 weeks of 100 percent paid leave. The Government of Belize covers 80 percent of maternity leave through social security and the employer is expected to pay the difference. Above, Table 2 provides a sample of leave policies from the region. Chile is the only country of those listed below that also guarantees paternity leave.

Free preprimary education is not mandated by law. Belizean preschools are generally managed privately and charge fees. The mandatory school age, as specified in the *Education Act* (2003), is between 5 years and 14 years of age. This includes *Beginners* (Kindergarten) for 5-year-olds and *Infant 1* and *Infant 2* for 6- and 7-year-olds.

Child and social protection policies and services have been established. The *Vital Registration of Births and Deaths Act* (Revised 2000) mandates the registration of children at birth. The Government of Belize promotes the reduction of family violence and provides specific protection interventions to young children. The *Families and Children Act* (1998) outlines the duties of both the government and parents or guardians to promote the welfare of children. The Act states that children are guaranteed the right to education, health, nutrition, and protection. Under the Act, the Belize Family Court is responsible for protecting children’s rights that have been infringed upon and will ensure that all children have adequate care and protection. In addition, the *Domestic Violence Act*, *Trafficking Act*, *Social Services Agency Act* and *Mandatory Child Abuse Reporting Regulations* set forth specific guidelines to address family violence, reduce exploitation and enhance the overall protection of children and women in Belize. ECD service providers in both the health and education

sectors are trained in the appropriate identification and referral procedures for child abuse and neglect.

Policy frameworks in Belize ensure that orphans, vulnerable children, and children with disabilities are guaranteed access to a full range of ECD services. The *National Plan of Action for Children and Adolescents* (2004-2015) provides a multi-sectoral strategy to ensure that all children 0-17 years old have opportunities to develop to their fullest potential without discrimination. The *Family and Children Act* as well as the *Framework for Action for Persons with Disabilities* provide specific guidelines for protecting the rights of children who are vulnerable or with disabilities. The *Health and Family Life Education Policy and Education Act* guarantee children with special needs access to inclusive education.

Key Laws and Regulations Governing ECD in Belize

- *Breastfeeding Policy* (1996)
- *Government Workers Regulation* (1992)
- *Vital Registration of Births and Deaths Act* (2000)
- *Family and Children Act* (2003)
- *National Plan of Action for Children* (2004-2015)
- *Health and Family Life Education Policy*

Policy Lever 1.2: Intersectoral Coordination



Development in early childhood is a multi-dimensional process.² In order to meet children’s diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non-state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non-state actors are also essential.

Currently, there is no explicitly-stated multi-sectoral ECD strategy. As of June 2013, the Government of Belize does not have an official ECD strategy endorsed by relevant sectors. However, the Government is in the

² Naudeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007

process of finalizing the *Early Childhood Development Policy* for children from conception to 8 years old. The Ministry of Human Development and Social Transformation and Poverty Alleviation (MHDSTPA), the Ministry of Health (MoH), and the Ministry of Education (MOE) with technical assistance from UNICEF have been involved in the development of this policy. The goal of the ECD Policy is to promote the rights of children to survival, holistic development, and protection. It also is designed to support parents and families in positive caregiving. Belize is encouraged to finalize a multi-sector policy and implementation plan to improve national-level coordination. Box 2 presents relevant lessons from the Chilean experience and the benefits of multisectoral design and implementation of ECD policy.

ECD interventions are not coordinated at the national level. An early childhood education (ECE) Unit exists within the MOE and is only responsible for coordination within the education sector. Currently, no measures have been taken to establish a cross-sectoral ECD institutional anchor. However, in the drafted implementation plan, there are plans to establish an ECD commission that will be based in the MOE and involve the MoH and MHDSTPA. Box 3 presents effective cross-sectoral institutional arrangements across ministries in Jamaica. It also discusses Jamaica's strategy to include parents as stakeholders in the ECD system.

ECD interventions are not coordinated at the point of service delivery. There are currently no regular coordination meetings between different implementing actors at the sub-national level, which could help ensure that children receive integrated services. Additionally, limited mechanisms exist for collaboration between state and non-state stakeholders.

The delivery of integrated service is an emerging approach in Belize but an integrated service delivery manual does not exist in Belize. The combined delivery and technical integration of interventions can improve efficiency, increasing cost-effectiveness and impact through synergies between interventions. Box 4 presents an example from Colombia, where an integrated delivery scheme promotes coordination at the local level.

Box 2: Relevant lessons from Chile: benefits of multisectoral policy design and implementation

Summary: A multisectoral ECD policy should articulate the services provided to children and key stakeholders involved, including responsibilities of service providers and policymakers. The policy should also present the legal and regulatory framework in a country and address any possible gaps. Typically, a policy can include a set of goals or objectives and an implementation plan that outlines how they will be achieved. The benefits of doing so are manifold. The preparation process requires all stakeholders to contribute, which in turn promotes a more holistic, synergetic approach to ECD and identifies possible duplication of objectives by individual stakeholders. Another benefit is that the policy framework clarifies the boundaries within which all stakeholders are to operate and can create accountability mechanisms.

One such example is *Chile Crece Contigo* ("Chile Grows With You", CCC), an intersectoral policy introduced in 2005. The multi-disciplinary approach is designed to achieve high quality ECD by protecting children from conception with relevant and timely services that provide opportunities for early stimulation and development. A core element of the system is that it provides differentiated support and guarantees children from the poorest 40% of households to key services, including free access to preprimary school. Furthermore, the CCC mandates provision of services for orphans and vulnerable children and children with special needs. The creation and implementation of the CCC has been accomplished through a multisectoral, highly synergistic approach at all levels of government. At the central level, the Presidential Council is responsible for the development, planning, and budgeting of the program. At each of the national, regional, provincial, and local levels there are institutional bodies tasked with supervision and support, operative action, as well as development, planning and budgeting for each respective level.

Key considerations for Belize:

- ✓ Highly synergetic approach to service delivery, focusing on multisectoral nature of children's needs: given the multi-dimensional nature of children's development needs, a cohesive approach in ECD service delivery is highly beneficial. It is important to establish a scheme for comprehensive ECD services that should be delivered to all young children, leveraging the respective competencies of each sector with a focus on achieving holistic child development.
- ✓ Guaranteed support to the poorest, most in need children and their families.

Box 3: Relevant lessons from Jamaica: multisectoral institutional arrangements for ECD

Summary: In 2003, the Government of Jamaica established the Early Childhood Commission (ECC) as an official agency to govern the administration of ECD in Jamaica (*Early Childhood Commission Act*). Operating under the Ministry of Education (MoE), the ECC is responsible for advising the MoE on ECD policy matters. It assists in the preparation as well as monitoring and evaluation of ECD plans and programs, acts as a coordinating agency to streamline ECD activities, manages the national ECD budget, and supervises and regulates early childhood institutions (ECIs). The ECC includes a governance arm comprised of the officially appointed Executive Director, a Board of Commissioners, and seven sub-committees representing governmental and non-governmental organizations. It also has an operational arm that provides support to the board and subcommittees. The ECC is designed with representation from all relevant sectors, including education, health, local government and community development, labor, finance, protection, and planning. Each ministry or government agency nominates a representative to serve on the Board of Commissioners. The seven sub-committees which provide technical support to the ECC board are comprised of 50 governmental and non-governmental agencies.

Furthermore, the newly established National Parenting Support Commission creates links between Jamaican parents and the Government of Jamaica. In 2012, the MoE introduced the *National Parenting Support Policy*. The Government recognized that parents should serve an important role to promote and coordinate organizational efforts and resources for positive parenting practices. The *National Parenting Support Commission Act* further established an official coordinating body to ensure effective streamlining of Government activities related to parenting.

Key considerations for Belize:

- ✓ Established cross-sectoral institutional anchor with representation from all relevant sectors, including education, health, local government and community development, labor, finance, protection, and planning
- ✓ Highly synergetic approach to policy design
- ✓ Improved coordination amongst relevant sectors to effectively respond to the comprehensive developmental needs of young children.

Box 4: Relevant lessons from Colombia: *Ruta Integral*

Summary: The Government of Colombia has recently developed the *De Cero a Siempre*, or “From Zero to Forever” strategy to promote comprehensive ECD system across relevant sectors. A major component of the new strategy is the *Ruta Integral de Atenciones*, or the “Scheme for Comprehensive Services,” which is an established list of specific ECD services that should be delivered to all young children. The *Ruta Integral* provides an operational framework which spans from the prenatal period to 6 years of age and includes interventions related to the health, nutrition, socio-emotional development, cultural understanding, and protection of the child. Colombia’s new ECD strategy emphasizes implementation at the local level; each municipality is expected to establish a municipal ECD committee. These municipal committees are responsible for coordinating interventions at the level of service delivery to ensure that children receive all essential services outlined in the *Ruta Integral*.

Key considerations for Belize:

- ✓ Because policy decisions and interventions in ECD span across multiple ministries in Belize is important to have a common plan of action, not only at the policy level, but at the service delivery and local level.

Policy Lever 1.3: Finance



While legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns, but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child’s life cycle and can lead to long-lasting intergenerational benefits³. Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

In Belize, the budget process for ECD is relatively transparent, but coordination could be improved. In the health and nutrition sectors, explicit criteria are used to decide ECD spending. Criteria include: number of children accessing services, children’s characteristics, geographical location, usage, and historical precedent. In the education sector, criteria are currently being

³ Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003

developed to determine allocation of ECE spending. The MOE and MHDSTPA include ECD related investments within their annual budgets. However, exact overall expenditures cannot be disaggregated for ECD-aged children. On the other hand, the MOE and MHDSTPA are both pilot ministries under the program-based

budgeting project executed by the Ministry of Finance and Economic Development, which is likely to allow for more accurate reporting of specific ECD expenditure in the future. Currently ECD budgets are not coordinated across ministries. Belize is encouraged to partake in joint budget planning across MOE, MHDSTPA, and MOH and establish mechanisms to coordinate ECD allocations.

The level of ECD finance is not adequate in the education sector, but it may be adequate in the health sector. According to UNESCO, Belize spends 0.2 percent of total government expenditures on preprimary education. While total public expenditure on education in Belize represents 19 percent of total government expenditures, preprimary education allocations represent only a small portion of this. The burden of finance may not be equitably distributed, as fees are often levied for tuition (20 BZD), uniform (50-60 BZD), and contribution to teacher salaries. Table 3 displays the distribution of preprimary spending across other countries in the region. Compared to other Latin American and the Caribbean countries, Belize falls short on its level of financing for preprimary education. The OECD recommends a public investment of 1 percent of GDP as the minimum required to ensure provision of quality early childhood care and education services.⁴

Table 3: Public expenditures on preprimary in selected Latin American and Caribbean countries

	Belize	Barbados	Chile	Costa Rica	Jamaica
Distribution of public education expenditure on preprimary	1.0%	6.0%	12.0%	6.0%	9.0%
Preprimary expenditure as percentage of GDP	0.1%	0.5%	0.5%	0.4%	0.6%
Preprimary expenditure as percentage of total government expenditure	0.2%	0.8%	2.1%	1.4%	1.0%

Source: UNESCO Institute of Statistics, 2010

⁴ OECD, 2011

The MOH does not report ECD-specific expenditures. However, most health services in the public sector are free. Child healthcare, including immunizations, growth-monitoring and promotion, and well child visits are free for young children. With the exception of labor and delivery, which costs 75 BZD, public health services for pregnant women are also free. Table 4 compares health expenditure indicators in Belize with other countries in the region.

Table 4: Regional comparison of select health expenditure indicators

	Belize	Barbados	Chile	Costa Rica	Jamaica
Total health expenditure as a percentage of GDP	6%	7%	7%	11%	5%
Out of pocket expenditure ⁵ as percentage of private health expenditure	70%	81%	70%	91%	71%
General government expenditure on health per capita (adjusted for purchasing power parity)	USD 283	USD 998	USD 607	USD 932	USD 220
Routine EPI vaccines financed by government	100%	100%	No data	100%	100%

Source: WHO Global Health Expenditure Database, 2011; UNICEF, 2013

Preschools are managed by state and non-state entities. The majority of non-state preschools are community-based. Community preschools receive 2.2 million BZD from the Government. The salary for preprimary teachers ranges from 8,244 to 17,820 BZD, which is significantly less than primary teacher compensation.

⁵ Out of pocket expenditure is any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups.

Policy Goal 2: Implementing Widely

➤ Policy Levers: Scope of Programs • Coverage • Equity

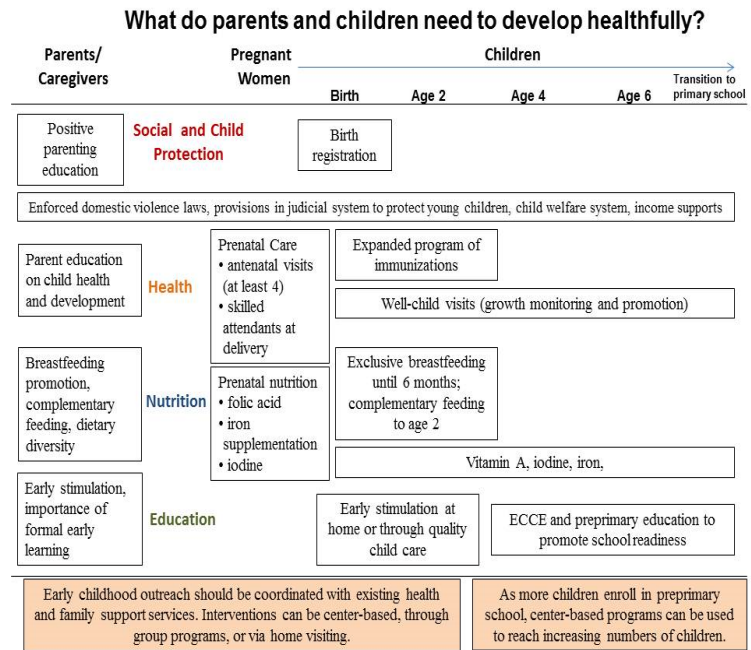
Implementing Widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and child protection, and should target pregnant women, young children and their parents and caregivers. A robust ECD policy should include programs in all essential sectors; provide comparable coverage and equitable access across regions and socioeconomic status – especially reaching the most disadvantaged young children and their families.

Policy Lever 2.1: Scope of Programs



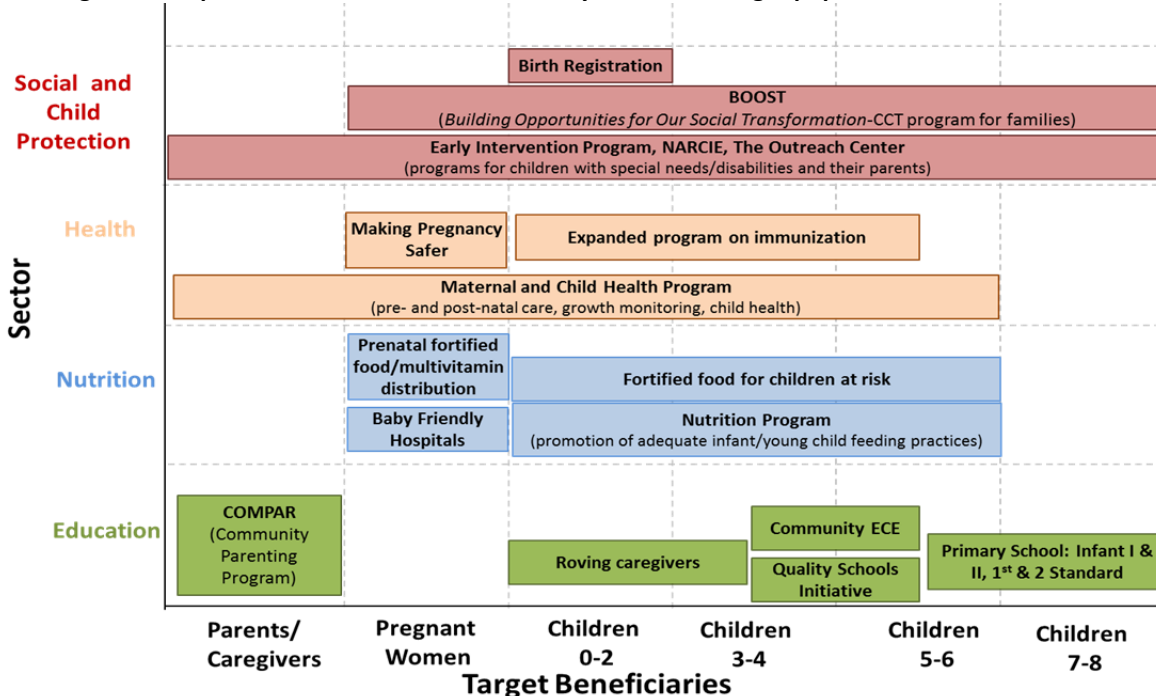
Effective ECD systems have programs established in all essential sectors and ensure that every child and expecting mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 2 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

Figure 2: Essential interventions during different periods of young children's development



A wide scope of programs for pregnant women, young children, and parents/caregivers exist in Belize. ECD programs are established in core ECD areas of focus and target all relevant beneficiary groups. Figure 3 displays interventions that are available in Belize across sectors and target beneficiary groups. In the health, nutrition, and education sectors, essential programs to target all beneficiary groups exist. While Figure 3 displays the range of existing programs in Belize, it does not portray the scale of these programs; this will be addressed in the next section.

Figure 3: Scope of ECD interventions in Belize by sector and target population



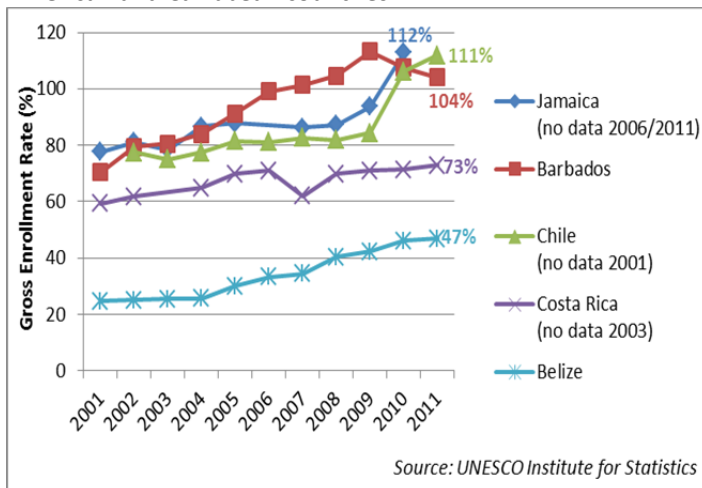
Policy Lever 2.2:
Coverage



A robust ECD policy should establish programs in all essential sectors, ensure high degrees of coverage and reach the entire population equitably—especially the most disadvantaged young children—so that every child and expecting mother have guaranteed access to essential ECD services.

Less than half of children in Belize have access to preprimary education. In 2011, UNESCO reported that the gross enrollment rate in Belize was 47 percent. This reflects the number of children enrolled in preprimary (regardless of age) as a percent of the total preschool-age population. Figure 4 displays the reported preprimary enrollment ratios for selected countries in the region.

Figure 4: Gross enrollment rate (age 3-6) in selected Latin American and Caribbean countries



Source: UNESCO Institute for Statistics

Pregnant women have adequate access to health interventions, but not to nutritional interventions to prevent anemia. Table 5 presents the level of access to essential interventions for pregnant women. While there is nearly universal care across health interventions for pregnant women, in 2006, the WHO reported that half of pregnant women were anemic. In addition to collecting updated data on anemia prevalence, the MoH is encouraged to expand nutritional interventions for anemia. Iron-folate supplements during pregnancy can prevent anemia for the mother and neural tube defects for the fetus. Reducing anemia prevalence in pregnant women can prevent intellectual and physical impairment in children.

Table 5: Regional comparison of level of access to essential health and nutrition interventions for pregnant women

	Belize	Barbados	Chile	Costa Rica	Jamaica
Skilled attendant at birth	96%	100%	100%	99%	98%
Pregnant women receiving antenatal care (at least once)	96%	100%	No data	90%	99%
Percentage of HIV+ pregnant women receiving ARVs for PMTCT	100%	96%	72%	No data	84%
Prevalence of anemia in pregnant women (2006)	52%	23%	28%	28%	41%

Source: UNICEF MICS4, 2011; UNICEF Country Statistics, 2007- 2011; UNAIDS, 2012; WHO Global Database on Anemia, 2006

The level of access to essential health for young children is inadequate. As displayed in Table 6, which presents the coverage rates for child health interventions in the region, Belize has a nearly universal DPT immunization rate. However, young children in Belize may not receive adequate medical attention when they are sick. When children younger than five years old have an acute respiratory infection, more than one in four of them are not taken to a health provider; but for those that do seek medical attention, less than half are treated with antibiotics. And, when they have diarrhea, less than one-third of them receive oral rehydration treatment. Belize should consider strategies to expand access to care for diarrhea and pneumonia, two of the leading causes of death in children younger than five.

Table 6: Regional comparison of level of access to essential health interventions for ECD-aged children

	Belize	Barbados	Chile	Costa Rica	Jamaica
1-year-old children immunized against DPT (corresponding vaccines DPT3β)	74%	91%	94%	83%	99%
Children below 5 with suspected pneumonia receive antibiotics	44%	No data	No data	No data	52%
Children below 5 with suspected pneumonia taken to health provider	71%	No data	No data	No data	75%
Children below 5 with diarrhea receiving oral rehydration salts	43%	No data	No data	No data	No data

Source: UNICEF MICS4, 2011; UNICEF Country Statistics, 2007- 2011; WHO Global Database on Anemia, 2006

Young children have inadequate access to essential nutrition interventions. Table 7 displays selected indicators for child nutrition regions in the region. One-fifth of under-five children in Belize are moderately or severely stunted. The WHO reports that in 2006, approximately one-third of preschool aged children had iron deficiency anemia, which can significantly impede a young child’s development. Additionally, only 10 percent of infants are exclusively breastfed. Exclusive breastfeeding until 6 months can reduce infant mortality and promote healthy development. Box 5 presents lessons from a national breastfeeding promotion campaign in Brazil.

Table 7: Regional comparison of level of access to essential nutrition interventions for ECD-aged children

	Belize	Barbados	Chile	Costa Rica	Jamaica
Children below 5 with moderate/severe stunting	22%	No data	No data	6%	4%
Infants exclusively breastfed until 6 months	10%	No data	No data	15%	No data
Infants with low birth weight	14%	12%	6%	7%	12%
Prevalence of anemia in preschool aged children	36%	17%	24 %	21%	48%

Source: UNICEF MICS4, 2011; UNICEF Country Statistics, 2007- 2011; WHO Global Database on Anemia, 2006

Box 5: Relevant lessons from Brazil: breastfeeding campaign

Summary: Brazil’s campaign to promote breastfeeding changed public perceptions and healthcare practices, resulting in significant increase in breastfeeding. The campaign was initiated in 1980 by the National Food and Nutrition Institute. UNICEF and the Pan-American Health Organization helped to develop public awareness materials that addressed the lack of informational materials on breastfeeding in Portuguese. Instructional brochures were widely distributed to mothers. A media campaign featured radio, television, and print media spots; and endorsements by well-known personalities. The WHO and UNICEF held training courses on breastfeeding for healthcare workers and managers, and the Baby Friendly Hospital Initiative was widely implemented to initiate early feeding. A coalition of numerous actors helped make the campaign a success. The Catholic Church, mothers groups, associations of medical professionals, community leaders, politicians, and the media were all engaged in the effort. The exclusive breastfeeding rate rose from 3.6 percent in 1986 to 40 percent in 2006.

Key considerations for Belize:

- ✓ Develop and disseminate on the benefits of breastfeeding for a variety of audiences, including training materials for healthcare workers, awareness pamphlets for community leaders and NGOs, and instructional brochures for mothers
- ✓ Train healthcare workers to educate mothers on the benefits of breastfeeding, and to support them to initiate and maintain the practice
- ✓ Engage the support of NGOs, women’s associations, health workers, community leaders, etc.

There is nearly universal birth registration in Belize. In Belize, 95 percent of children are registered at birth. Table 8 displays the available birth registration rates in the region.

Table 8: Regional comparison of birth registration rate

	Belize	Barbados	Chile	Costa Rica	Jamaica
Birth registration 2000-2010	95%	No data	100%	No data	98%

Source: UNICEF MICS4, 2011; UNICEF Country Statistics, 2007- 2011

**Policy Lever 2.3:
Equity**

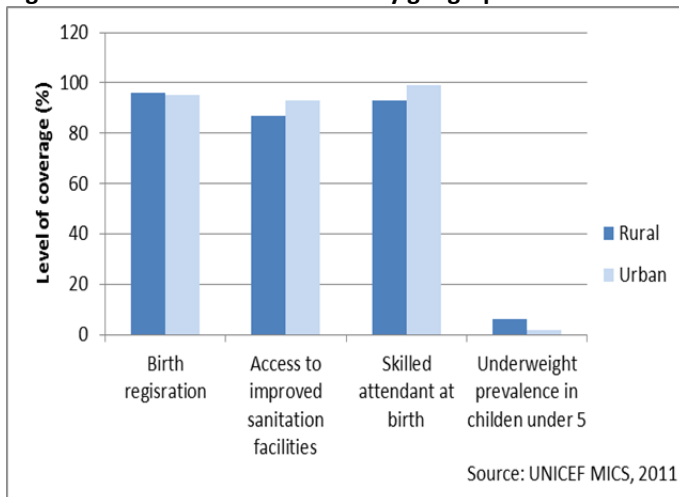


Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services⁶. One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

There is equity in access to preprimary school by gender. The MOE reports that 3,611 boys and 3,505 girls attended preprimary school in 2012. Additionally, UNICEF 2011 MICS data reveal that adult caregivers engage with both boys and girls in early learning activities at a relatively similar rate.

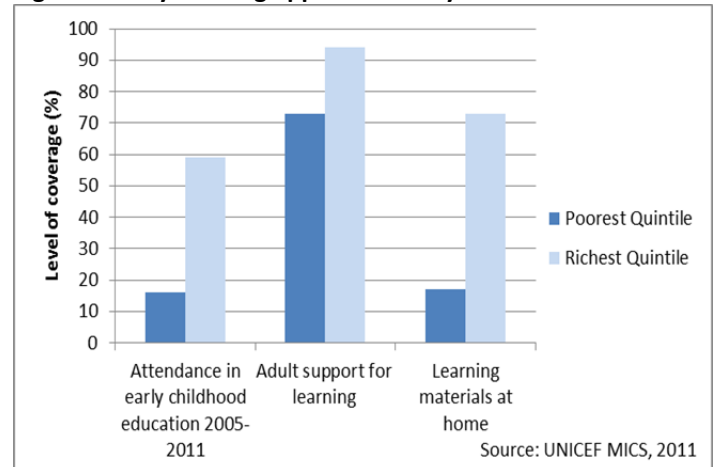
There is relatively equitable access to ECD services in rural and urban areas. Figure 5 displays selected ECD indicators divided by the rural and urban population in Belize.

Figure 5: Selected ECD indicators by geographic location



Early childhood care and education are not equitably provided by socioeconomic status. Figure 6 displays UNICEF MICS data on early learning indicators. Children younger than five from the poorest 20 percent of the population are less likely to attend preprimary school, engage with an adult caregiver at home in early learning activities, and live in a home where books or play materials are available.

Figure 6: Early learning opportunities by wealth



Policy Goal 3: Monitoring and Assuring Quality

Policy Levers: Data Availability • Quality Standards • Compliance with Standards

Monitoring and Assuring Quality refers to the existence of information systems to monitor access to ECD services and outcomes across children, standards for ECD services and systems to monitor and enforce compliance with those standards. Ensuring the quality of ECD interventions is vital because evidence has shown that unless programs are of high quality, the impact on children can be negligible, or even detrimental.

**Policy Lever 3.1:
Data Availability**



Accurate, comprehensive and timely data collection can promote more effective policy-making. Well-developed information systems can improve decision-making. In particular, data can inform policy choices regarding the volume and allocation of public financing, staff recruitment and training, program quality, adherence to standards and efforts to target children most in need.

Administrative and survey data are collected on ECD access and outcomes. Table 9 displays the availability of selected ECD indicators in Belize. While both Government and UNICEF MICS survey data contribute to a wide scope of information about ECD in the country, some data are still missing, including enrollment of special needs children, children attending well-child visits, and ECD budget information within the health sector. Data are available to differentiated access and outcomes by urban/rural location, gender, mother tongue, and ethnic background.

⁶ Engle et al, 2011; Naudeau et al., 2011

Table 9: Availability of data to monitor ECD in Belize

Administrative Data:	
Indicator	Tracked
ECE enrollment rates by region	✓
Special needs children enrolled in ECE (# of)	X
Children attending well-child visits (# of)	X
Children benefitting from public nutrition interventions (# of)	✓
Women receiving prenatal nutrition interventions (# of)	✓
Average student-to-teacher ratio in public ECE	✓
Is ECE spending in education sector differentiated within education budget?	✓
Is ECD spending in health sector differentiated within health budget?	X
Individual children’s development outcomes	X
Survey Data	
Indicator	Tracked
Population consuming iodized salt (%)	X
Vitamin A supp for children 6-59 mo. (%)	✓
Anemia prevalence amongst pregnant women (%)	✓
Children below age of 5 registered at birth (%)	✓
Children immunized against DPT3 at 12 mo. (%)	✓
Pregnant women who attend at least one antenatal visits (%) (not available for at least 4 visits)	✓
Children enrolled ECE by socioeconomic status (%)	✓

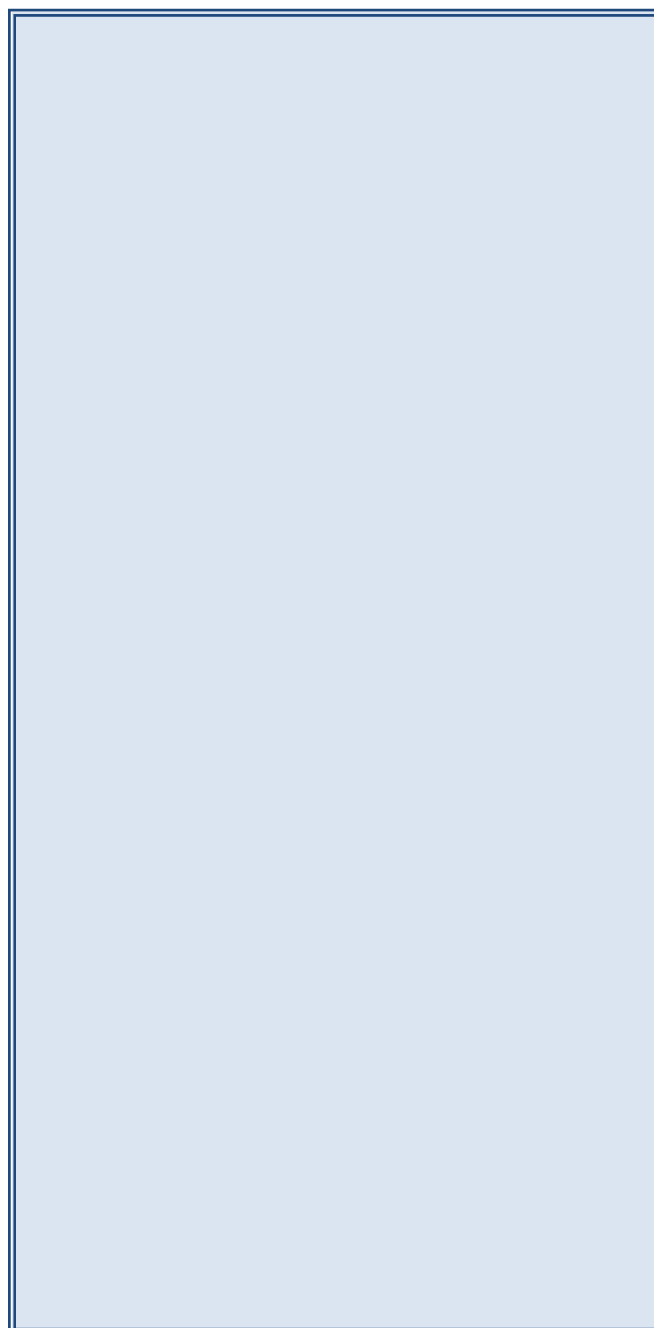
Data are not systematically collected to measure child development and individual children’s development outcomes are not tracked.

It is important for governments to collect data on child outcomes as this information can: i) establish a baseline and document the magnitude of gaps in development in Belize; ii) evaluate the impact of existing interventions; and iii) assess the specific types of ECD interventions that are most effective and cost-effective and inform policy dialogue for future planning. Given the holistic nature of children’s development it is important for the Government to design information management systems that are capable of tracking individual children comprehensively with mechanisms to respond to their needs. Box 6 describes a component of the *Chile Crece Contigo* initiative, which includes a bio-psychosocial development support program that tracks the development path of all children who are covered by the public health system (75 percent of Chile’s children).

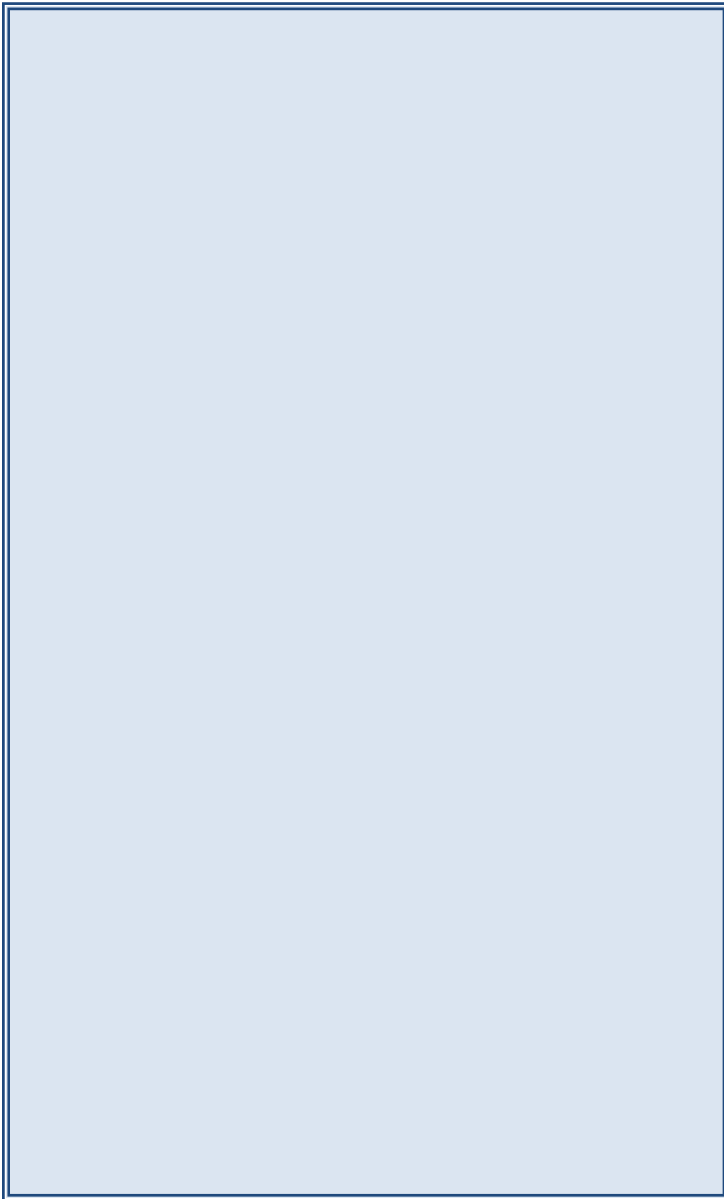
While individual child development outcomes are not currently tracked in a systematic way, the MOH has recently developed a draft *My Health Profile*. The profile will collect information about a child’s developmental milestones, including age-specific gross and fine motor, language, cognitive, and social development outcomes.

The Government is encouraged to finalize and disseminate this document, as it will serve as a valuable tool for tracking holistic child development. Additionally, it is advisable that the Government take measures to ensure that there is coordination with other sectors on systematically collecting and sharing the information in the profile. Box 7 presents a similar tool recently introduced in Jamaica that tracks child health and development as well as conveys messages about positive caregiving and healthy development.

Box 6: Relevant lessons from Chile: The bio-psychosocial development support program



Box 7: Relevant lessons from Jamaica: the child health and development passport



Clear learning standards are established for ECE. In Belize, the National Comprehensive Curriculum designed for 6- and 7-year-old children in Infant 1 & 2 includes standards for early numeracy and literacy, motor skills, cognitive development, and socio-psychological development. Annual training for teachers in Infant 1 & 2 ensures that the National Comprehensive Curriculum is taught in a coherent manner and is continuous with the primary education curriculum. For children ages 3 and 4 years old, the National Curriculum for Preschool exists, but training and adequate implementation of the curriculum is less regulated.

Minimum training requirements for ECE professionals exist and opportunities for professional development are available. Preschool teachers are expected to have at least a high school education. In addition, they are required to complete a six week Basic ECE certificate program. In-service training exists for public preschool teachers, but is not mandatory.

The Teacher Education and Development Services are responsible for regulating pre-service training for ECE professionals and the Early Childhood Development Center is responsible for providing the training. The Saint John’s College Junior College (SJCJC) provides an Associate’s degree in ECE. Teachers who go through the SJCJS program are required to complete a pre-service fieldwork practicum.

Infrastructure and service delivery standards for ECE facilities are established in the draft ECD policy, but are not yet finalized. The draft ECD policy requires a maximum child-to-teacher ratio of 15 children per one teacher. According to the MOE, preprimary education for 3- and 4-year-olds should be 3.5 hours for five days a week. The draft ECD policy outlines standards for the required amount of space and specific infrastructure guidelines; however these standards are not yet mandated by law. The ECE Unit within the MoE is responsible for the licensing ECE facilities. ECE facilities are inspected immediately after construction based on 16 infrastructure guidelines on a scale from 1 to 5 (ranging from *unacceptable* to *very satisfactory*). The draft ECD Policy stipulates that it will ensure the provision of monitoring of available certification and licensing programs and continuing education opportunities for service providers who work with young children.

**Policy Lever 3.2:
Quality Standards**



Ensuring quality ECD service provision is essential. A focus on access – without a commensurate focus on ensuring quality – jeopardizes the very benefits that policymakers hope children will gain through ECD interventions. The quality of ECD programs is directly related to better cognitive and social development in children⁷.

⁷ Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011V; Victoria et al, 2003

The MHDSTPA oversees registration and licensing processes for daycare centers for children 0-7 years old. The Inspector of Social Services Institutions (ISSI) within the Policy and Planning Unit of MHDSTPA is responsible for registration and licensing processes for all daycare operators. The ISSI sets clear guidelines and registration and licensing requirements. A quality assurance process is in place to ensure comprehensive inspections and routine monitoring visits.

Standards for health facilities exist and ECD training of health workers is available. *The MoH Licensing and Accreditation Standards for Inpatient Health Facilities (2009)* outline registration guidelines to ensure that health posts, health centers, and hospitals in Belize meet quality standards. Additionally, doctors, nurses, extension health workers, midwives, and psychologists are all required to receive training in delivering ECD messages.

Policy Lever 3.3: Compliance with Standards



Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is critical that mechanisms are put in place to ensure compliance with standards.

With the exception of average child-to-teacher ratios, compliance with quality service delivery standards is largely unknown. While ECE professionals are required to complete a 6-week certificate program and have, at minimum, a high school education, the Government does not collect data on whether ECE professionals comply with pre-service training standards. Furthermore, the Government does not rigorously monitor compliance with infrastructure standards or preschool opening hours.

The MOE does collect data on average child-to-teacher ratios. In state ECE facilities, the average ratio is 17.5:1; and in non-state facilities, the average ratio is 13.6:1. However, it should be noted that this represents the overall child-to-teacher ratio, rather than child-to-qualified teacher ratio. If the Government collects improved data on teacher qualification, it will better understand the level of quality that children receive in state and non-state preschools. Box 8 discusses the quality assurance mechanisms for ECE services in Jamaica.

Box 8: Relevant lessons from Jamaica: intersectoral commission ensures quality in ECE provision

Summary: One of the key legislated functions of Jamaica's Early Childhood Commission (ECC) is the supervision and regulation of all private and public early childhood institutions (ECIs). To improve the quality of services provided by ECIs, the ECC has developed a range of robust operational quality standards for ECIs. The Act and Regulations, which together comprise the legal requirements, specify the minimum levels of practice below which institutions will not be registered or allowed to operate. The standards that are not legally binding define best practices for early childhood institutions and serve to encourage institutions to raise their level of practice above minimum requirements. While ECIs are encouraged to achieve the highest possible standards to ensure the best outcomes for children, the legally binding standards guarantee that minimum standards are met.

Inspection of ECIs is the procedure designated under the Early Childhood Act for ensuring that operators comply with the minimum acceptable standards of practice. The ECC is required to inspect each ECI twice annually. It is a requirement of registration that the registered operator co-operates with the ECC's inspection process. The "registered operator" is defined as the person required to apply for registration of an ECI and may be an individual or a group. In deciding on the suitability of an ECI for registration under the Early Childhood Act, the ECC will, based on information obtained at inspection visits, determine whether or not an ECI meets and complies with the Act and Regulations. Where existing provision falls short of the legal requirements, and the shortfall does not present a real and present danger to children, a permit to operate until full requirements are met will be granted, with time scales for institutions to meet requirements. The ECC encourages the promotion of the highest standards of practice by monitoring not only the minimum requirements at inspection visits, but also by monitoring those standards that are not legally binding.

Effective monitoring compliance with standards is largely attributed to the commitment and quality of efforts at the ground-level. Development officers, who are hired and trained by the ECC, work in the field to provide technical assistance and support ECIs to reach minimum quality standards. Using a newly introduced national software system, the development officers can easily report ground-level indicators that are linked to the Jamaican National Strategic Plan targets. Inspection reports are publically available online and provide detailed information on ECIs' compliance with standards.

Key Lessons for Belize:

- ✓ Consider establishing legally binding requirements for ECE service provision to guarantee that acceptable minimum standards are met.
- ✓ Consider assigning a special entity with a delineated role to monitor and regulate ECE service providers. An improved quality monitoring system will ensure that best outcomes are achieved.
- ✓ Local development officers can serve as an effective link between the national ECD commission and service delivery at the local level.

Comparing Official Policies with Outcomes

The existence of laws and policies alone do not always guarantee a correlation with desired ECD outcomes. In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned. Table 10 compares ECD policies in Belize with ECD outcomes. Some policies reflect the reality for some ECD interventions, such as immunizations and birth registration. On the other hand, the low rate of exclusive breastfeeding and access to free preprimary education do not seem to align with the respective policies.

Table 10: Comparing ECD policies with outcomes in Belize

ECD Policies	Outcomes
<i>Breastfeeding Policy</i> (1996) encourages breastfeeding	Exclusive breastfeeding rate (6 months): 10%
Policy guarantees the provision of preprimary school	Gross preprimary school enrollment: 47%
Children are required to receive complete course of immunizations	Children with DPT (12-23 months): 95%
Policy mandates the registration of children at birth in Belize	Completeness of birth registration: 95%

Preliminary Benchmarking and International Comparison of ECD in Belize

On the following page, Table 11 presents the classification of ECD policy in Belize within each of the nine policy levers and three policy goals. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges.

Table 12 presents the status of ECD policy development in Belize alongside a selection of OECD countries and regional comparators. Sweden is home to one of the world’s most comprehensive and developed ECD policies and achieves a benchmarking of “Advanced” in all nine policy levers.

Table 11: Benchmarking early childhood development policy in Belize





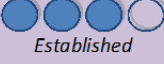






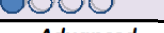

























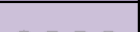



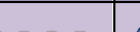








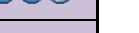





















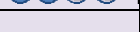



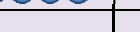


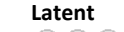



ECD Policy Goal	Level of Development	Policy Lever	Level of Development	
Establishing an Enabling Environment	 Emerging	Legal Framework		
		Inter-sectoral Coordination		
		Finance		
Implementing Widely	 Established	Scope of Programs		
		Coverage		
		Equity		
Monitoring and Assuring Quality	 Emerging	Data Availability		
		Quality Standards		
		Compliance with Standards		
Legend:	Latent 	Emerging 	Established 	Advanced 

Table 12: International classification and comparison of ECD systems

ECD Policy Goal	Policy Lever	Level of Development						
		Belize	Australia	Chile	Colombia	Jamaica	Sweden	Turkey
Establishing an Enabling Environment	Legal Framework							
	Coordination							
	Finance							
Implementing Widely	Scope of Programs							
	Coverage							
	Equity							
Monitoring and Assuring Quality	Data Availability							
	Quality Standards							
	Compliance with Standards							
Legend:	Latent 	Emerging 		Established 		Advanced 		

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Acronyms

BOOST	Building Opportunities for Our Social Transformation
CCC	<i>Chile Crece Contigo</i> (Chile)
ECC	Early Childhood Commission (Jamaica)
ECD	Early Childhood Development
ECE	Early Childhood Education (used interchangeably with <i>preprimary</i> or <i>preschool</i>)
ISSI	Inspector of Social Services Institutions
MOE	Ministry of Education
MoH	Ministry of Health
MHDSTPA	Ministry of Human Development and Social Transformation and Poverty Alleviation
SJCJC	Saint John's College Junior College

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The **Systems Approach for Better Education Results (SABER)** initiative produces comparative data and knowledge on education policies and institutions, with the aim of helping countries systematically strengthen their education systems. SABER evaluates the quality of education policies against evidence-based global standards, using new diagnostic tools and detailed policy data. The SABER country reports give all parties with a stake in educational results—from administrators, teachers, and parents to policymakers and business people—an accessible, objective snapshot showing how well the policies of their country's education system are oriented toward ensuring that all children and youth learn.

This report focuses specifically on policies in the area of Early Childhood Development.

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