



Policy Goals

1. Establishing an Enabling Environment

Laws to promote the health and well-being of young children and pregnant women are generally strong in Seychelles, but areas for improvement remain. The government of Seychelles has a multi-sectoral early childhood development plan for the country, though the plan focuses mainly on education.

Status

Established

2. Implementing Widely

There is wide scope and coverage of early childhood development services in Seychelles. Access to health and education services is generally high and equitable, although more data are needed to assess this fully.

Established

3. Monitoring and Assuring Quality

The government of Seychelles could expand the types of administrative and survey data collected to monitor early childhood development. Standards for Early Childhood Care and Education (ECCE) teacher qualifications, service delivery, and facilities are established, with the exception of child-minding services. Teacher qualification standards are not always enforced.

Established



This report presents an analysis of the Early Childhood Development (ECD) programs and policies that affect young children in Seychelles. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework¹ and includes analysis of early learning, health, nutrition, and social and child protection policies and interventions in Seychelles, along with regional and international comparisons.

Seychelles is a nation consisting of 115 islands in the Indian Ocean, and lies approximately 1500 kilometers east of the African continent. Most of the population of 92,000 lives on one of several inner islands. There are approximately 10,500 children below the age of 7. In 2011, Seychelles scored first in Human Development in the Ibrahim Index of African Governance, and fourth overall. Its GNP per capita is \$11,130.

The Government of Seychelles (GoS) runs free public preschools, known as crèches, and preschool enrollment is universal. Free public healthcare is available at clinics around the country, including many essential health services for young children and pregnant women. The newly formed Institute of Early

Childhood Development (IECD) provides strategic direction and coordinates development in early childhood across sectors in government and advises the GoS on ECD policy matters and programs. While the government has laid many of the foundations of a strong ECD system, some aspects of the legal framework and policies to monitor and assure quality could be improved.

SABER – Early Childhood Development

SABER–ECD collects, analyzes, and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multi-sectoral 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.

Snapshot of ECD Indicators in Seychelles with Regional Comparison	Seychelles	Kenya	Mauritius	Tanzania	Uganda
Infant Mortality (deaths per 1,000 live births, 2007-2011 average)	12	55	13	50	63
Under-5 Mortality (deaths per 1,000 live births, 2007-2011 average)	14	85	15	76	99
Maternal Mortality Ratio (deaths per 100,000 births, 2007-2011 average)	39	490	22	450	440
Gross Preprimary Enrollment Rate (36-59 months, 2010)	102%	52%	96%	33%	14%
Birth Registration 2000-2010	N/A	60%	100%	16%	21%

Source: UNICEF Country Statistics, 2010

¹ SABER-ECD is one domain within the World Bank initiative, Systems Approach for Better Education Results (SABER), which is designed to provide comparable and comprehensive assessments of country policies.

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?
Healthcare
<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) • High-quality childcare, especially for working parents • Free pre-primary 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 and 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 at 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

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

As presented in Figure 1, SABER-ECD presents three core policy goals that countries should address to ensure optimal ECD outcomes:

Establishing an Enabling Environment, Implementing Widely, and Monitoring and Assuring Quality. For each policy goal, a series of policy levers, upon which decision-makers can act in order to strengthen ECD are identified.² Improving ECD requires an integrated approach to address all three goals.

² These policy goals were identified based on evidence from impact evaluations, institutional analyses, and a benchmarking exercise of top-performing systems. For further information, see "Investing Early: What Policies Matter" (forthcoming).

Figure 1: Three core ECD policy goals

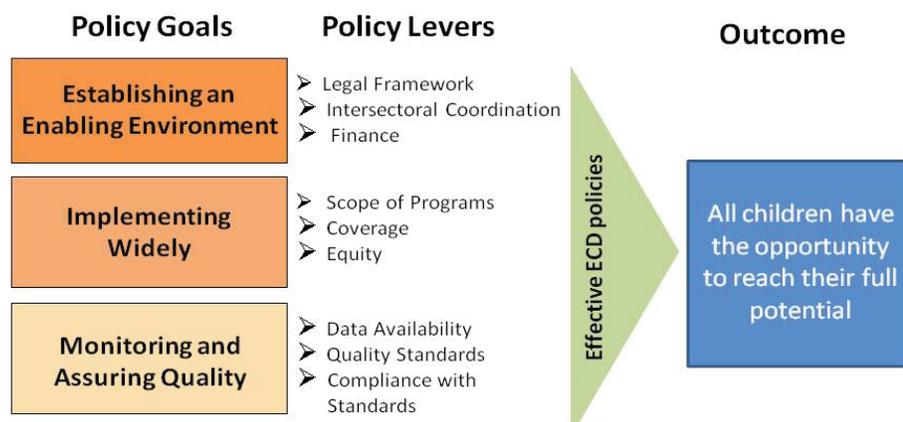


Table 1: ECD Policy Goals and Levels of Development

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.

Strengthening ECD policies can be viewed as a continuum. Different countries fall in different places along the spectrum of ECD policy

development and can range from “latent” to “advanced” within the different policy levers, as described in Table 1.

➤ Policy Goal 1: Establishing an Enabling Environment

Policy Levers: Legal Framework • Inter-sectoral Coordination • Finance

An *Enabling Environment* is the foundation for the design and implementation of effective ECD policies.³ 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 that can affect the development of young children in a country. The laws and regulations that 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, and parents and caregivers.

National laws do not adequately promote appropriate dietary consumption by pregnant women and children. Seychelles does not have a policy to fortify cereals or staples with iron or other nutrients in accordance with World Health Organization guidelines.⁴ The country also lacks a policy to encourage salt iodization. Seychelles imports much of its food, which includes many iron-fortified products, iodized salt, and other vitamin-enriched products.

The anemia rates for young children and pregnant women are 23.8 percent and 24.9 percent, respectively. According to the World Health Organization, these levels of prevalence

³Brinkerhoff, 2009; Britto, Yoshikawa & Boller, 2011; Vargas-Baron, 2005.

⁴The WHO Recommendations on Wheat and Maize Flour Fortification include fortification with iron, folic acid, zinc, vitamin B12, and vitamin A.

constitute a moderate public health problem. Anemia can have adverse health effects: mild anemia may impair work productivity, and severe cases can increase risk of maternal and child mortality. The government could do more to ensure that populations at risk of anemia are receiving adequate iron. Iron and other nutrient consumption will likely be higher in women, girls, and young children if these nutrients are added to food staples so that they are regularly consumed without having to alter diets or take supplements.

Seychelles does not have a history of iodine or vitamin A deficiencies in the population.

Seychelles has adopted policies to encourage exclusive breastfeeding for the baby's first six months. Laws in Seychelles do not comply with the International Code of Marketing Breast Milk Substitutes. The country is working towards achieving accreditation for Baby-Friendly Hospital Initiative in order to promote breastfeeding within hospitals. Despite adopting these policies, the Ministry of Health (MoH) is accepting donations of breast milk substitutes, thus violating the Code. The MoH's Infant Feeding Policy (2010) aims to support and encourage women to breastfeed exclusively for the first six months, and complementarily thereafter.

Healthcare workers are required to educate women on the benefits of breastfeeding within the first few weeks after birth during prenatal care visits. Similarly, midwives educate new mothers through home visits.

Seychelles provides two free years of pre-primary education for all children. The government operates state preschools for children aged 3 years and 3 months and older. After two years of preschool, children attend free primary school. This policy has helped to achieve universal enrollment in preschool. There is no mandatory preschool attendance policy.

National laws promote healthcare for young children and pregnant women.

The Constitution of Seychelles mandates free primary healthcare for citizens. The Constitution also states that the government will “take appropriate measures to prevent, treat, and control epidemic and other diseases” and “take steps to reduce infant mortality and promote the healthy development of the child.” The government offers free healthcare through public providers located throughout the country, and conducts some health services within preschools and primary schools. The government gives young children a full course of immunizations, continuing from infancy through primary school, and mandates regular well-child visits. The law does not require pregnant women to be screened for HIV/AIDS and STDs, but health workers advise all women to receive testing. Nearly all women (approximately 98 percent) choose to be screened. Referrals and services are provided for those who require them.

National laws promote opportunities for parents to provide care to newborns and infants in their first year of life, but could be strengthened.

Under the Employment Act, women receive 14 weeks of paid maternity leave and up to four weeks of unpaid leave. This includes two weeks prior to delivery. Section 30 of the Seychelles Constitution concerns the “right of working mothers,” and states that a working mother “is afforded special protection with regard to paid leave and her conditions at work.” Women working in the public sector with children under the age of 3 are exempted from night work and shift work. There is no legal provision explicitly barring discrimination against women, pregnant women, or mothers, but the Constitution does guarantee equal protection under the law for all citizens. Parents are granted leave to care for sick children, provided a medical certificate is submitted. No paternity leave is granted.

Table 2 presents information on parental leave policies in select countries in East Africa and the Indian Ocean region. Several countries in Africa offer longer parental leave than Seychelles. Kenya leads the region, offering 90 days of maternity leave and five days of paternity leave. Due to the large informal economies in many countries in the region, these policies may not actually apply in practice to the many parents working in the informal sector. Table 3 summarizes parental leave policies in several countries classified by the World Bank as upper middle income, a category that includes Seychelles. These countries offer substantially longer maternity leave than Seychelles.

Seychelles could consider increasing the amount of maternity and paternity leave to allow parents adequate time to care for their newborns and infants and to ease the transition back to the workplace. Sweden’s policy (described in Box 2) is often viewed as a model due to the amount of leave, flexibility, and financial support for both mothers and fathers. While it may be unrealistic for Seychelles to extend its parental leave policy to the scope of that offered in Sweden, it could draw on Sweden’s model by taking measures such as extending the amount of paid and unpaid leave offered to mothers, offering paternity leave to fathers, or offering the option to divide family leave between mothers and fathers.

Table 2: Regional Comparison of Parental Leave Policies

Seychelles	Kenya	Mauritius	Tanzania
70 days paid maternity leave at 100% wage, up to 4 weeks of unpaid leave; no paid or unpaid paternity leave	90 days paid maternity leave at 100% wage, paid by employer; 5 days paid paternity leave, paid by employer	60 days paid maternity leave at 100% wage, paid by employer; 5 days paid paternity leave, paid by employer	84 days of paid maternity leave at 100% wage, paid by employer; 3 days of paternity leave, paid by employer

Table 3: Comparison of Parental Leave Policies in Several Upper Middle Income Countries

Seychelles	Chile	Latvia	Turkey
14 weeks (70 days) paid maternity leave at 100% wage, up to 4 weeks of unpaid leave; no paid or unpaid paternity leave	126 days paid maternity leave at 100% wage, paid by the government; 5 days paid paternity leave at 100% wage, paid by the employer	112 days of maternity leave at 80% wage, paid by the government; 10 days of paternity leave at 80% wage, paid by the government	112 days of maternity leave at 66% of wage, paid by the government; plus 180 days of unpaid maternity leave; no paid or unpaid paternal leave

Box 2: Sweden's Parental Leave Policies

Summary: The Swedish Parental Insurance Benefit is the international exemplar for parental leave policy. Parental Insurance in Sweden is designed to benefit both men and women. In total, the leave includes 480 days of paid leave, 60 days of which are earmarked for the mother, 60 days for the father, and the remainder to be divided as the couple chooses. It commences up to seven weeks prior to the expected birth, and is also available for parents adopting a child. The compensation rate can vary; as a minimum, however, 80 percent of the employee's salary is provided during leave. In addition, each parent is legally entitled to take unpaid leave until a child is 18 months old. Additional benefits include: temporary parental leave, which entitles a parent 120 days of parental leave annually to care for children below the age of 12 with illness or delay (child requires a doctor's certificate); a pregnancy benefit, payable for a maximum of 50 days to expectant mothers who are unable to work because of the physically demanding nature of their jobs; and pension rights for childcare years, which partially compensate the loss of future income during the period when the parent is at home with the child.

Key considerations for Seychelles:

- ✓ Mandated paternity leave recognizes the crucial role fathers play in young children's development
- ✓ Adequate, sustainable financial support to support families during early stage of child's life
- ✓ Additional benefits for families with children who have special needs

(Source: Information on Swedish parental leave: <http://www.forsakringskassan.se/>)

National laws and regulations promote child protection and care for disadvantaged children. The registration of children at birth is mandatory in Seychelles. The Civil Status Office manages registration and assigns every baby a Personal Identity Number. Children with disabilities have legal rights to ECD services in education, health, and social protection. A legal right to nutrition services is not specified. The

Education Act (2004) states that it is government policy "to ensure that all Seychellois are offered equal educational opportunities in accordance with their abilities, aptitudes and needs." Additional details about the status of children with special needs and disabilities are included in this report in section Policy Lever 2.3: Equity.

The Children Act regulates foster care, guardianship, adoption, child protection, children in need of services, juvenile courts, residential care facilities, and child support payments. Responsibility for child protection services lies with several government bodies. Within the Ministry of Social Affairs, Community Development and Sports, the Legal Services and Child Protection Section investigates abuse of children with a social worker, police, medical staff, and parents. The unit handles adoptions and foster care, child custody, access, and maintenance. The community section assesses the general needs of children and families needing long-term assistance and counseling programs. An Inter-Agency Committee led by the Social Affairs Department—comprised of representatives from Social Affairs, the police, the Ministry of Health (MoH), the Ministry of Education (MoE), and the National Council for Children—meets every two weeks to coordinate on child protection issues. The Ministry of Health's Child Protection Unit focuses on child abuse, including coordinating screening and examinations of victims and preparing medical reports for the police.

The National Council for Children is a semi-autonomous organization that provides awareness programs on domestic violence, child abuse, human rights, and parenting. It also offers counseling and psychotherapy. Children and families are referred for Council services through the Social Affairs Department, the police, health services, and local community officials.

Key Laws and Regulations Governing ECD in Seychelles

- UN Convention on the Rights of the Child
- African Charter on the Rights and Welfare of the Child
- The Seychelles Constitution provides for free healthcare, children's rights, and compulsory primary education
- Education Act, 2004, gives the Department of Education the authority to regulate education for children below 3 and mandates education programs for children with special needs
- Agency for Social Protection Act, 2011, provides social assistance for poor families
- Social Agency Welfare Act, 2008, provides financial assistance to the poor
- Children's Act, 1991, provides for certain child protection measures

Several bodies provide financial or material support to needy children and families. The Social Welfare Agency Act established the Agency for Social Protection to provide financial assistance to individuals below a certain income threshold. Through the Seychelles Social Security Fund, the Social Security Act mandates financial support for orphans and abandoned children, and maternity and illness benefits. The Seychelles Children Foundation provides social services and some material resources for neglected and special needs children.

The judicial system has special juvenile courts. The system's capacity to handle child protection cases could be improved by offering training for judges, lawyers, and law enforcement officers on interacting with children and creating a child advocacy body.

Policy Lever 1.2:**Inter-sectoral
Coordination**

Development in early childhood is a multi-dimensional process.⁵ 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.

Seychelles recently developed a multi-sectoral ECD strategy, and is elaborating the implementation plan. The strategy focuses mainly on Early Childhood Care and Education (ECCE). The government issued the Seychelles Framework for Early Childhood Care and Education in October 2011. The Framework is a follow up to the first-ever UNESCO World Conference on Early Childhood Care and Education and takes a broad and holistic approach to child development from birth to below 8 years of age. The Ministers of Health, Social Affairs, Education, Community Development and Sports, and Finance, Trade and Investments have all endorsed the Framework.

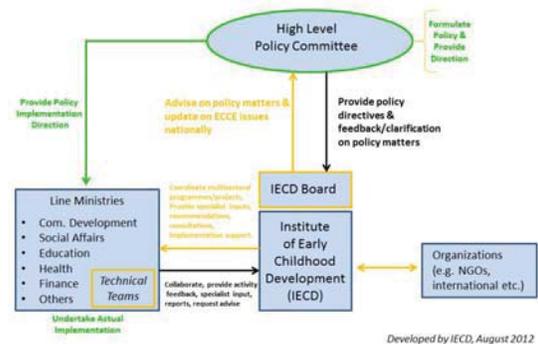
The Framework is based around nine principles: centrality of the child, child as a right holder, family involvement, coordination and collaboration, long-term sustainability, value of play, accountability, evaluation and data collection, and cultural appropriateness. The document identifies six priorities: realign ECCE policies and programs, expand access, new financing mechanisms, improve professional development, mechanisms for early detection and intervention, improved accountability and service delivery, build child-friendly

⁵ Nadeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007.

communities, quality parenting programs, and promote research. Several strategies are identified to achieve each priority.

The Institute for Early Childhood Development is the institutional anchor for ECD in the country. In August 2012, the Seychelles Cabinet of Ministers approved the creation of the Institute for Early Childhood Development (IECD). The IECD's primary function is to provide coordination, leadership, and strategic direction for ECD at national level, and advise government on policy issues and programs relating to ECD. It is also responsible for undertaking research to inform policy formulation, program and standards development, and to promote and advocate the importance of ECD. It is a budget-dependent autonomous entity with oversight from the High Level ECCE Policy Committee. The IECD is operational and is currently coordinating the implementation and monitoring of ECD sector plans across the government. This is done through the National Coordinating Committee, which is chaired by the chief executive of IECD.

Figure 2: Inter-sectoral coordination for ECD



The High Level ECCE Policy Committee plays an important role in overseeing the sector and providing strategic direction in ECD. The Committee is comprised of ministers with portfolios in education, health, social services, community development, and finance, as well as the Ambassador for Women and Children. The Committee is chaired by the vice president, as he has the capacity to drive strategy collaboratively across the various portfolios. While the

Policy Lever 1.3: Finance



Committee provides oversight, the IECD advises the Committee on policy and technical issues. Each ministry has its own ECD technical team responsible for developing, implementing, and evaluating its action plans and other related projects.

There are mechanisms for collaboration between state and non-state stakeholders. To promote civil society representation and coordination on ECD issues, the Early Childhood Care and Education Advisory Council—comprised of NGO representatives, researchers, academics, parents, and service providers—was established in September 2012. It was established as part of the governance and administrative structures of the Seychelles Early Childhood Care and Education (ECCE) Framework. Its main purpose is to provide guidance on broad social and environmental factors that influence a child’s health, education, development, and well-being.

ECD interventions are not coordinated at the point of service delivery. Currently, Seychelles lacks integrated service delivery guidelines to steer coordination of interventions at the point of service delivery. The GoS has been developing and implementing a system to

achieve this objective in near- and medium-term strategies and plans.

While legal frameworks and inter-sectoral 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 benefits.⁶ 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.

Government finance systems do not disaggregate ECD expenditures, so total spending in the sector is not known. Each government ministry and agency submits a budget request to the Ministry of Finance (MoF), and approval is sought from the National Assembly. Budget items are not identified as ECD spending, so there is no way to track total government spending on ECD. The GoS could put in place budgeting and information systems to allow for identification of ECD-specific spending within each ministry and

Table 4: Regional comparison of health expenditure indicators

	Seychelles	Kenya	Mauritius	Tanzania	Uganda
Out-of-pocket expenditure as percentage of all private health expenditure	68%	77%	89%	42%	64%
Out-of-pocket expenditure as percentage of total health expenditures	6%	43%	52%	14%	50%
General government expenditure on health as a percentage of GDP	3%	5%	6%	6%	9%
Total expenditure on health per capita (2009, adjusted for purchasing power parity)	USD 785	USD 78	USD 803	USD 83	USD 125
Percentage of routine EPI vaccines financed by government	100%	5%	100%	18%	36%

Source: WHO Global Health Expenditure Database, 2010; UNICEF Country Statistics, 2010.

⁶Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003

agency budget. As the GoS develops the Framework implementation plan, it will be important to know how much it currently spends on ECD and where this money goes. Information on ECD spending is also crucial for evaluating programs.

The allocation of early childhood funding does not use explicit criteria. Allocation of ECD funding in the education, health, social, and community development sectors is not based on criteria or a formula. In all sectors, the GoS could use explicit criteria to determine both national budgets and sub-national allocations. This will promote transparency and efficient use of resources, increasing the likelihood of funding going to where it is most needed. In education, criteria could include student characteristics at each institution, such as a socioeconomic or special needs status. This would help ensure that adequate resources are available for schools that may serve large numbers of children requiring extra support. In the health sector, budget allocations to each health center could take into account the number of young children covered at each center.

Ministries do not coordinate with each other when determining their ECD budgets. At present, government ministries do not determine their ECD budgets in coordination with other ministries. The GoS should consider establishing an inter-ministerial budget coordination process on ECD as a goal for the near future.

The burden of finance for ECD is distributed equitably across society. Seychelles provides free primary healthcare at 17 health centers around the country. It also provides many health services within state crèches and primary schools. This free care includes many essential health services for pregnant women and young children. The Agency for Social Protection pays for children needing specialist medical services not available within Seychelles to travel abroad to receive the necessary care. The level of out-of-pocket expenditures as a percentage of total health expenditures was 2 percent in 2012,

which suggests that Seychellois use publicly provided health services for most of their healthcare.

All children can attend state crèches for free, although there are subsidized payments for uniforms, meals, transportation, and some materials. Each school receives funding to help cover some expenses for children whose families cannot afford. These funds managed by the school are known as the “Dedicated Fund.”

The level of ECD finance is adequate to meet the needs of the population. In 2004, Seychelles spent 9 percent of its education budget on pre-primary education. This proportion of education spending allocated for pre-primary puts Seychelles among some of the strongest countries in terms of pre-primary education. (Sweden spends 10 percent of its education budget on pre-primary education.) Government finance of early childhood health appears to be adequate, with free universal coverage of immunizations and well-child visits.

In addition to direct funding of government ministries and agencies, the GoS provides an additional mechanism for ECD funding through the National Early Childhood Care and Education Trust Fund. The Fund provides financial support to civil society and government-affiliated organizations for education programs for children below 8. The recipient organization must contribute 25 percent of the project amount, and the money can cover services or materials. The MoF appoints the Trust Fund’s board.

Remuneration of ECCE professionals varies, although wages for teachers with degrees are reasonable. Wages for crèche teachers are determined based on qualifications and years of experience rather than the age group taught. This means that a crèche teacher and a primary school teacher with the same level of education and experience have similar salary package.

Monthly wages for teachers at crèches or primary schools holding certificates range from SR 5,029

to SR 7,533 (US\$ 360 to US\$ 540). Teachers with diplomas earn between SR 5,775 and SR 8,634 per month (US\$ 414 to US\$ 540), and teachers with bachelor's degrees earn between SR 9,642 and SR 15,695 per month (US\$ 692 to US\$ 1,126). The gross national income (GNI) per capita in 2011, Atlas method, was US\$ 11,030 (US\$ 919 per month). Remuneration for fully qualified pre-primary teachers entering the field is competitive, but those with lower qualifications earn much less.

Private operators set the salary for workers at day care centers. Wages typically range from SR 3000 to SR 5200 (US\$ 270 to US\$ 467) per month. Anecdotally, many day care assistants who receive training leave the field for more attractive pay. High turnover is inefficient as it requires frequent recruitment and training of new staff. The GoS could consider establishing minimum wage for daycare workers to retain experienced staff. There are also recruitment problems for crèche teachers. The shortage of qualified ECCE workers is discussed more in Policy Lever 3.3: Compliance with Standards.

Policy Options to Strengthen the Enabling Environment for ECD in Seychelles

Legal Framework

- The Government could consider adopting a policy to fortify staples with iron and other nutrients, and encourage salt iodization.
- The Government could consider adopting a mandatory preschool attendance policy.
- The Government could consider extending maternity and paternity leave to promote labor participation and proper caregiving for infants. Seychelles is wealthier than other countries in the region but has shorter parental leave. A baby's need for caregiving, breastfeeding, and nurturing are greatest in the early months of life. Extending parental leave could improve babies' health and development outcomes, as well as the well-being of mothers (which

in turn has a strong impact on their children's well-being).

- Seychelles could improve the capacity of its judicial system to protect children by offering training for judges, lawyers, and law enforcement officers on interacting with children, and creating a child advocacy body.

Inter-sectoral Coordination

- Seychelles' current ECD strategy focuses primarily on the education sector. A more multi-sectoral strategy, incorporating health (nutrition), social (child protection), and community development sectors could reduce duplication of efforts across sectors and maximize financial, human, and material resources.
- The Government could move forward in its efforts to coordinate ECD interventions at the point of service delivery to ensure that children receive integrated services. Coordination at the regional level and at the point of service delivery can improve efficiency and cost-effectiveness, as well as children's health and developmental outcomes by ensuring that children receive appropriate interventions.

Finance

- The current budget system does not distinguish ECD spending within the overall budget of each ministry or agency; the Government could consider establishing system to track ECD spending in all sectors.
- The use of explicit criteria and formulas to allocate funding could promote a more efficient and equitable use of resources. Criteria could include student characteristics such as socioeconomic status and special needs status.
- The Government could move forward with its plans to establish a coordinated budget process across ministries working on ECD. Coordinated budget allocation can improve efficiency by reducing overlap and helping

to ensure coverage of essential interventions to all target populations. The High Level ECCE Policy Committee could spearhead this coordination process.

equitable access across regions and socioeconomic status – especially reaching the most disadvantaged young children and their families.

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

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 3 presents the key sectoral interventions needed during the course of a child’s early years, from conception to transition into primary school.

Figure 3: Essential interventions during different periods of young children's development

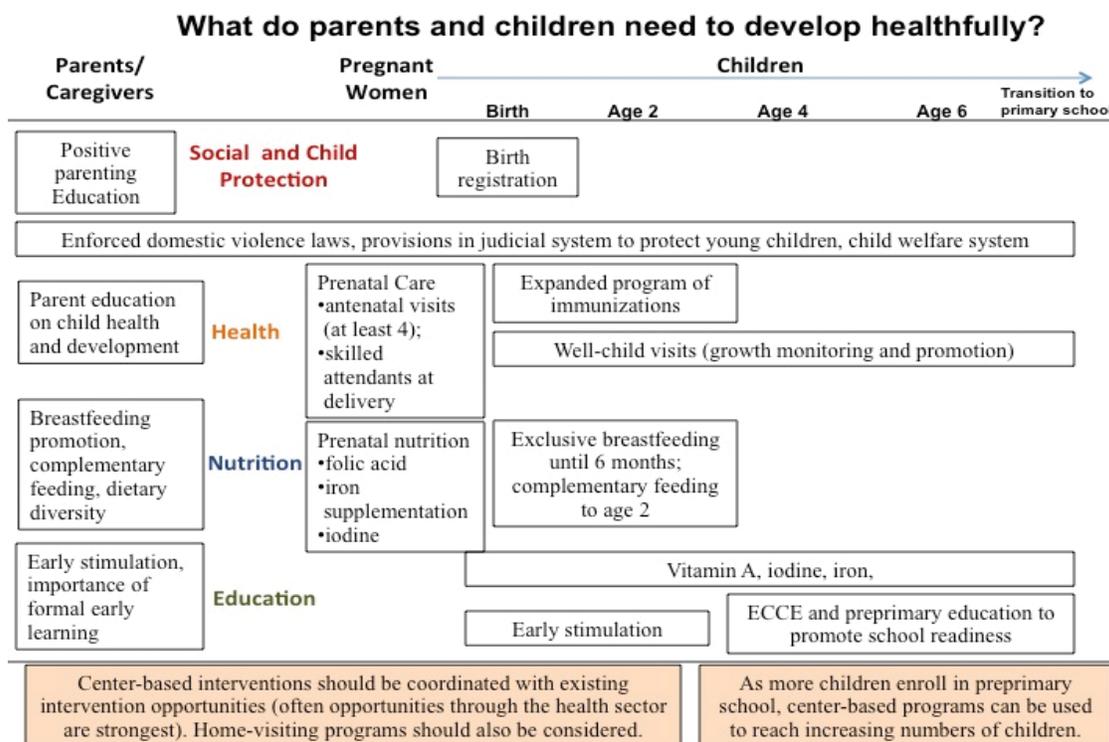
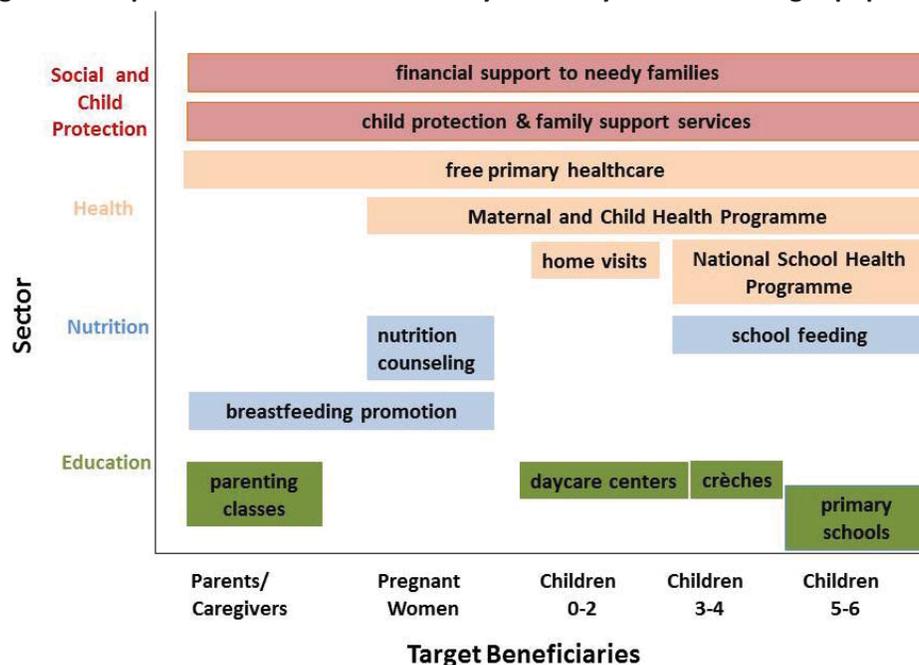


Figure 4: Scope of ECD interventions in Seychelles by sector and target population



ECD programs are established to target all relevant groups of beneficiaries in Seychelles.

As shown in Figure 4, Seychelles has a range of ECD programs established in all of the relevant sectors: education, health, and social and community development. Interventions are established that serve pregnant women, young children, and parents and caregivers.

The scope of programs is generally adequate but nutrition programs could be expanded. The GoS provides a wide scope of programs to benefit young children and their parents. As shown in Figure 4, there are gaps in the scope of nutrition programs. For example, the school nutrition policy is mainly concerned with serving healthy meals in schools and encouraging healthy eating. The unit does not conduct interventions among children, even

those who may be identified as nutritionally at-risk or deficient. The Government could expand its programs in this area to include interventions such as food fortification, food supplements, and micronutrient support for young children. The GoS is considering expanding anti-obesity programs in response to increased obesity rates in the country.

The GoS could also consider adding maternal mental health screening and services into its healthcare system. Maternal depression can impede bonding between babies and their mothers, which can have far-reaching consequences on children's development. Depression screening could be conducted during mothers' visits to health centers for well-child visits or for their own medical care.

Table 5: ECD Programs and Coverage in Seychelles

ECD Intervention	Scale	
	Number of regions covered (out of 25)	Universal coverage
EDUCATION (stimulation and early learning)		
Government-provided early childhood care and education	25	yes
Privately-provided early childhood care and education	22	no
HEALTH		
Prenatal healthcare	25	yes
Labor and delivery	25	yes
Comprehensive immunizations for infants	25	yes
Childhood wellness and growth monitoring	25	yes
Capacity building intervention on quality of child health services	25	no
Maternal depression screening or services	N/A	no
NUTRITION		
Micronutrient support for pregnant women	25	no
Food supplements for pregnant women	N/A	no
Micronutrient support or food supplements for young children	N/A	no
Food fortification	N/A	no
Breastfeeding promotion programs	25	yes
Anti-obesity programs encouraging healthy eating/exercise	25	no
Feeding programs in pre-primary schools	25	yes
PARENTING		
Parenting integrated into health/community programs	22	no
Home visiting programs to provide parenting messages	25	no
ANTI-POVERTY		
Cash transfers conditional on ECD services or enrollment	N/A	no
SOCIAL AND CHILD PROTECTION		
Programs for OVCs	25	no
Interventions for children with special needs	23	no
MULTI-SECTORAL OR COMPREHENSIVE		
Comprehensive system to track individual children's needs and intervene	N/A	no

Source: SABER-ECD Policy Data Collection Instrument and SABER-ECD Program Data Collection Instrument.

*Note: Nearly universal coverage signifies coverage rates over 95 percent.

A variety of interventions are established in all essential areas of ECD service provision, including health, nutrition, education, and social protection. Key programs are summarized in Table 5. The table indicates that while a range of interventions exists, coverage is not always universal.

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.

Access to essential health interventions for young children seems to be high, but more data are needed to assess this fully. Given Seychelles' free primary healthcare and child health programs, access to essential healthcare interventions for young children seems to be high in the country. Many countries use household surveys, such as the UNICEF Multiple

Cluster Indicator Survey (MICS) to collect data on access to essential health services. Because Seychelles does not participate in such a survey, many commonly used indicators to assess

access to healthcare are not available, as shown in Table 6.

Table 6: Level of access to essential health services for young children and pregnant women in Indian Ocean and East Africa

	Seychelles	Kenya	Mauritius	Tanzania	Uganda
1-year-old children immunized against DPT (corresponding vaccines: DPT3B)	99%	83%	99%	91%	60%
Children below 5 with diarrhea receive oral rehydration/continued feeding (2006-10)	N/A	43%	N/A	50%	39%
Children below 5 with suspected pneumonia receive antibiotics (2006-10)	N/A	50%	N/A	N/A	47%
Children below 5 sleeping under insecticide-treated bed net (2006-10)	N/A	47%	N/A	64%	33%
Children below 5 with fever, receive anti-malarial drugs (2006-10)	N/A	23%	N/A	59%	60%
Births attended by skilled attendants	N/A	44%	98%	49%	42%
Pregnant women receiving antenatal care (at least once)	N/A	92%	99%	88%	94%
HIV+ pregnant women/exposed infants receive ARVs for PMTCT	N/A	71%	N/A	83%	65%

Source: UNICEF Country Statistics, 2010.

Access to essential health interventions for pregnant women seems to be high, but more data are needed to assess this fully. Pregnant women in Seychelles likely have access to basic health interventions through the country's public healthcare system and maternal health programs. Given that commonly used indicators of access are not available, it is difficult to assess this fully. As Table 6 shows, there are significant gaps in data availability, which limits the depth of our assessment in regards to coverage of health interventions for pregnant women and young children. Section 3.1 of this report discusses data collection in more detail.

The level of access to essential ECD nutrition interventions for young children and pregnant women is unclear; more data are needed to assess this fully. Several indicators used in the SABER-ECD analysis to gauge access to essential ECD nutrition interventions for young children and pregnant women are unavailable, including childhood stunting rates, the vitamin A

supplementation coverage rate for young children, the percentage of low birth weight infants, and the percentage of the population that consumes iodized salt.

The percentage of pregnant women who have anemia is 25 percent, which is considered by the WHO to constitute a moderate public health problem. The rate of children below 5 with anemia is 24 percent, which is also a moderate public health problem according to WHO classifications. These figures suggest more access to nutrition interventions targeted at reducing iron deficiency. According to antenatal guidelines, all pregnant women receive nutrition counseling or advice. Iron and folic acid supplementations are provided to all pregnant women screened with anemia. Women with persistent anemia with haemoglobin are given iron infusions.

Table 7: Level of access to essential nutrition interventions for young children and pregnant women in Indian Ocean and East Africa

	Seychelles	Kenya	Mauritius	Tanzania	Uganda
Children below 5 with moderate/severe stunting (2006-10)	N/A	35%	N/A	42%	38%
Vitamin A supplementation coverage (6-59 months) (2010)	N/A	62%	N/A	99%	N/A
Infants exclusively breastfed until 6 months of age (2010)	2%	32%	N/A	50%	60%
Infants with low birth weight	N/A	8%	14%	10%	14%
Prevalence of anemia in pregnant women (2010)	25%	55%	14%	58%	41%
Under-5 children with anemia	24%	69%	N/A	71.8%	64.1%
Population that consumes iodized salt (2006-10)	N/A	98%	N/A	59%	96%

Source: UNICEF Country Statistics, WHO Global Database on Anemia.

Table 7 shows the available data for nutrition indicators in Seychelles and several other countries in the region. Kenya, Tanzania, and Uganda have more data available than Seychelles and Mauritius.

Access to early childhood care and education (ECCE) in Seychelles is high.

The country's gross enrollment rate in pre-primary education in 2010 was 102 percent. Gross enrollment is defined as the total enrollment in a specific level of education, regardless of age, expressed as a percentage of the official school-age population corresponding to the same level of education in a given school year. It is widely used to show the general level of participation in a given level of education. The net enrollment rate in pre-primary education in 2010 was 87 percent. Net enrollment is the number of students in the theoretical age group for a given level of education enrolled in that level, expressed as a percentage of the total population in that age group. Net enrollment indicates the extent of coverage in a given level of education of children belonging to the official age group corresponding to that level of education. The GoS has achieved this high enrollment rate through provision of free public preschools around the country. Preschool attendance is not mandatory, and at present there do not seem to be moves within the government to require attendance. While

official enrollment rates are high, anecdotally, it seems that not all children attend regularly in some areas.

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 services.⁷ One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

Due to limited availability of data, it is difficult to assess if access to ECD services is equitable across different areas of the country and socioeconomic levels. The GoS does not collect data on access to ECD services at the sub-national level. The country's population is very small, but it would nevertheless be helpful to know if, for example, children living on the two less-populous islands Praslin and La Digue attend school and receive health services at the same rates as children living in the more populous Mahé. It is difficult to assess if the quality of services is consistent in areas around town and in more remote areas. It is possible

⁷ Engle et al, 2011; Naudeau et al., 2011.

that children and families living in more outlying areas do not always benefit from the same level of access to services as citizens living near the capital.

Given that the government offers free basic healthcare around the country, it is likely that children of all socioeconomic backgrounds have similar access to essential health services and basic infrastructure. It is not known if the percentage of underweight children, birth registration rate, or rate of births with a skilled attendant present varies across poorer and wealthier families (these are all indicators usually assessed within a SABER-ECD Country Report). It is difficult to assess if the quality of services is consistent across institutions that tend to serve children from poorer or wealthier families.

Boys attend preschool at slightly higher rates than girls. While enrollment in pre-primary education is high for both girls and boys in Seychelles, currently boys attend preschool at slightly higher rates than girls. In 2010 the gross enrollment rate in pre-primary education for girls was 97 percent, and for boys it was 106 percent. That same year, the net enrollment rate was 83 percent for girls and 91 percent for boys. In 2005, the gross enrollment rate for girls was 103 percent and 95 percent for boys; and the net enrollment rate was 90 percent for girls and 83 percent for boys. It is not clear why girls attended preschool at higher rates than boys in 2005, nor why the situation reversed by 2010. Further examination of this situation may be warranted to ensure that the government is taking appropriate measures to encourage families to send their daughters to preschool.

Seychelles does not have a clear policy guaranteeing access to ECD services for young children with special needs. The Education Act (2004) states that it is government policy “to ensure that all Seychellois are offered equal educational opportunities in accordance with their abilities, aptitudes, and needs.” A policy statement from the MoE includes “catering for special needs/working towards greater

‘inclusion’ of the learning disabled” in a discussion of commitment to equity. While these policy statements are important steps, the GoS has not yet elaborated a clear plan for guaranteeing access to ECD services, including inclusive education, for young children with special needs.

Currently the government offers a number of services for special needs children. The Early Childhood Intervention Centre, established by the MoH, offers community-based care for children experiencing developmental, behavioral and social problems. In addition to medical care, it offers speech pathology, play therapy, referrals to Social Support for vulnerable children, and family counseling for parents of children experiencing difficulties.

Provisions for special needs students from age 3 and a half to 12 are made in the School for the Exceptional Child on Mahé and the Centre for the Exceptional Child on Praslin. Children are usually referred by pediatricians or school psychologists. The MoE has difficulty recruiting qualified staff for special needs education and may not have adequate equipment to meet some of the children’s needs. A school inspection recommended a number of capital improvements, but there is no funding available to implement them.

There is also one school on Mahé with a class for deaf children, but it does not have programs for children below primary school age, and children not living in close proximity to the school are mainstreamed.

Policy Options to Implement ECD Widely in Seychelles

Scope of Programs

- Seychelles could expand the scope of its nutrition programs to include offering supplements and nutrition therapy for young children.
- The GoS could consider offering maternal depression screening and services, perhaps

through integrating screening into existing healthcare services attended by mothers.

Coverage

- Access to early childhood education is high, but it is difficult to fully assess the coverage of ECD programs and services in health and nutrition. The anemia rate among pregnant women is 25 percent, which may indicate a need for more access to nutrition programs. One way to address the anemia problem is through fortification of food staples.

Equity

- The GoS could examine the possible reasons for gender disparity in pre-primary enrollment.
- The GoS could consider strengthening its ability to offer access to high quality ECD services for special needs children, perhaps by developing a clear policy and plan for action. It could consider integrating special needs education into teacher training programs, ensuring adequate funding for special needs services, and working to improve quality of existing programs, particularly in remote areas.

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.

Data availability on ECD access and outcomes is limited. Table 8 presents some of the types of indicators a country can collect to assess access to ECD services and outcomes. Some pieces of administrative data for Seychelles are available; these figures reflect total uptake of services and are gathered through a census. Available data include the average number of students per teacher, the number of preschool children receiving nutrition education, and the number of children receiving well-child visits. The GoS has available approximate percentages of special needs children who receive interventions but not the total number of special needs children receiving the interventions. The GoS could consider collecting additional important administrative indicators, such as the number of children enrolled in ECCE by sub-region, and ECCE spending in the health and education sectors.

The government could also collect and/or make available survey data, which are based on sampling a specific population. The UNICEF Multiple Indicator Cluster Survey (MICS) is one example of a survey data collection that could yield useful information on levels of access to key ECD services. Several important health and nutrition indicators are not available, including the percentage of pregnant women who attend four prenatal visits, ECCE enrollment by children's socioeconomic status, the percentage of the population consuming iodized salt, and the vitamin A supplementation rate among young children. The vitamin A supplementation rate, for example, could be determined through a survey of a representative sample of the country's young children.

Table 8: Availability of data to monitor ECD in Seychelles

Administrative Data	
Indicator	Tracked
Special needs children enrolled in ECCE (number of)	X
Children attending well-child visits (number of)	✓
Children benefitting from public nutrition interventions (number of)	✓
Women receiving prenatal nutrition interventions (number of)	X
Children enrolled in ECCE by sub-national region (number of)	X
Average per student-to-teacher ratio in public ECCE	✓
Is ECCE spending in education sector differentiated within education budget?	X
Is ECD spending in health sector differentiated within health budget?	X
Survey Data	
Indicator	Tracked
Population consuming iodized salt (%)	X
Vitamin A Supplementation rate for children 6 -59 months (%)	X
Anemia prevalence amongst pregnant women (%)	✓
Children below the age of 5 registered at birth (%)	X
Children immunized against DPT3 at age 12 months (%)	✓
Pregnant women who attend four antenatal visits (%)	X
Children enrolled in ECCE by socioeconomic status (%)	X

These types of data could provide the government with important tools to evaluate the effectiveness of policies and programs. For example, the country requires every child to be registered at birth, but the birth registration rate is not known, so it is difficult to know how successfully the policy is being implemented.

The GoS collects data on multiple domains of child development, but does not compile these data for monitoring and analysis, nor does it track individual child outcomes in an integrated manner. Currently the GoS collects data on young children's linguistic development and early literacy skills, but no central government body gathers data on cognitive, physical, and socio-emotional development. The GoS could consider collecting these types of data, and in fact, it may already have the mechanisms in place for a central government body to compile this. For example, this information is likely gathered through the

existing well-child visits, the school health program, and the Denver Developmental Screening test administered to all children. Compiling these data can help the Government establish a baseline, identify issues that need targeting, evaluate the effectiveness of interventions, and inform policy decisions.

Through its various health and developmental assessments, the GoS likely has a sizable body of information on individual children's development outcomes. It appears that these outcomes are not compiled in a way that allows for a holistic assessment of the child's development. For example, a child's outcomes may be kept in separate files in separate offices for his or her growth monitoring, developmental assessments, etc. It may also be that outcomes gathered during school health checkups are not shared with the children's teachers, even when that information could be useful to them.

Data are collected to differentiate access and outcomes by gender, but not by other group status. The GoS collects data to differentiate ECD access and outcomes among young children by gender. Data are not collected on children’s socioeconomic status, special needs status, geographic location (town areas versus remote areas), or children’s home language environment. The vast majority of Seychellois children speak Creole as their mother tongue, so data on the home language environment may not be very useful, but data on the other group statuses could be helpful to gauge if all Seychellois children have similar access and outcomes.

Seychelles is comprised of several different ethnic groups, and there is a high degree of income inequality in the country, so it would be important to know if children from all socioeconomic backgrounds are reached by the Government’s ECD policies and programs. Data collection could also reveal if there are any differences between children living in both populated and remote areas. Collecting and analyzing data including children’s background characteristics could help the GoS identify any groups of children in need of extra help.

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 children.⁸

ECCE curricula and standards are established for crèches and primary schools, but could be strengthened for day care centers and child-minding services. The state crèche curriculum, known as “Lakres dan Sesel,” is learner-

⁸ Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011; Victoria et al, 2003.

centered and emphasizes pre-numeracy and pre-literacy skills, language, socialization, and life skills. It was issued in 1995, so updates are likely warranted. Within recent years, the GoS has developed and implemented a comprehensive reading program for early childhood education, known as the ALAP (“Learn to Read with the Butterfly”) Program. It aims to enhance the efficiency and effectiveness of reading and literacy development in the mother tongue at early childhood stage in Seychelles. It is being taught at Crèche Year 2 and Primary Years 1 and 2 classrooms. This first-of-its-kind project gained added emphasis and budgetary support in the context of the Education Reform 2009.

Three major components of the ALAP Project were (1) to develop and produce illustrative curriculum reading materials (including a teacher’s manual), (2) training of early childhood teachers and coordinators, and (3) implementation, monitoring, and evaluation of the program. In addition, this innovative project has developed within an evaluation and research framework to establish national standards in early reading, assess learning outcomes, and monitor the teaching and learning of early reading. All Crèche Year 2, Primary 1 and Primary 2 children take a cumulative test at the end of the year to measure progress and diagnose any language and literacy difficulties, and the test also facilitates monitoring and evaluation of the program. Education officers from the Early Childhood Section at the MoE conduct regular classroom visits to monitor implementation and support teachers.

Apart from its effectiveness measured in terms of pupil learning outcomes and achievement, and instructional practices, the ALAP program provided an impetus for early childhood education and development, and more specifically helped to pave the way for early intervention, to improve the quality of reading instruction, and to build a strong foundation for formal learning. The ALAP reading program was

also a finalist in the Commonwealth Education Good Practice Awards 2012.

Crèche years and Primary 1 and 2 years are taught in Creole (as the medium of instruction), the mother tongue of the majority of Seychellois. English is gradually introduced as the language of instruction in primary school, and French is taught as a second language throughout the education system.

The MoE's *Education for a Learning Society* document articulates goals of non-formal early childhood education, defined as education for children from birth to 3 and a half. Under these goals, young children should develop social, cognitive, and motor skills; interact with the environment; and engage in creative play and expression. MoE's *Day Care Centres: Policy, Strategy, Standards/Guidance* document cites these goals but does not provide any details on implementation, nor does it reference a curriculum. It is not clear that there is a curriculum or early learning standards available for day care centers or child-minders to use.

There are training and certification requirements for ECCE caregivers and educators, with the exception of child-minders. The MoE requires that all ECCE caregivers and educators working at day care centers, crèches, and primary schools institutions are required to have some level of specialized training. Workers providing child-minding services (home-based care) are not required to hold any qualifications.

Day care operators are required to complete training in ECD and day care management; educators at crèches are required to hold a post-secondary diploma and a certificate from a specialized ECD course; and primary school teachers must hold a post-secondary diploma and a certificate from a specialized course. Table 9 shows requirements for pre-primary teachers in countries in the Indian Ocean and East Africa for comparison.

ECCE educator training courses are primarily offered by government institutions. The University of Seychelles offers a post-secondary four-year course leading to a diploma in education. The MoE offers a three-month, part-time course leading to a certificate for day care operators; day care assistants undergo basic in-service training.

The MoE's School Leadership and Management Handbook requires all schools to implement regular professional development trainings, either in the school or off site. Each school is supposed to have a Professional Development Facilitator (PDF), who also serves as a member of the teaching staff, to coordinate these activities. The in-service PD sessions apply to early childhood educators, namely, crèches, Primary 1, and Primary 2.

There are established service delivery and infrastructure standards for ECCE in Seychelles, with the exception of child-minding services.

The MoE requires a teacher-to-pupil ratio of not greater than 1:30 in primary years 1 and 2. The standard maximum teacher-to-pupil ratio in crèches is 1:20. This does not include teacher assistants working in some crèche and primary classrooms, which would make the adult-to-pupil ratio somewhat lower. Those ratios are similar to standards in many other countries with strong ECCE systems. It is not clear what the required ratio is at day care centers. Crèches and primary schools are open from 7:30 a.m.-2:30 p.m. five days a week, with after-school supervision provided for free. Day care centers are typically open for longer hours.

School building plans must be approved by the National Planning Authority, which specifies building materials, roof thickness, and window placement. *The Regulations for Provision of Physical Facilities for Education Institutions* (2006) sets minimum guidelines for education facilities. The document deals primarily with space requirements.

Table 9: Requirements for pre-primary teachers in Indian Ocean and East Africa

	Seychelles	Mauritius	Tanzania
Pre-Service	Caregivers for children under 3 receive ECD training. Pre-primary and primary teachers must complete an ISCED 4A equivalent of tertiary education and a certificate in ECD.	All pre-primary teachers must complete secondary school and a specialized ECD course. Every ECCE center is required to have at least one staff member with a full teacher's diploma.	State pre-primary teachers must complete 2 years of pre-service training after completing secondary school; standards for non-state pre-primary teachers are less stringent.
In-Service	Mandatory regular in-service training.	Mandatory regular in-service training.	Mandatory annual 40 hours in-service training for educators of children 2 and older.
Institutions	University of Seychelles, Ministry of Education.	Mauritius Institute for Education, Mauritius College of the Air, private institutions.	Agha Khan University, Teacher Resource Centres, teachers colleges, University of Dar es Salaam, Dodoma University.

Child-minding service providers are unregulated in terms of delivery and infrastructure standards. The MoH has a draft *Guidelines for Cottage Industry*, which includes child-minding services, but this has not been fully adopted.

There are established registration and accreditation procedures for ECCE facilities, except for child-minding services. The MoE operates 29 out of the 32 crèches in the country. Most of these are attached to state primary schools and adhere to the facilities standards that apply to all schools in the country. The MoE also operates 26 state primary schools and there are four private primary schools. Private crèches and private primary schools must meet certain infrastructure and service standards, although the registration procedures are not available.

The MoE sets standards for day care centers, described in the *Day Care Centres—Policy Strategy, and Standards/Regulations, Guidance Monitoring and Evaluation Guidelines* of 2005.

Operators must register with the Ministry and receive a Certificate of Operation which is renewed every year pending compliance with standards and passing an inspection. The standards cover facilities, curriculum, health and safety, and also include recommendations on fees, staff qualifications, administration, and professional development. Ministry officials visit most day cares at least twice per year in addition to the yearly registration inspection. In 2012, there were 22 registered day care centers, with a total of 740 children. Twelve of the centers are state owned but leased out to private operators; the rest are privately owned.

There also a number of private child-minding services run by individuals within their homes in the community. These are not required to register with the government and are not regulated by any government body.

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.

Not all ECCE professionals meet qualifications standards. Among primary school teachers, 23 percent have a Diploma Part 1, 42 percent have a Diploma Part 2, 25 percent hold a certificate, and 8 percent are untrained. This means that 33 percent of primary school teachers have not completed the requirement to hold both a diploma and a certificate.

Among state crèche teachers, 21 percent hold a diploma, 50 percent hold a certificate level qualification, and 26 percent are untrained. Approximately three-quarters of crèche teachers do not meet the requirement to hold both a diploma and a certificate. It is not clear how many day care center staff have completed specialized training, but it seems that many have had no training at all. Among child-minders, the proportion of caregivers with any training is unknown and likely low.

Given these numbers, it is clear that enforcement of teacher training requirements is lacking. The MoE is aware of this and is in the process of establishing the Teacher Council to register crèche and primary school teachers and promote their professional development. The MoE plans to address the problem of unqualified teachers working in the system through upgrading training programs leading to a certificate. The training will be offered through the Teacher Training Institution. With a teacher shortage in the country, it is not practical to remove unqualified teachers from schools.

The problem of unqualified staff seems to be particularly acute in day care centers. Day care centers' annual Certificate of Operations may not be renewed if they do not comply with teacher training standards; in practice, they often continue to operate.

ECCE center compliance with some service delivery and infrastructure standards could be improved and monitoring made more regular.

The average caregiver-to-child ratio in ECCE centers for children below 18 months is 1:10. For children between 18 and 39 months, the average caregiver-to-child ratio is 1:18. The average ratio is 1:20 for children older than 40 months. All ECCE centers seem to comply with the minimum number of operating hours, and many offer after-hours care.

Monitoring school facilities for infrastructure could be improved. The GoS inspects facilities immediately after construction for compliance with standards, but after that inspections are irregular. There is currently not enough staff to undertake regular inspections of school buildings.

All crèches and primary schools meet infrastructure requirements, but they may not all offer appropriate or high quality physical environments for their pupils. For example, some crèches attached to primary schools may not have appropriate playgrounds, furniture, or facilities for young children. Currently government standards do not specify important physical aspects of an ECCE facility, such as equipment and the condition of the indoor and outdoor facilities. The GoS could consider developing additional infrastructure standards specific to ECCE facilities to ensure safety, quality, and age appropriateness, and provide support for providers to meet standards.

Policy Options to Monitor and Assure ECD Quality in Seychelles

Data Availability

- Data collection and monitoring are important features of a strong ECD system, and are necessary for identifying needs and assessing programs. Seychelles could expand the survey data and administrative data it collects to include important indicators such as the number of children enrolled in ECCE by sub-region, ECCE spending in the health and education sectors, and the percentage of pregnant women who attend at least four prenatal visits. The GoS could consider participating in the Multiple Indicator Cluster Survey (MICS), which helps gauge access to and equity in health and education.
- The GoS could consider developing a mechanism to track individual development in all domains from birth into childhood. This could facilitate early identification and interventions for any developmental difficulties, and help caregivers and service providers tailor their actions according to individual children's needs. Through compiling existing data, the GoS could consider undertaking regular analysis of outcomes of all young children in the country, which could help identify strengths and weaknesses in the system and inform policy.

Quality Standards

- The GoS could consider developing recommendations for learning goals, activities, and materials for use by staff at day care centers or child-minding establishments to ensure that care promotes children's development.
- The MoE could consider developing standards and a training curriculum for child-minders. It may be that some child-

mindings lack basic knowledge of critical topics such as child development, health, hygiene and sanitation, nutrition, and how to create a safe environment. This lack of knowledge can be detrimental to young children's development, and could even endanger their safety. The GoS could consider adopting standards to ensure that child-minding facilities are adequate to ensure children's safety and well-being. It could also consider requiring child-minding services to register with the government. It is important for any effort to increase quality and adherence to standards be done in such a way as to encourage and support private providers to meet standards, rather than imposing overly punitive or rigid standards that will discourage registration and formal participation in the system.

Compliance with Standards

- The GoS could examine why ECCE caregiver and teacher training standards are frequently not met. Is the problem a lack of accessible and affordable training courses, lack of incentives, and/or a failure to monitor for compliance? The GoS could develop policies and programs to address the underlying reasons for the shortage of qualified teachers. It could also ensure there are ongoing professional development opportunities for all ECCE workers.
- The average caregiver-to-child ratio for children below 18 months in day care centers is 1:10. This is very high for children of that age, and could be detrimental to children's safety and development. The GoS could consider taking steps to address this problem, which is likely related to the broader issue of a shortage of qualified ECCE workers. The average ratio for children between 18 and 39 months is also very high, and could be lowered substantially.

- The GoS could increase monitoring of schools for compliance with infrastructure and service delivery standards. It could also consider expanding existing standards to ensure that they encompass all critical aspects of the physical environment, rather than focusing only on space requirements and building codes.

Comparing Official Policies with Outcomes

The existence of laws and policies alone does not always guarantee a given 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 several ECD policies with outcomes in Seychelles.

Table 10: Comparing ECD policies with outcomes in Seychelles

Policy	Outcomes
Laws comply with the <i>International Code of Marketing of Breast Milk Substitutes</i>	Rate of exclusive breastfeeding until 6 months: ➔ 2%
Comprehensive immunization policy mandates a complete course of childhood immunizations	Children with DPT (12-23 months): ➔ 99%
Mandatory birth registration with the Civil Status Office	Birth registration rate: ➔ unknown
Pre-primary education is free	Gross pre-primary school enrollment (3-5 years): ➔ 102%

Table 11: Comparing policy intent with ECD outcomes in Seychelles and select African countries

	Seychelles	Kenya	Mauritius	Tanzania
Salt Iodization				
Salt Iodization Policy	none	Mandatory	none	Mandatory
Population Consuming Iodized Salt	Data not available	98%	Data not available	59%
Appropriate Infant Feeding and Breastfeeding Promotion				
Compliance, Code of Marketing of Breast Milk Substitutes	Not Law	Some provisions law	Not law	Law
Exclusive Breastfeeding until 6 Months	2%	32%	Data not available	60%
Preprimary Education				
Pre-primary School Policy	Not compulsory; free 2 years state provision	Not compulsory; government finances some costs	Not compulsory; state and non-state provision; government finances some costs	Not compulsory; free 2 years state provision but user fees are common
Pre-primary School Enrollment Rate	102%	42%	96%	33%
Birth Registration				
Birth Registration Policy	Mandatory	Mandatory	Mandatory	Mandatory
Birth Registration Rate	Data not available	60%	100%	22%

The GoS has been very successful in implementing its policy mandating immunizations for young children, resulting in full coverage throughout the country. Despite the lack of a policy mandating attendance, Seychelles has achieved universal preschool enrollment through provision of public preschools around the country. Its policies to promote breastfeeding have not been very effective, at least in achieving exclusive breastfeeding rates at the age of 6 months. It is not clear how effective the mandatory birth registration policy is. Anecdotally, compliance seems to be high, but the rate of compliance is not known.

Table 11 summarizes key policy provisions in the Indian Ocean region and East Africa, along with related outcomes. All countries have mandatory birth registration policies, but Tanzania struggles to implement the policy, and implementation in Seychelles is not known. None of these countries

mandates pre-primary school, but Seychelles and Mauritius have universal enrollment. Data for Seychelles and Mauritius on the population consuming iodized salt and exclusive breastfeeding until 6 months are not available.

Preliminary Benchmarking and International Comparison of ECD in Seychelles

Table 12 presents the classification of ECD policy in Seychelles within each of the nine policy levers and three policy goals. For the *Establishing an Enabling Environment* policy goal, Seychelles' level of development is classified as "Established." For the *Implementing Widely* policy goal, Seychelles' level of development is classified as "Established" (although multiples pieces of data typically used in the calculation were unavailable). For the *Monitoring and Assuring Quality* policy goal, Seychelles' level of development is classified as "Established."

Table 12: Benchmarking Early Childhood Development Policy in Seychelles

ECD Policy Goal	Level of Development	Policy Lever	Level of Development
Establishing an Enabling Environment		Legal Framework	
		Inter-sectoral 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:

Table 13: International Classification and Comparison of ECD Systems

ECD Policy Goal	Policy Lever	Level of Development					
		Seychelles	Australia	Chile	Sweden	Turkey	Vanuatu
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:

Table 13 presents the status of ECD policy development in Seychelles alongside a selection of OECD countries and another small island nation, Vanuatu. 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. Additional regional comparisons of ECD policy goals and levers are forthcoming.

Conclusion

The SABER-ECD initiative is designed to enable ECD policymakers and development partners identify opportunities for further development of effective ECD systems. 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. This Country Report presents a framework to compare Seychelles' ECD system with other countries in the region and internationally. Each of the nine policy levers are examined in detail and some policy options are identified to strengthen ECD are offered.

Seychelles has implemented many important programs and policies in the area of early childhood development, including universal preschool enrollment and free primary healthcare. It is currently working on improving intersectoral coordination. The GoS can build on these achievements by increasing the types of data and information it gathers and analyzes. The country has established standards for ECCE, but could develop more standards in some areas (such as child-minding services) and work to improve compliance with existing standards (such as teacher qualifications). Table 14 offers policy recommendations and options that the GoS could consider to strengthen ECD.

Table 14: Summary of policy options to improve ECD in Seychelles

Policy Dimension	Policy Options and Recommendations
Establishing an Enabling Environment	<ul style="list-style-type: none"> • Adopt a policy to fortify staples with iron and other nutrients, and a policy to iodize salt. • Adopt a mandatory preschool attendance policy. • Extend paid and unpaid maternity and paternity leave. • Train judges, lawyers, and law enforcement officers on interacting with children, and create a child advocacy body. • Ensure that health, nutrition, and social protection are incorporated into the country's ECD implementation plan. • Coordinate interventions at the point of service delivery. • Establish systems to identify and track ECD spending within government budget(s). • Establish a coordinated budget process across ministries working on ECD. • Develop a formula using explicit criteria to determine ECD funding allocations.
Implementing Widely	<ul style="list-style-type: none"> • Add maternal depression screening and services to programs targeting parents. • Identify reasons for gender disparity in pre-primary enrollment and develop plan to address them. • Develop a clear policy and implementation plan to make ECD services accessible to special needs children.
Monitoring and Assuring Quality	<ul style="list-style-type: none"> • Increase the types of administrative and survey data collected to include important ECD indicators, such as the percentage of pregnant women who attend four prenatal visits, child stunting rates, and rates of exclusive breastfeeding; consider participating in the Multiple Indicator Cluster Survey (MICS). • Develop a system to track and monitor individual children's development outcomes. Compile and analyze existing data sources on outcomes for all young children in the country. • Develop suggested curricula for day care centers and child-minding services. Develop and implement qualifications standards for child-minders and regulations on infrastructure and service delivery at child-minding facilities. • Examine why ECCE caregiver and teacher qualification standards are often not met, and take measures to address these issues. • Reduce the average caregiver-to-child ratio for children below 18 months at day care centers from 1:10. Best practice is approximately 1:3-4. Reduce the ratio for children between 18 and 39 months. Best practice for that age group is approximately 1:6-8. • Increase monitoring of ECCE facilities for compliance with infrastructure and service delivery standards. Ensure that standards include all critical components of a safe and high quality physical environment for young children.

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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