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NIPECD: Policy to Provide Building Blocks For Establishing A Formally Organized System of ECD



NIPECD : Developing human capital starts early



NIPECD : Encouraging The Development of Social Skills

LIST OF ACRONYMS

ACH	Adolescent Child Health
ADRA	Adventist Development Relief Agency
AIDS	Acquired Immune Deficiency Syndrome
ANC	Anti Natal Care
BCG	Bacille Calmette- Guerin
BPHS	Basic Package of Health Services
CAP	Child Assistance Program
COHDA	Community and Human Development Agency
DPT	Diphtheria Pertussis Tetanus
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECE	Early Childhood Education
ECEC	Early Childhood Education and Care
EFA	Education for All
ELDS	Early Learning and Development Standards
ENA	Essential Nutrition Action
EPI	Expanded Program on Immunization
GDP	Gross Development Product
GOL	Government of Liberia
HIV	Human Immunodeficiency Virus
HH	House Hold
IECD	Integrated Early Childhood Development
IRC	International Rescue Committee
IMCI	Integrated Management of Childhood Illness
LNRC	Liberia National Red Cross

MDG	Millennium Development Goals
MGD	Ministry of Gender and Development
MOA	Ministry of Agriculture
MOCAT	Ministry of Cultural Affairs and Tourism
MOE	Ministry of Education
MOF	Ministry of Finance
MOGD	Ministry of Gender and Development
MOHSW	Ministry of Health and Social Welfare
MOI	Ministry of Information
MOIA	Ministry of Internal Affairs
MOJ	Ministry of Justice
MOPEA	Ministry of Planning and Economic Affairs
MOYS	Ministry of Youth and Sport
NGO	Non Government Organization
NIPECD	National Inter-Sectoral Policy for Early Childhood Development
NSWP	National Social Welfare Policy
OSF	Open Society Foundation
OSIWA	Open Society Initiative of West Africa
PRS	Poverty Reduction Strategy
RH	Reproductive Health
TPO	The President's Office
UNESCO	United Nations Educational, Scientific & Cultural Organization
UNICEF	United Nations Children's Fund
WB	World Bank

Transmittal Letter

In Liberia, Early Childhood Development is evolving into an organized system of integrated services for young children, (birth through eight), their families and service providers. The finalization of the National Inter-sectoral Policy on Early Childhood Development signals Liberia's commitment to its youngest citizens.

The Ministries transmitting this Policy to the President and citizens of Liberia are committed to service-based collaboration to change the life experiences of young children. The Inter-Sectoral Ministries are committed because they understand that transforming the system and building a well developed work force that is required to establish high quality programs for the youngest residents, educating their families with the involvement of the civil society and training their service providers to the level of competence.




This Policy is the way forward for the key Ministries, civil society, county, regional, national and international shareholders to interact. The Inter-sectoral Ministries realize that this Policy cannot be successfully implemented unless there is collaboration, communication and operation across all areas of government and civil society.

Now that the Policy is finalized, a strategic implementation plan will be developed and implemented. As Liberia has formulated the Early Childhood Development Policy, our country has moved forward positively in the following areas:

- ❖ An Inter-sectoral Committee to guide the policy and program development has been established;
- ❖ An Early Childhood Development Community Education Awareness Program has been developed;
- ❖ Dialogue has started with institutions of higher education to establish degree programs in early childhood development;
- ❖ A number of model early childhood centers have been established;

- ❖ Three skills based workshops for persons currently working in early childhood programs conducted;
- ❖ Establishing an early childhood resource center is in process; and
- ❖ Training and meeting registry data base is being developed.

All key Ministries, civil society and donor partners are encouraged to support the full implementation of the policy. The children of Liberia are our future and they deserve the very best of our nation.

Ministry of Health and Social Welfare	<i>Vivian Johnson - DHA May 25, 2011</i> Signature	
Ministry of Gender and Development	<i>Urbah Duffler - May 25, 2011</i> Signature	
Ministry of Justice	<i>[Signature]</i> Signature	
Ministry of Internal Affairs	<i>[Signature]</i> Signature	
Ministry of Education	<i>[Signature]</i> Signature	
Ministry of Planning and Economic Affairs	<i>[Signature]</i> Signature	
Ministry of Finance	<i>[Signature]</i> Signature	
Ministry of Youth and Sports	<i>[Signature]</i> Signature	

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Special thanks to those national and international organizations: World Bank, Open Society Foundations, Open Society Initiative for West Africa, Plan International Liberia, Child Fund, Save the Children UK, UNESCO, UNICEF, Children Assistance Program and Youth Action International, whose advice and views have contributed enormously to the fine-tuning of the document. The expertise of a number of consultants informed the development of the Policy: Karin Hyde, Thomas Koon, Musu Pausa-Twalla and Langlay Kailyn, [Child and Family Needs Assessment], Musu Kiazolu, [ECD Resource Studies], Daniel Allison, Emily Vargas-Baron, and Phil Dixon, [ECD in Liberia: A Policy Analysis]. We offer thanks to Yukhiko Amnon, Dweh D. Miller and Nada Ajami-Tondo, and all of the Early Childhood Development Unit at the Ministry of Education, for their help in facilitating ECD consultative workshops and streamlining the data collected.

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Hon. Othello Gongar, Minister of Education

SECTION 1: BACKGROUND

Introduction

Early Childhood Development (ECD) has, in recent years, gained recognition in many African countries as an important consideration in development strategies, particularly in the areas of education, economics, health, gender and social welfare. With increased international research findings, producing evidence in support of the value and importance of the early years in human growth and development, governments worldwide are paying attention to the needs and rights of young children, from conception to primary school with increased vigor and enthusiasm. Interest in this sector is also shifting towards ensuring that children are not perceived as a global entity, but, as consisting of different groupings with varied and diverse needs, according to the environments and contexts in which they are born and live.

Liberia had, for years prior to the war, provided services for young children particularly in education and health care, but without formal policy and implementation frameworks. These services were in the form of pre-primary facilities and health care services from hospitals and clinics. The 14 year war, which devastated the country's social and economic infrastructure, destroyed the limited health care and education services that young children had been enjoying.

The Liberian Government has joined the rest of the world in recognizing the need for establishing a formally organized system of Early Childhood Development by providing ECD policy and implementation plan. Under the leadership of the Ministry of Education, the Liberian Government is determined and committed to developing and implementing an ECD Policy that is based on the principle of integrated services, through inter-sectoral collaboration in order to achieve holistic development for Liberia's youngest citizens. This document puts forth the policy which is laying the foundation for a better start in young children's lives, enabling them to have positive early education and care experiences upon which their further growth into adulthood development will be established.

Liberia: Geographical, Social, Economic and Political Context

Liberia covers 111,370 square kilometers (43,000 square miles) of Africa's land mass. It is situated on the west coast of Sub-Saharan Africa. It shares borders with Sierra Leone to the West, Guinea to the North, Ivory Coast to the east, and a long coastline with the Atlantic Ocean to the South. The country is divided into fifteen counties: Bong, Lofa, Nimba, Bomi, Margibi, River Cess, River Gee, Grand Gedeh, Sinoe, Maryland, Grand Cape Mount, Montserrado, Grand Bassa, Grand Kru and Gbarpolu. Each county is further divided into districts. Liberia has two main seasons; the dry season ranges from November to April and the rainy from May to October. Liberia has sixteen indigenous languages with English as the official language of communication and learning. It has a population of approximately 3.6 million people.

The development of a policy related to Early Childhood Development is a new mandate for the Government of Liberia and it requires a stable political, social and economic environment for it to be successfully developed, implemented, monitored and evaluated. Although Liberia is emerging from a fourteen year war that destroyed the country's system of governance and service delivery, the country's current stable political environment is enabling the ECD Policy process to be planned fairly effectively.

The Government of Liberia is committed to expanding and improving services for early childhood development. This desire has been heightened by the devastating impact that the war has had on pregnant women, nursing mothers, and young children from birth to eight years of age (Allison, 2008). Levels of education among women are very low (17% compared to 40% among men) this data applies to both genders in the 15 through 49 years age group. This has implications for parent support to young children; since the lower the education of parents, especially mothers, the lower the levels of positive and rich early years' experiences for young children.

Despite its relatively stable environment, the country is facing major economic challenges that are affecting service delivery across all sectors. As a result, one of the greatest threats to the ECD Policy is the ability to have it implemented effectively. Liberia's GDP is approximately \$250 USD per annum. The main economic activities are as a result of trading rubber, and minerals such as diamond, gold and iron ore. In the country's post-war phase, it is facing high unemployment levels which have dire affects on families' livelihood. Due to the very low GDP, the country is struggling to reconstruct, expand and maintain the countries' current service delivery infrastructure.



Diagram 1: Map of Liberia

Definition of Early Childhood Development

International definitions of ECD vary slightly, but they all allude to the programs and services that are made available to young children from conception/birth to eight years. These programs and services support their growth and development in physical, cognitive, social and emotional aspects, towards holistic development. These aspects are strengthened by meeting the children's hygiene, nutrition, safety and social protection needs. The more the definition of ECD becomes clearer, the more role players can be identified to contribute to the effective management and implementation of ECD programs. Despite the number of role players identified, parents and care givers are regarded as the most critical role players in the care and education of young children.

Typically ECD programs cover the periods of pre-conception, conception, pregnancy, birth to 36 months, 3 to 5 years and 6 to 8 years. This Policy defines ECD from conception/birth to 8 years, however, its major focus, particularly for programming and implementation aspects, is on conception/birth to 5. This is because the school enrolment age for grade one in Liberia is 6 years old. Developmental needs and rights of children from 6 to 8 years are mainly catered for in the primary school plans, policies and programs. This focus is supported by the Liberian Education Law of 2001 which asserts that:

“the Government of Liberia shall be committed to ensuring that provisions are made for all children to receive sound pre-first or early childhood education as being essential to the later development and the rapid educational advancement of children to the level of primary education and beyond. The MOE shall encourage and require all districts and counties to establish early childhood education. The Government shall, therefore, work harmoniously with its partners to ensure access to early childhood education programs, develop standardized and sustainable programs in this area, and build capacities for this level to have a favorable impact on the nation's classrooms. The age range for attendance in each childhood program shall be from 3 - 5 years as indicated in the new Education Reform Act of 2011. The programs shall aim at providing all necessary opportunities for each child to develop the appropriate physical, mental, emotional and social skills, attitudes and habits to enable him or her to proceed to the primary level and continue to learn and live a useful and happy life.” (Education Reform Act, August 2011).

ECD Terminologies

There are a variety of terminologies used in the ECD sector, sometimes interchangeably, which are important in understanding the definition of ECD. The most commonly used include the following:

- **Early Childhood Care (ECC)** – Addresses aspects of care related a child’s needs, including safety, health, nutrition and social protection.
- **Early Childhood Development (ECD); Early Childhood Care and Development (ECCD); & Early Child Care and Education (ECCE)** – Umbrella terms used to refer to all programs, information and services which have to do with young children, from conception to eight/nine years old. It should be noted however that ECD is increasingly being used for services and programs for children from conception to five or six years old depending on the school enrolment age.
- **Early Childhood Health Care** – Services and programs that target the health care needs of children from conception to eight years.
- **Early Childhood Education (ECE)** - This often refers to the education and learning components for children two to five years.
- **Early Learning** – This term is used in reference to the learning experiences that a child experiences or is required to experience from conception to eight years both in the formal and informal settings.
- **Reception Year; Preschool; Pre-Primary & Kindergarten** – These terms are all part of ECD and refer to ECE provisioning for children in the year just before school enrolment; typically four to six years old, depending on the school enrolment.
- **Pre-Reception and Pre-Kindergarten** – The ECE provisioning of children from two to three years old.
- **Grades One to Three or Primary One to Three** – These are parts of the ECD definition, but their needs and rights are addressed in the primary school environment.
- **Nursery and Crèche** - African terms used to describe institutions that provide ECC and ECE across the ages of birth to five years old.

Definition of ECD in Liberia

Taking into account all of the above, Early Childhood Development in Liberia refers to all programs and services that are provided to children from conception to eight years old enabling them to grow up and develop cognitively, socially, emotionally, morally and physically, becoming more productive Liberian citizens able to reach their full potential. The

Ministry of Education is the lead Ministry for the entire NIPECD. Although Section 4.3.4 of the Act states that “The age range for attendance in early childhood programs shall be from three (3) to five (5) years, provided no child shall be denied attendance in early childhood education programs,” Section 4.3.3 of the Act, mandates that “the Ministry [of Education], through inter-sectoral collaboration with other Ministries and non-government partners shall ensure integrated services and delivery of educational components required to sustain the early childhood programs of the nation.”

Rationale for Early Child Development Policies and Programs

“It has been proven scientifically that children’s development begins at conception, and occurs most rapidly in the first three years of life. Second research shows that the influences of the environment, through interactions, learning experiences, maintaining health and ensuring good nutrition are critical to a child’s development. Third, there is a window of sensitivity during this period of life to these influences; if the child does not have opportunities to grow, learn, and become emotionally secure during this period of life; opportunities for further development are limited. Thus early interventions are decisive in the human capital development of a nation” (Asmara Conference Report, 2002, p10).

Without a doubt, there is currently ample evidence that indicates that the early years are crucial in determining and influencing various outcomes in the life of an individual. This evidence is often used rigorously to argue for ECD policies and programs across the different countries in the world. The arguments often relate to issues such as 1) children’s rights; 2) critical stages of human development; 3) economic considerations; 4) human capital development; 5) social equity; and 6) educational benefits, which are elaborated on below.

1. Children’s Rights

It should be highlighted that the overriding motivation, purpose and importance of ECD internationally, is that young children have rights and needs that Governments, society, communities and families have an obligation to meet. These commitments are set out in the Convention on the Rights of the Child, the African Charter and the Government of Liberia is a signatory to these instruments.

2. *ECD: A Critical Stage of Human Development*

Early Childhood Development years are considered to be the formative stage of human development. In particular, the stages from birth to five years have been identified as the most critical stage for the development of human attributes. It is during these critical years that the foundations for future development, learning and growth are laid down. This stage is characterized by rapid physical growth of all the parts of the brain. A baby is born with billions of brain cells that represent lifelong potential. Recent research now shows that children's early environment and experiences has a vital impact on their brain development. The more stimulating the early environment (Social interaction) the more positive connections are formed in the brain, the better the child thrives in all aspects of his or her life, in terms of physical development and the ability to express themselves and acquire knowledge (Irwin et al. 2007, p15). This new knowledge about brain development has implications on everything that happens to a young child, wherever and whoever they are. It has implications on policy and programs for ECD at all levels of society. It supports and strengthens all other arguments for investing in ECD and early intervention programs.

It is during the early years that some of the most important initial skills, knowledge and values are developed for the child's future physical, social, moral, emotional and cognitive growth. The initial skills, knowledge and values, that a child attains in ECD play a critical role in determining the overall child's health, personality, character, moral and cultural beliefs, social and economic standing as well as achievements later in adulthood.

3. *Economic Considerations*

"Early Childhood Development programs are widely considered to be promising means through which society might improve the prospects of future generations of adults in low income countries, as well as in other societies"(Behrman, p2).The economic benefits argument is widely used and has many strands to it, but, the most widely used strand is that investments in ECD financial, human, infrastructure and other resources, result in less expenditure by governments, societies, communities and families on for example Adult basic Education Programs, remedial education programs, social and health rehabilitation and treatment programs. Many Economists, who have developed an interest in ECD are beginning to argue that investments in ECD is an outlay of funds that would produce positive future returns Kilburn et al 2008.

The fifteen year longitudinal study by Reynolds et al, is one of the several such studies that have been done that indicated that for every dollar spent in high quality ECD programs, more than eight dollars are returned to society. Social benefits come in the forms of reduced crime; reduced rates of primary school repetition; increased high school graduation rates; higher rates of adult earnings; healthier and better adjusted individuals; and higher rates of well established family settings for children to grow and thrive in.

Dr. James Heckman, the world renowned 2000 Nobel Prize winner in Economic Sciences, has had a tremendous influence on some of the philosophies governing ECD. “Having started at one end of the age spectrum, Dr. Heckman soon ended up at the other end. He analyzed the investments made in early childhood development programmes and learnt that, at the same cost there are greater gains to be had when children are younger. Dr Heckman came to believe that one can make a bigger difference and have more of an impact with younger children because the social skills they learn in the very early years set a pattern for acquiring life skills later. On a purely economic basis Dr. Heckman says, “it makes a lot of sense to invest in the young” (Report on Dr. James Heckman’s ideas and perspectives p2).

4. *Human Capital Considerations*

Human capital is a term that is defined as the productive capacities embodied in people. Heckman defines human capital as the blend of innate ability, education and skills acquired through life experience, (Wulczyn 2008). There are various requirements and processes involved in human capital development. The more investments made in it, the more positive outcomes obtained from the individual’s capacities and abilities. “This characterization of the development of human potential as a production process with parallels to other outlays of money and time that would produce returns in the future, helps motivate the analysis of the monetary pay offs to early childhood program” (Kilburn et al, p 26). The achievement of positive outcomes in relation to human capital development is linked to quality early childhood programs that are developmentally appropriate. These programs ensure that children achieve the required social, physical and cognitive skills that provide the foundation required for further development and lifelong learning.

5. *Social Equity Considerations*

It is believed that early childhood has the potential to enable the achievement of social equity particularly at the levels of gender and social economic status. Studies have shown that vulnerable children from poor communities benefit greatly

from early childhood development programs. The programs provide them with opportunities to learn and acquire skills, knowledge and values that they would otherwise not have in their impoverished home or living environments which often lack resources for early stimulation. Parents in these environments also often lack the understanding of the importance of early stimulation, play and even the children's needs and rights, which are critical to their holistic development. The parents are more often preoccupied with providing the bare minimal basic needs that their children require and this takes up a lot of their time and often also involves using the young children to help them make provision for their homes.

The majority of those employed in child care and education services across the world are women. Therefore in terms of gender equity, ECD is seen as a place where women benefit from opportunities to be educated through ECD training and earn an income. ECD also provides young girls who are often denied equal access to education as boys, the chance to be better prepared for success in their further learning opportunities.

6. *Education and Lifelong Learning Considerations*

For many years, education has been cited as one of the most valued and important considerations of early childhood development. As a result, parents, communities, NGOs and even governments have often placed too much focus on the education benefits of ECD. Unfortunately, this sometimes results in some of the child's other needs and rights being sacrificed, reducing children's chances of achieving holistic development. The component of education in ECD is also referred to as Early Childhood Education (ECE).

ECE benefits are indisputably crucial, but, these should be considered in an integrated approach that ensures that other needs such as nutrition, protection, safety and health are also provided to children, particularly the vulnerable. Education benefits entail the child having access to quality early learning and stimulation programs and environments that enable them to develop relevant cognitive, physical and social skills in accordance to their development stages. ECD therefore, plays a crucial role of laying the child's learning/education foundation in terms of skills and knowledge, upon which further and lifelong learning can take place. ECE reduces early school dropout rates and the need for remedial education. ECE also allows for early detection of learning difficulties, making it possible for appropriate and corrective measures to be made for the child, enabling them to further advance in their educational achievement.

SECTION 2: STATUS AND SITUATION OF EARLY CHILDHOOD DEVELOPMENT

The majority of children from birth to eight years in Liberia live in situations of abject poverty with limited experience of knowing what it is to have their rights and needs met. In Liberia, poverty is defined as ***“a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to services”***. The following are some of the key observations on the situation of young children in Liberia, from the health, nutrition, education, protection and safety perspective. It should be highlighted that reliable statistics are currently inadequate in Liberia on various data about the situation of children. However, the ECD situation analysis studies and other statistical sources highlight the following aspects on the status of young children in Liberia.

Health and Nutrition

- Child well being and survival has been compromised due to the effects of the war on the country’s productivity. As a result, there are high poverty levels, 63.8% of the country’s total population fall below the poverty level (1,725,806 out of a population of 3.5 million). 20.1% of the poor are children under 10 years old (Poverty Reduction Strategy).
- There is a high child mortality rate (117 deaths per 1000 live births has reduced to 72 deaths per 1000 live births). While the child mortality rate has been reduced, it still remains high. Mortality rates for children under 5 years also, still remain high (reduced from 194 to 111 deaths per 1000 births).
- Leading causes of morbidity and mortality are still neonatal conditions, ARI-pneumonia, malaria, diarrhea, measles and malnutrition.
- Maternal mortality rates are 994/100,000 live births.
- 60% of child births occur outside of health facilities under unskilled birth attendants, particularly in rural areas resulting in unnecessary neonatal deaths and complications.

- Though most children do not complete their vaccination regimes, there is an indication that about 89% of children aged 12 to 23 months receive some of the recommended vaccinations.
- Breast feeding is still prevalent and extended. 97% of children aged 9-11 months and 82% aged 12-17 months are breast fed. Use of bottles is not wide spread which is good as it reduces the spread of diseases as result of unhygienic bottle care.
- About 42% of Liberia's population is food insecure, this results in various forms of nutrition related health problems such as severe stunting, stunting, severe wasting and developmental delays among young children.
- An estimated 41% of children in Liberia experience stunted growth. There are also concerns about the levels of wasting and malnutrition.(Food and nutrition survey 2010)
- HIV/AIDS statistics are controversial, but it is estimated that the prevalence rate is 1.5%. Infection rates were at 12.9% in 2000.

Education

- Early childhood education is considered to be important and is included in the Education Law of Liberia as one area of service provisioning by the MOE.
- The war destroyed many schools as a result there are inadequate facilities for early learning opportunities, particularly in the rural areas. Most of the ECD services are concentrated in the urban areas especially in the Montserrado, Nimba and Bong Counties.
- The areas that have some form of ECE provisioning face challenges such as overcrowding, lack of learning and teaching resources, and high rates of untrained and poorly paid teachers and care givers.
- There is a practice of enrolling overage children into pre-primary classes as they are deemed not ready to start formal schooling in grade one. As a result, pre-primary programs are not appropriate for younger children since teachers target the teaching and learning experiences for those who are older.
- There are no home based care programs to educate and support families.
- The number of children enrolled in Pre-Primary is 491,564; however this figure is unreliable as it includes overage children.

Safety and Protection

- There is a recognition by key ECD Ministries, especially the MOJ and MOGD that the child protection system needs to be developed in Liberia. As such the MOGD and the MOJ, through the police department, are developing information and education strategies on child rights and protection issues.
- There is lack of services, regulations and referral systems particularly for children with disabilities.
- During the war the family social structure was weakened with many families being wiped out or few members remaining. Parenthood training initiatives even the indigenous ones, were destroyed, leaving a gap in available parent programs to help and support parents, particularly teenage parents, with care giving and early education skills.
- Due to the war, there are many disabled parents who need support in caring for their young children.

Water and Sanitation

- There is lack of adequate access to clean water and sanitation in Liberia. This is also as a result of the war, as water and sanitation systems were not adequately maintained and/or developed for 14 years.
- Inadequate sanitation and water supply contributes to many of the health problems experienced by many young children.

Efforts are being made to address some of these challenges above. Relevant Ministries are beginning to put in place policies, programs and strategies to address them; however, these interventions are taking place in a fragmented approach. This policy is one of those major efforts to ensure that all young children have access to integrated ECD provisioning for effective improvement in their growth, general well being and development. (For further information on the status of ECD in Liberia, refer to the ECD Situation Analysis.)



NIPECD: Policy Review Workshop

SECTION 3: THE ECD POLICY DEVELOPMENT PROCESS

The ECD Policy Process in Liberia

The development of Early Childhood Development policies is still a new phenomenon in many African countries. It is therefore critical to understand the underpinning stages and elements in order to better appreciate the final policy product. The policy implementation process in Liberia initially resulted in two different draft ECD Policies which have been useful in both shaping the current policy processes and formulating the document. The draft policies include:

1. The National Policy of Integrated Early Childhood Development (2005): Driven by the Ministry of Planning and Economic Affairs supported by UNICEF.
2. The Draft National Inter-Sectoral Policy on Early Childhood (2009): Driven by the Ministry of Education, supported by Open Society Initiative of West Africa and the World Bank through the Education Program Development Fund.

The initial stage of the ECD policy development took place from 2004 to 2005, with support from UNICEF as part of its Master Plan of Operation in Liberia, with the aim of developing an Integrated Early Childhood Development Policy (IECD). An IECD Task Force was established consisting of representatives from the following:

- Ministries of Planning and Economic Affairs (MOPEA)
- Ministry of Education (MOE)
- Ministry of Gender and Development (MGD)
- Ministry of Health and Social Welfare (MOHSW)
- Ministry of Youth and Sport (MOYS)

- Ministry of Justice (MOJ)
- Ministry of Information (MOI)
- Ministry of Cultural Affairs and Tourism (MOCAT)
- Ministry of Internal Affairs (MOIA)

The Task Force representation also includes the Liberia National Red Cross, Children Assistance Program, Adventist Relief Agency, and Community and Human Development Agency. MOPEA was the chair for the task force and the MOE was the secretariat. The goals of the IECD Task Force were to:

1. Define a national policy on integrated activities for early childhood development with an emphasis on 0-8 years;
2. Promote coordination and convergence of multiple-sectoral actions as well as community participation as part of a national decentralization policy;
3. Identify existing national policies that will contribute to IECD and policy framework;
4. Create awareness and collaborate with partners on an IECD development approach; particularly among decision makers in order to reach a national consensus on responding to the needs of young children;
5. Review activities for young children in the areas of health and nutrition, water hygiene and sanitation, protection, and early stimulation at a national level; in order to identify entry points for an integrated approach and for improving knowledge on the socio-cultural environment;
6. Develop and ensure implementation of communication strategies for IECD;
7. Develop key care practices for use at family and community levels to promote the child's best start in life;
8. Develop national systems to monitor young children's growth and development;
9. Establish IECD Task Force at country, district, and community levels;
10. Develop criteria for minimum standards for an IECD facility initiative;
11. Mobilize and advocate for relocation of human, material and financial resources for the implementation of IECD approach;

12. Develop monitoring tools and indicators to ensure that the objectives of IECD are achieved; and
13. Identify and develop existing policies identified and developed by the national ECD task force in order to implement the Early Childhood Development Programs in Liberia.

The Task Force selected an Inter-Sectoral Committee to compile the policy. A policy review workshop was organized by the National IECD Task Force. An objective of the workshop included to have the draft policy approved by the key sectors' Ministries, together with the national and international non government organizations working on ECD in Liberia. This ECD policy development stage also involved a consultation process to get community feedback and buy in for the policy and a pilot project was conducted in five counties to demonstrate community based integrated ECD programming and also to inform the policy.

The IECD draft policy provides a useful basis for articulation of an integrated ECD service provisioning that is consistent with holistic development requirements. It is a useful resource on which to base what a government needs to provide for children birth to eight. However, even though it is strong on the concept of integration, it does not provide a corresponding mechanism for how this integration will be managed and coordinated to ensure that the integrated services proposed in practice reach the targeted children where ever they are located in Liberia. After this UNICEF IECD policy process, there appears to have been a hiatus in the ECD policy development process in Liberia.

In 2007-2008, the ECD policy development process was resuscitated with the MOE as the lead government agency. This rejuvenation of the policy development processes took into consideration the phases of policy development described by Emily Vargas-Baron (2005) and put in place five phases in the process to ensure that they were implemented, as outlined below.

Phase I: Preparation

The MOE, with support from international agencies, put in place structures to plan and prepare the ECD policy development processes. An ECD Policy committee was formed that included representatives from the following key Ministries: MOE, MOHSW, MOJD, MOJ and MOYS.

Phase II: ECD Situation Analysis and Consultation Preparation

The Government of Liberia, with support from The Open Society Foundation, launched three critical studies to inform the development of the ECD Policy in Liberia. The findings and recommendations from these studies have been used extensively to inform the content and decisions of this Policy. Not all the recommendations in the studies have been adopted, however many have been used to craft the different sections of this Policy.



NIPECD : Integrated ECD Services Start At Birth

Table 1: Three Critical Studies Conducted to Inform the Development of Liberia's ECD Policy

ECD Study	Study Component Areas/Goals	Study Policy Recommendations
The ECD Resource Study	ECD institutions and services	Meet the international commitments for expanding and improving ECD
	Human resources in all ECD areas	Establish Inter- Sectoral ECD Council
		Establish County and Community ECD Committees
	Pre and in-service training resources	Establish formal inter agency and Inter -Sectoral ECD agreements
		Establish ECD program standards in all sectors
Financial resources and budgets	Create a central clearing house for ECD Training	
	Focus on integrated ECD under future decentralization plans	
Policy Analysis	The study reviewed sectoral as well as relevant cross sectoral policy instruments	The ECD Policy should describe in detail the system for Inter Ministerial planning, program preparation, implementation and coordination
		The ECD Policy should call for the establishment of an ECD Institute, Centre or Unit
The Child and Family Needs Assessment	Analyze the status of children and families	To develop guidance on the content and scope of all relevant ECD regulations
	Assess the knowledge base with regards to ECD	Indicate the need for the MOE to propose ECD monitoring indicators
	Identify dominant beliefs towards ECD	Establish minimum requirements for ECD staff
	Document traditional childrearing approaches	Call for the need for health education programs targeting parents (e.g. malaria prevention)
	Identify gaps and inconsistencies in statistics and studies	Indicate how the sector will deal with the issue of child discipline
	Feed into the planning of the education sector and to inform ECD policy development	Identify means of providing learning and teaching resources for ECD programs

Phase III: Community, Regional and National Consultations

The Government of Liberia, under the leadership of the MOE, conducted stakeholder consultations on the development of the National Inter-Sectoral ECD Policy. This was to ensure national stakeholder participation in the development and finalization of the policy as well as to create an awareness and buy-in of the Government's intentions for the ECD sector. The majority of the consultations took place through the National ECD Stakeholder Forum, which involved stakeholder representation from community to national and international structures. Inter-Ministerial meetings and working groups also played a critical role during the developmental stages of the policy. Additionally, Plan Liberia sponsored three education regional consultations which provided an opportunity for grassroots inputs to the policy development process.

Phase IV: Policy Drafts and Consensus Building

The national and regional community consultations provided a space for the policy draft to be circulated where possible, and reviewed. Most of the comments and suggestions from these consultations focused on issues that should be taken into account during the implementation stage of the policy. The suggestions, comments and recommendations were analyzed and mapped to ensure that the critical and relevant ones were included in the policy. The consultations indicated that there was a general consensus from the participants that the draft should be finalized with the following specific recommendations:

- Child Rights and views must be respected throughout the country;
- Increase children's participation in quality ECD programming;
- Clearly spell out the roles of civil society organizations in Liberia;
- Pregnant women and mothers should receive training that include parenting skills and they should be monitored to ensure that training received is actualized;
- ECD should be pursued in the Liberian context (Grandparents should tell stories with good moral lessons and positive cultural values should be taught including local vernaculars);

- ECD structures and programs should meet the standards set by the Ministry of Education through inter-sectoral collaboration;
- Support structures should be built at every community level and provide appropriate training to community dwellers;
- Include ECD performance indicators;
- Include youth based institutions, such as Liberia Student Union, Federation of Liberian Youth, etc.;
- Private involvement in ECD programs should be consistent with MOE standards; and
- ECD teachers training programs should be based at TTIs (Teachers Training Institutions) and should also include in-service and pre-service teachers training programs.

Phase V: Policy Approval and Adoption

The ECD leadership team at the MOE distributed the draft NIPECD document to the Inter-Ministerial role players, and convened a series of consultative forums to receive inputs for on the final draft document and to incorporate specific activities and targeted objectives. An early childhood development policy briefing document regarding the background and status of the ECD Policy was prepared and presented to the Minister of Education who reviewed the status with the President of Liberia. Steps required to obtain adoption of the ECD Policy were outlined. Following extensive consultation with non-governmental organizations, donor partners and civil society, the NIPECD was launched with the endorsement of twelve Ministries in 2011.



NIPECD : Developing Cognitive And Psychomotor Skills

SECTION 4: THE ECD POLICY FRAMEWORK

Inter-Sectoral Strategy

It has been recognized for many years that ECD requires integrated services for young children to grow and thrive cognitively, physically, emotionally, morally and socially. For integrated services to be able to reach young children, particularly the vulnerable, a strong inter-sectoral mechanism needs to be identified and put in place to foster and manage the integrated services. An inter-sectoral mechanism provides for inter-sectoral collaboration to happen. Inter-Sectoral collaboration refers to different sectors from the government, non-governmental organizations and civil society at the national and international levels working together in order to achieve a certain development goal. It often involves bringing together entities that are mutually dependent on each other for the achievement of common objectives (Ramduny, 1998). In the case of this ECD Policy, achieving equity, access and quality in ECD as well as reaching vulnerable children are critical aspects of planning for this inter-sectoral collaboration. Henry Labouisse put it very clearly, ***“the needs of a child ought not to be compartmentalized in accordance with the concerns of one Ministry or another, of one agency or another, or that project. The purpose (of an inter-sectoral approach) is bringing together knowledge and skills from different professions and disciplines, and to provide services, which are mutually reinforcing in their long term effects” (UNICEF, 1968)***. The inter-sectoral approach therefore enables children to receive integrated services.

This Policy seeks to provide a framework for ECD in Liberia. It also provides strategies for ECD programs management and outlines the specific services that will be provided through these programs. The programs will focus on prenatal care, education, birthing and child growth; integrated management of childhood illnesses; social support; child care and protection; early childhood education and training; monitoring; as well as evaluation and research in ECD issues.

Vision

The vision of Liberia's National Inter-Sectoral Policy for ECD is to ensure that all young children particularly those below five, have access to quality early childhood development services, with participation from their families and communities. This will be implemented through an inter-sectoral partnership of government, non government organizations local and international, and civil society. These channels will ensure that all young Liberian children grow and develop in an environment that enhances their abilities and potential to achieve all the country's Early Childhood Development standards in health, social well being, nutrition, protection, safety and education.

NIPECD Goal

The main goal of the NIPECD is to ensure that all children achieve their full potential by providing quality, integrated ECD services and programs that will enable them to become useful, productive citizens and potential future leaders.

Objectives

1. To **increase access** to early childhood development services for children aged 0 – 5 years targeting the poor and most vulnerable.
2. To **improve the quality** of all early childhood care and education services and programs in the country.
3. To support **greater community and family involvement** in provisions and programs for those aged 0 to 5 years
4. To establish mechanisms for **greater collaboration and co-ordination** between relevant Ministries, agencies and communities, in order to maximize the impact and effectiveness of ECD programs.

Target Groups

The National Inter-Sectoral Policy for ECD (NIPECD) in Liberia provides a basis for bringing together all the different interventions and services to young children who need them in an integrated approach, ensuring holistic development to every child. These integrated services will target children younger than five, expectant and nursing mothers, parents, teachers, caregivers and their communities. These groups will be reached through various ECD programs and initiatives:

Principles

The following basic principles underpin the development of the Liberia NIPECD:

1. ECD is not a new phenomenon in Liberia, but, it requires a new dedicated effort to put in place systems and resources for better management and delivery of integrated services, towards achieving better child development standards and outcomes for all young children.
2. The Policy includes all children in Liberia who are five and under, however specific programs outlined in this Policy will target mainly vulnerable children, these include:
 - a. Orphaned children;
 - b. Children with disabilities and incurable diseases;
 - c. Children infected and affected by HIV and AIDs; and
 - d. Children from poor households and families.
3. Families are considered as the first and main providers of early care and education, but, in the context of Liberia require support from Government to fulfill their role adequately.
4. All programs and activities that will be developed and implemented through this Policy, shall be characterized by the attributes of, excellence, increasing access, improving quality, community driven, include diversity and indigenous aspects and be community driven and accountable to society at large.

Key Policy Targets and Deliverables

The specific targets and deliverables for this Policy are further expanded in the section on roles and responsibilities, as well as the implementation plan which will be developed, as a follow up activity, to the approval and adoption of this Policy. However, the broad targets to be achieved within five years from the time of commencement of implementation of the Policy are to:

1. Improve quality and increase access to integrated ECD services to the targeted children by 90%;
2. Develop national, regional and district inter-sectoral mechanisms and structures for delivering the ECD integrated services;
3. Construct new early childhood development centers and provide services to cover 70% of the most needy areas of Liberia;
4. Encourage and support the development of community-based ECD centers and programs;

5. Eradicate overage enrolment in Pre-primary across all ECD services;
6. Create a strategy for career pathing in ECD;
7. Develop an ECD Training framework;
8. Develop and implement an appropriate ECD Curriculum;
9. Train at least 50% of the ECD teachers and care givers on ECD related topics;
10. Provide and improve child protection and safety services to at least 80% of the children in the country;
11. Conduct deworming in 100% of children 12-59 months annually;
12. Improve access to antenatal care by 90%;
13. Reduce under five mortality rates from 100/1000 births 30/1000;
14. Reduce child malnutrition from 20% of under five children to 5%;
15. Increase the use of malaria treated nets from 45% to 80%;
16. Increase the access to treated water and waste disposal by 90%;
17. Maintain immunization coverage on 90% annually;
18. Ensure 100% birth registration annually;
19. Increase breast feeding prevalence from 19% to 50%;
20. Ensure that 100% of the children access all the relevant vitamins and nutritional supplements; and
21. Increase the development and dissemination of information on HIV/AIDS

SECTION 5: STRUCTURES AND COMPONENTS OF THE NIPECD

Integrated ECD Services

In this Policy, integrated services for young children will be offered as part of a package of interventions and resources to enable them to grow and thrive appropriately in accordance with development expectations, particularly in the cognitive, social, physical and health aspects. The integrated services will broadly include topics related to, health, social services, protection and safety, ECD training, curriculum development and early learning programs. For effective management and coordination of the delivery of the above services, specific administrative structures are required. Liberia's NIPECD has the following main structural components:

- The Inter-Sectoral coordination and management structure; and
- Institutional and Governance arrangements.

Inter-Sectoral Coordination and Management Structure and Systems

The management and coordination of the ECD integrated services through an inter-sectoral approach requires systems and structures. This will involve putting in place entities such as the Bureau of Early Childhood in the Ministry of Education with dedicated staff to carry out the daily functions of the inter-sectoral mechanism. All key Ministries will require dedicated ECD staff to manage the implementation of the NIPECD according to their roles and responsibilities in the Policy.

7. NIPECD Institutional and Governance Arrangements

NIPECD will be governed by a core group of Ministers from the Key ECD Ministries of Finance, Health and Social Welfare, Gender and Development, Internal Affairs and Justice led by the Minister of Education reporting to the cabinet.

At operational levels the key Ministries will collaborate through an Inter-Ministerial Committee (additional details on this committee are provided in the next section). The relevant line Ministries will coordinate integrated planning and delivery of ECD services through designated and targeted programs.

Budgets and Resources

Each Ministry will manage its own budgets and resources for integrated services. In cases where donations are made to a specific integrated program, an arrangement of the management of the funds will be made with the concerned donor or funder.

Partnerships, Government, NGOs and Others

Various stages of the NIPECD, particularly the implementation stage will require specific partnerships at national, regional, county, district and local levels between different ECD role players, government and non government. The partnerships will take various forms and for different purposes, including consultation, coordination capacity building and service provisioning etc. In other words, partnerships will be encouraged to strengthen the realization of the NIPECD.

NIPECD Structures and Their Functions

The NIPECD will require a few structures to support and complement the management and coordination of its continued development and implementation. The following are the required structures:

NIPECD Inter-Ministerial Committee

The NIPECD Inter-Ministerial committee will be established at the national level to enable the Government to discuss and decide ECD related issues at the Government level. This committee will be comprised of representatives from the Ministries of Education (as chair), Health and Social Welfare, Gender and Development, Justice, Finance, and Internal Affairs. Other Ministries will be brought on board as their participation is required.

Proposed Functions of the NIPECD Inter-Ministerial Committee

- Facilitate the management and coordination of the NIPECD under the leadership of the MOE;

- Initiate the development and/or review of plans, policies, required regulations, standards etc. related to the implementation of the NIPECD;
- Ensure availability of the resources for the implementation of the NIPECD;
- Ensure that the social contracts of corporate entities contribute to the realization of the NIPECD;
- Manage the targeting of programs to ensure that services reach the designated groups;
- Coordinate the partnerships required for integrated service delivery;
- Coordinate all the requirements such as information and establishment of relevant databases for the implementation of integrated services;
- Support and coordinate the creation of inter-Ministerial structures at the county level; and
- Develop, monitor and evaluate the implementation plan.

Regional Level NIPECD Inter-Ministerial Committee

The Regional Level NIPECD Inter-Ministerial Committee shall be comprised of a cluster of five counties per geographical region.

Proposed Functions of the Regional Level NIPECD Inter-Ministerial Committee

- In collaboration with the respective County Level NIPECD Inter-Ministerial Committee, the Regional Level NIPECD Inter-Ministerial Committee shall principally monitor and supervise programs and integrated services;
- Ensure quality and equitable integrated service delivery in each related county;
- Bring county specifics to the attention of NIPECD Inter-Ministerial Committee;
- Assist each respective County Level NIPECD Inter-Ministerial Committee in planning regional programs and related integrated services and
- Mediate in conflicts arising from program implementation or integrated service delivery at the regional level

County Level Inter-Ministerial Committee

The county level Inter-Ministerial Committee shall serve as the principal representative committee of the NIPECD Inter-Ministerial Committee at the county level.

Proposed Functions of the County Level NIPECD Inter-Ministerial Committee

- Support and coordinate the creation of Inter-Ministerial structures at the district and local levels;
- Bring county specifics to the attention of NIPECD Inter-Ministerial Committee in collaboration with the Regional NIPECD Inter-Ministerial Committee;
- Implement all plans, policies, required regulations and standards related to the NIPECD;
- Enforce the coordination of partnerships required for effective and efficient integrated service delivery;
- Ensure availability of the resources for the implementation of NIPECD through county development budget;
- Ensure that the social contracts of corporate entities contribute to the realization of NIPECD;
- Manage the targeting of programs to ensure that integrated services reach the designated groups; and
- Ensure effective information management by establishing databases related to the provision of integrated services.

District Level Inter-Ministerial Committee

The Ministry of Education will coordinate the creation of District and local levels NIPECD Inter-Ministerial Committees with representatives from the relevant Ministries.

Proposed Functions of the District Level NIPECD Inter-Ministerial Committees

- Ensure implementation of the NIPECD programs and other related regulations, guidelines, standards etc.;
- Ensure availability of the resources for the implementation of the NIPECD in the district;
- Ensure that the social contracts of corporate entities contribute to the realization of NIPECD
- Manage the targeting of programs to ensure that services reach the designated groups in the district;
- Coordinate the partnerships required for integrated service delivery in the district;
- Liaise and collaborate with the county office on all matters of the NIPECD implementation and
- Ensure effective information management by establishing databases related to the provision of integrated services.

District and Local Level Structures

The above or similar structures should be replicated at district and local levels, to assist in the coordination and management of ECD programs in collaboration with county efforts.

NIPECD Inter-Sectoral Stakeholder Forum

This is the national ECD Stakeholder Forum where all ECD interest groups are represented. The Forum will play a critical role in informing the NIPECD's continued development and implementation. This forum ideally should be managed and coordinated by a non-government national ECD entity to ensure a strong non government ECD organizational structure in Liberia, which currently seems to be nonexistent. A national ECD stakeholder forum is very important for Liberia to ensure accountability and strong support of the Government's initiatives in developing ECD in the country.

The Integrated Strategy

The NIPECD is advocating for an integrated strategy that utilizes the existing ECD provisioning in the country. The aim is to improve it by introducing an integrated approach. This will ensure that children receive all the required services for better quality health, social well being, protection and early learning experiences. Liberia requires new integrated ECD systems and programs targeting the family/home, schools /ECD centers, Health facilities and communities.

There is a need and room for innovation in Liberia's integrated ECD approach and it must be recognized that the approach will take a long time to be developed and shaped. The following are critical aspects and characteristic features that need to be considered for integrated ECD approach:

1. An integrated approach will only be achieved through a strong and firm inter-sectoral delivery system;
2. The basis of an integrated approach is that services go where the child is; i.e. in the home, centers, preschools, clinics, hospitals, child care institutions etc.;

3. The integrated approach therefore, uses various interventions through creating programs that package the services suitable for where the child is;
4. Some integrated approaches require that different workers are brought into the ECD sector who specialize in ensuring that integrated interventions are implemented effectively.; and
5. It is normal for integrated services sometimes to initially start with a combination of as little as two services only, which are then built on, until children receive all the necessary services as other service providers come on board.

Integrated Services Components



NIPECD: Integrated Services Will Include Child Specific And Complementary Services

Table 2: NIPECD Service Components

Service Type	Definition	Service Components
Child Specific	Services that will have direct impact on the child's development	Integrated management of childhood diseases
		Immunization
		Nutrition
		Birth registration for ECD
		Early stimulation programs
		Assessment of children
		Protection
		Safety
Complementary	Services that will ensure that the child specific services are effectively and efficiently delivered	Mechanisms for including children with mental and physical challenges
		Referral services
		Parent Training Programs
		Teacher and caregiver training/workforce development
		Curriculum development
		Community training
		Development of standards for facilities
		Development of operational manuals
		ECD capacity building
		Research
		Coordination, Monitoring and evaluation

Other aspects of the NIPECD integrated approach address how the integrated strategy will be implemented and include the following:

1. Inter-sectoral system;
2. Integrated programs approaches (center, family, community, preschool and children's institutions);
3. Finance mechanism; and
4. Advocacy.

Types of Integrated ECD Programs

Integration in ECD services has the strong element of ensuring that services are packaged into programs and implemented where the targeted children are located together with their teachers, caregivers and parents. In Liberia the relevant packages of integrated services will be provided taking into account various issues such as:

- Children's ages;
- Children's locations (e.g. homes, communities, schools and ECD centers);
- Child and family population statistics;
- Information on existing ECD related facilities and activities
- Geographical spread of families; and
- The needs of children and their families (this will be prioritized within the programs).

In essence, the key ECD service providers and role players, both government and non-government, need to coordinate their services to create packages of their services and resources relevant to the targeted children. These packages of resources and services should translate into programs with specific goals and objectives towards achieving holistic development for Liberia's youngest children. ECD role players in Liberia will consider Integrated ECD Programs for ECD Institutions; Community Based Integrated ECD Programs; and Family and home based Integrated ECD Programs.



NIPEC: Ensuring Dental Hygiene at Every Age

Table 3: ECD Programs

Program Type	Examples of Program Components
Community Based Integrated ECD Programs	ECD community workers training
	ECD Advocacy and awareness forums
	Parent training
	Protection and safety
	Referral services
Family & home based Integrated ECD Programs	Parent and caregiver training
	Referral services
	Child assessment
	Early stimulation resources
	Child Protection
Integrated ECD Programs in pre-primary, pre-schools, nursery schools, and ECD Centers and primary schools	Child Safety
	Training of teachers and caregivers
	Immunization
	Nutrition
	Early learning equipment and resources
	Curriculum
	Child Assessment
	Monitoring and evaluation
	National Advocacy
Protection and Safety	

SECTION 6: ROLE PLAYERS AND THEIR RESPONSIBILITIES

Introduction

The implementation of the NIPECD will require collaboration and partnerships to be formed across different governmental and nongovernmental organizations and entities at national, district and local levels. It is important to recognize that there are many within and out of Government who will be key contributors to the implementation of the NIPECD, however, there are those who will be required only in certain specific aspects of the Policy implementation process. The role players are:

I. Government

Within Government there are key role players and others who are vital for specific aspects of the NIPECD process. These include the following:

Key Government Ministries:

1. Ministry of Education – serves as the coordinating Ministry
2. Ministry of Health and Social Welfare
3. Ministry of Finance
4. Ministry of Gender and Development
5. Ministry of Justice
6. Ministry of Internal Affairs
7. The President's Office

Other relevant government entities for specific policy implementation inputs:

1. National Commission on Higher Education
2. Ministry of Information
3. Ministry of Youth and Sport
4. Ministry of Agriculture
5. Ministry of Cultural Affairs and Tourism
6. Ministry of Planning and Economic Affairs
7. Ministry of Labor

II. Communities and Families

Communities and families are important entities in the development and implementation of ECD policies. They are the focal point of program implementation and they will play a critical role in this Policy delivery.

III. National and Local Level ECD Structures

The delivery of this Policy will require various structures at national, regional, district, county and local levels. These structures will provide forums for discussions, review and decision making about the ECD Policy implementation processes. The structures will be inter-sectoral in nature; consisting of relevant role players at each level. The establishments of these structures will be initiated, supported and guided by the MOE.

IV. Civil Society/ Faith Based and Non Governmental Organizations

Historically, ECD in many countries has had its roots and existence in Civil Society organizations, both as community or privately owned forms of service provision for young children. This Policy will therefore recognize the role of civil society participation through consultations, advocacy activities and service delivery partnerships.

V. International Organizations

The history of the development of the NIPECD in Liberia has also involved different non government entities who have invested various resources to ensure the care, education and well being of Liberia's youngest citizens. The Government of Liberia recognizes the roles played and contributions made by the Open Society Foundation, Open Society Initiative for West Africa, World Bank, Plan Liberia, Save the Children UK, UNESCO, and UNICEF towards the development of this ECD Policy. It is anticipated that the support of such International organizations will continue to be experienced in the implementation of the Policy.

Figure 1: Republic of Liberia Early Child Development Key Role Players

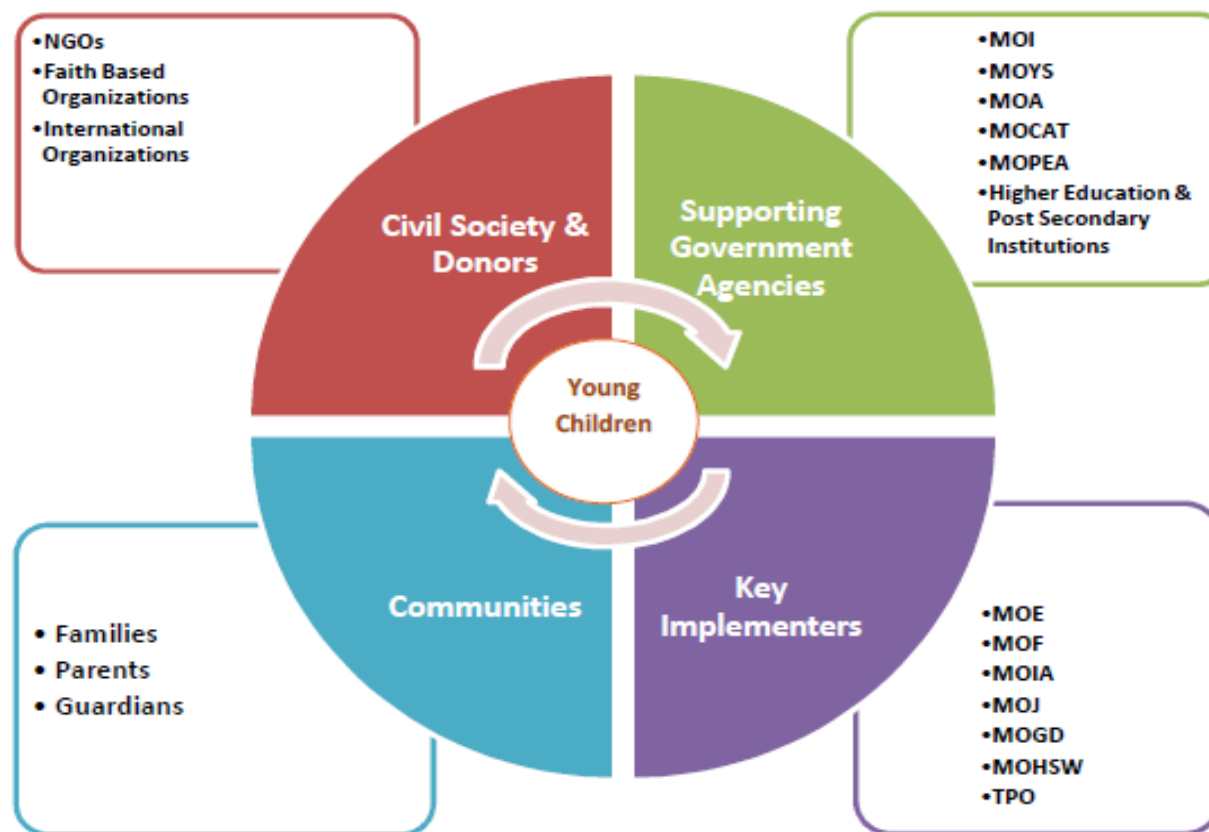


Figure 1 presents a configuration of key role players involved in the development and implementation of the NIPECD. The roles and responsibilities of key role players are outlined in Tables 4 and 5.

Table 4: Role Players' Roles and Responsibilities

Role Player	Shared Responsibilities	Core Role Player Responsibilities
Ministry of Education	<p>Participate in the national ECD Policy</p>	<ul style="list-style-type: none"> • Lead the developmental review of the ECD Inter-Sectoral Policy • Coordinate and manage the ECD Integrated Policy and its implementation • Training teachers, caregivers, parents and community ECD workers • Develop training curricula and early learning curricula • Register all ECD institutions • Development of early learning and stimulation programs and resources • Child assessment • Develop/monitor/implement parent programs • Lead and conduct research
Ministry of Health & Social Welfare	<p>Participate in the national ECD Policy</p> <p>Planning and implementing Activities</p>	<ul style="list-style-type: none"> • Ensure full immunization of children by age 5 • Ensure integrated management of childhood diseases • Develop and implement policies and activities to ensure children receive nutritious meals and model good nutritional practices for children and families • Develop and implement policies and activities that promote healthy lifestyles and protect children and staff from illness • Birth registration

Serve on the national ECD structures

Role Player	Shared Responsibilities	Core Role Player Responsibilities
		<ul style="list-style-type: none"> • Develop and implement policies and activities that promote the social and mental wellbeing of children, families and staff • Develop and implement parent training programs
Ministry of Finance	Participate in the ECD Policy	<ul style="list-style-type: none"> • Manage the costing of programs • Develop and implement funding strategies
Ministry of Gender & Development	Participate in the ECD Policy	<ul style="list-style-type: none"> • Coordination of child rights programs • ECD advocacy and awareness strategies • Monitoring of all child rights • Coordinate the implementation of child rights in all services
Ministry of Justice	Participate in the ECD Policy	<ul style="list-style-type: none"> • Provide Child protection and safety programs • Provide community and parent awareness programs • Develop and implement policies and activities that uphold the right of children, staff and families
Ministry of Internal Affairs	Participate in the national ECD policy planning and implementation activities Support and promote ECD	<ul style="list-style-type: none"> • Ensure that regional and district ECD structures are in place • Provide inputs and support for early childhood programs and activities at regional and district levels • Ensure monitoring of ECD services at regional and district levels • Ensure availability of resources for implementation of ECD services at regional and district levels

Role Player	Shared Responsibilities	Core Role Player Responsibilities
Ministry of Agriculture		<ul style="list-style-type: none"> • Provide inputs and support for early childhood nutritional programs and activities • Develop, implement and monitor food garden programs in ECD centers
President's Office	Support and promote ECD programs and policy	<ul style="list-style-type: none"> • Participate in all the ECD policy and implementation planning • Provide strategic leadership in ECD advocacy
Ministry of Information	advocacy initiatives	<ul style="list-style-type: none"> • Enforce Government regulations on entertainment center and control of pornographic materials • Assist in the production and dissemination ECD messages and reader friendly materials
Ministry of Youth & Sports		<ul style="list-style-type: none"> • Initiate relevant ECD specific sports programs
Ministry of Planning & Economic Affairs	Provide the relevant support and inputs required for the ECD policy and implementation planning	<ul style="list-style-type: none"> • Ensure effective planning and implementation of ECD programs and activities • Ensure effective donor coordination for aid effectiveness

Role Player	Shared Responsibilities	Core Role Player Responsibilities
Ministry of Labor	Support and Promote ECD	<ul style="list-style-type: none"> • Ensure child protection through development of child labor regulations • Develop relevant parent programs on child labor laws
National Commission on Higher Education	Support and Promote ECD	<ul style="list-style-type: none"> • Qualify organizations to operate as higher education institutions • Establish instructional qualification and criteria • Monitor ECD higher education curriculum
Communities and Families	Support and Promote ECD	<ul style="list-style-type: none"> • Set up relevant ECD structures in their communities • Play a focal role in decision making about the ECD programs required for their communities • Liaise with relevant stakeholders on the conception and implementation processes of the programs • Assist in the management and implementation of the relevant integrated programs • Support the national and regional ECD advocacy activities
National and Local Level ECD Structures	Provide guidance and input in the development and implementation of ECD policies and activities	<ul style="list-style-type: none"> • Implement key ECD activities at the national, regional district and local levels • Facilitate forums for discussions, review and decision making about the ECD policy implementation processes

Role Player	Shared Responsibilities	Core Role Player Responsibilities
<p data-bbox="143 260 394 368">Civil Society/ Faith Based and Non Government and</p> <p data-bbox="143 424 331 491">International Organizations</p>	<p data-bbox="584 260 931 288">Support and Promote ECD</p>	<ul data-bbox="994 260 1989 569" style="list-style-type: none"> <li data-bbox="994 260 1816 288">• Advocate for ECD activities and service delivery partnerships <li data-bbox="994 300 1989 368">• Provide technical assistance to other role players in the development and implementation of ECD policies and activities <li data-bbox="994 424 1989 493">• Provide technical assistance to other role players in the development and implementation of ECD policies and activities <li data-bbox="994 504 1603 533">• Provide resources to support ECD initiatives <li data-bbox="994 544 1749 572">• Monitor and evaluate implementation of ECD activities



NIPECD: Everyone Has A Role To Play In ECD

Table 5: Summary of Integrated Services & Key Responsibilities of Core Ministries

Role Players	Services/Support for Integrated Strategy	Specific Activities	Main Objectives Targeted
Ministry of Education	Curriculum development and implementation	Ensure that teachers and training institutions are aware of, and able to use the ECD/ELDS and Curriculum	To increase access to early childhood development services for children aged 0 – 5 years targeting the poor and most vulnerable.
	Early identification and inclusive early learning programs	Ensure that all children with learning disabilities have access to ECD services	To increase access to early childhood development services for children aged 0 – 5years targeting the poor and most vulnerable
	Develop and implement Early Stimulation Programs	Ensure a child friendly environment with feeding programs at all ECD centers. Include assorted toys, play music, puppets, reading (phonics), language/vernacular & arts	To improve the quality of all early childhood care and education services and programs in the country.
	Establish and implement ECD Teacher Training	Ensure that all ECD providers offer services according to their expertise/training/education with relevant credentials	To improve the quality of all early childhood care and education services and programs in the country.
	Develop and provide Parent training programs	Ensure the development of appropriate community and family mobilization programs. Include improved/positive child rearing practices [Use “Go to bed/sleep; denials/restrictions not corporal punishment as means of correction]. Develop county-based master/ travelling teachers/caregivers	To support greater community and family involvement in provisions and programs for those aged 0 to 5 years
	Develop and distribute Teaching and Learning Resources	Ensure that all ECD centers are equipped with appropriate teaching and learning resources	To improve the quality of all early childhood care and education services and programs in the country.

Role Players	Services/Support for Integrated Strategy	Specific Activities	Main Objectives Targeted
	ECD infrastructure	Ensure the construction and maintenance of ECD facilities with a dimension of 20ft X 28ft [22.4 sq. ft. per child]. Each facility should be developmentally appropriate with accommodation for all children including those with special needs [ramp, large doorway, swing doors where applicable, etc.] including appropriate bathroom facilities for all age groups; Ensure that ECD infrastructure is decentralized.	To improve the quality of all early childhood care and education services and programs in the country.
			To increase access to early childhood development services for children aged 0 – 5 years targeting the poor and most vulnerable
	Conduct relevant Pilots and Research	Design and conduct research studies that facilitate effective ECD services/programs and pilots	To improve the quality of all early childhood care and education services and programs in the country.
	Monitor and evaluate MOE Services.	Ensure that all MOE ECD services are properly monitored and evaluated for quality service delivery and access	To improve the quality of all early childhood care and education services and programs in the country.
	Coordinate and manage Inter-Sectoral mechanism	Ensure the reactivation of the Inter- Sectoral working group and revise its term of reference. Establish a regular Inter-Sectoral meeting date and effective documentation	To establish mechanisms for greater collaboration and co-ordination between relevant Ministries, agencies and communities, in order to maximize the impact and effectiveness of ECD programs.
	Manage and coordinate integrated programs	Ensure the development of a comprehensive Inter-Sectoral coordination plan to facilitate an efficient management and coordination of integrated programs.	Facilitate the interaction of relevant Ministries and other actors for effective service delivery and planning

Role Players	Services/Support for Integrated Strategy	Specific Activities	Main Objectives Targeted
	Coordinate the Monitoring and Evaluation of the Integrated services and strategy	Establish an Inter-Sectoral monitoring and evaluation mechanism so that there are national, county, district, clan and town level monitoring and evaluation teams; Ensure that monitoring and evaluation reports are distributed efficiently to inform future programming.	To improve the quality of all early childhood care and education services and programs in the country.
	Develop strategy for collaborating and engaging NGOs and civil society	Ensure that a donor coordination plan is developed and disseminated to all partners for approval; Develop a directory of all partners for information sharing and planning	To establish mechanisms for greater collaboration and co-ordination between relevant Ministries, agencies and communities, in order to maximize the impact and effectiveness of ECD programs.
National Commission of Higher Education	Accredit tertiary institutions that provide teacher training, especially those involving Early Childhood Development programs	Help in the development of curriculum for ECD programs Encourage tertiary institutions to include ECD programs	To ensure quality ECD programs at all levels To enhance access to early childhood services
Ministry of Health and Social Welfare	Integrated Management of Childhood Diseases (IMCI)	60% of under five children with diarrhea receive immediate first aid with ORS+ZINC at home	To increase access to early childhood development services for children aged 0 – 5years targeting the poor and most vulnerable
	Nutrition	To increase and ensure timely initiation of the onset of Exclusive Breastfeeding prevalence up to 6 months from 19% to 50%	To increase access to early childhood development services for children aged 0 – 5years targeting the poor and most vulnerable
		Ensure that all children have access to well balanced meals	
To increase HH consumption of iodized salt from 84% to 100% by 2012			

Role Players	Services/Support for Integrated Strategy	Specific Activities	Main Objectives Targeted
		To maintain 97% of children 9 to 11 months and 82% age 12-17 months appropriately breast fed.	
		50% of children 6-23 months receive diversified diet	
		Increase exclusive breast feeding 0 to 6 months from 29% to 50%	
		Essential Nutrition Actions Approach integrated into RH, IMCI, ACH and ENA messages disseminated at all health contracts including: ANC, Labor, Delivery, Post Partum care , Growth monitoring, EPI/well baby clinic, sick child visits	
		To reduce Vitamin A deficiency disorder in women and children by 50% by 2012	
		To reduce iron deficiency Anemia by 15% in women and children by 2012	
		Increase twice yearly Vitamin A supplement coverage for children 6-59 months to 100%	
		80% of lactating women to receive VAS vitamin 8 weeks after delivery	
		Ensure that 100% of children 12-59 months are reached during 2 rounds of the annual deworming campaign & ensure that 75% of pregnant women are de-wormed	
		Increase coverage of iron/folic supplementation for pregnant and lactating mothers to 90%	

Role Players	Services/Support for Integrated Strategy	Specific Activities	Main Objectives Targeted
	Malaria Control	Increase the use of Lasting Insecticide Treated Nets among under fives to from 45% to 80 % Provide treatment to at least 90% of children with Malaria	To increase access to early childhood development services for children aged 0 – 5 years targeting the poor and most vulnerable
	Expanded Program on Immunization	Increase immunization coverage to 90%	To improve the quality of all early childhood care and education services and programs in the country.
	Pre-natal and antenatal care	Increase Anti Natal Care visits to 50% of pregnant.	To increase access to early childhood development services for children aged 0 – 5years targeting the poor and most vulnerable
		Provide essential newborn and post natal care	
		Increase proportion of skilled delivery to from 46% to 60%	
		Expand the availability of Emergency of new born care services	
	Birth Registration	Ensure that all children 0 to 8 years are registered and have a birth certificate issued to them	To increase access for all children to be registered at birth and issued birth certificate in order to promote access to ECD programs.
	Water and sanitation	90% of all programs provide information and education on proper hand washing techniques.	To increase access to clean and safe drinking water.
		90% of households water treatment and safe storage. Waste disposal especially human waste	
	Psychosocial Programs	Provide Social protection (Capacity building, Cash transfer, provision of safety nets, etc) to 40% of vulnerable households with children 0 to 8 years	To increase access for all children to be registered at birth and issued birth certificate in order to promote access to ECD programs
		Provide counseling services to 40% parents	

Role Players	Services/Support for Integrated Strategy	Specific Activities	Main Objectives Targeted
		experiencing trauma to prevent children from being abused.	
	Mental Health	Provide counseling to 60% of women who have just given birth and are experiencing depression	To increase access for all children to be registered at birth and issued birth certificate in order to promote access to ECD programs
		Develop a mental health services referral pathway for women of children 0 to 8 years old	
		Collaborate with communities to identify children who are special needs and in need of mental health services	
		Create community awareness about mental health	
		Provide counseling to parents on issues such as playing with children spending quality time with them; not neglecting or abusing them and ensuring a safe home to prevent accidental injuries or poisoning	
	Family Preservation	Strengthen relationships amongst families to ensure that children are better care for	To increase access for all children to be registered at birth and issued birth certificate in order to promote access to ECD programs.
		Empower parents especially mothers to care for their children especially children between the ages 0 to 8	
		Provide Parenting skills to promote quality care for children 0 to 8	
	Alternative care	To improve care for children outside of family settings	To increase access for all children to be registered at birth and issued birth certificate in order to promote access to ECD programs
		To improve access to children those are at risk of out of home placement	

Role Players	Services/Support for Integrated Strategy	Specific Activities	Main Objectives Targeted
		Increase to 60% the deinstitutionalization of children living in Child Welfare Institutions (Orphanages)	
	Dental Services: <ul style="list-style-type: none"> Pregnant teenagers & Teenage mothers (13-19) Children-ages 0-5 	Pre & Post Natal screening/examination	Provide access to preventive and nutritional education during pregnancy & after delivery. Provide treatment as needed
		Conduct school based screening programs to prevent early childhood caries through education	Provide the unmet dental needs of children; especially the poor.
		Prevention of oral diseases through thorough brushing & flossing methods	Adopt good oral habits & discard the bad ones.
		Provide treatment programs and document children's access to dental services	To ensure oral health is restored & maintained for optimal total health
Ministry of Gender and Development	Coordination of children's services to ensure protection, development, & children's well being	Line Ministries, Agencies, International, Non Government and Civil Society Organizations	Interagency network working to ensure the survival, development and protection of children in Liberia
	Monitoring of Children's services and the CRC	Child protection network and the Gender Child Welfare officers within the 15 counties	To ensure that services provided children meet the set standard
	Prepare and disseminate reports on the CRC	Inter-Ministerial committee and the Child Protection Network	Ensure the Liberia meets the reporting requirement to the CRC committee
	Advocacy for child development opportunities	House and Senate committee, Child protection Network and Liberia Children Parliament	Advocate for the passage of relevant policies and laws to support children development
	Advocacy for women empowerment		

Role Players	Services/Support for Integrated Strategy	Specific Activities	Main Objectives Targeted
Ministry of Justice	Protection of child victims of abuse	Receive medical treatment Receive the PEP Medication Relocated to safe homes for protection Avoid re-victimization	Provide a safe environment for our girl children and establish a more rapid reactive respond to SGBV matters and making the victim feel protected
	Awareness programs on child protection	Understanding the forms of child abuses Child labor, rape, early marriage, etc. The right of the child; CRC To target mainly female children Most vulnerable age range 6-8 years (f) Other preventive measures	Equipping the caregivers to provide adequate and prompt services to the children from conception to age 8 years. Making the document accepted by parents and involve everybody.
	Community information and education workshops	To target community members, teachers, leaders, residents, the manhood; responsibility of the caregivers and the community-Police Forums	Sensitizing the community and parents who are the first line of caregivers. Basically community empowerment process
	Referral services for legal and counseling support.	To refer to other service providers: Medical , legal, counseling or shelter Refer to other role players such as MOE, MOH/SW, MODG, MOYS	To have a holistic and well integrated package of services which are usually free and efficient
Ministry of Finance	Costing of programs	Review existing ECD related programs in all Ministries. Convene ECD Inter-sectorial players to review ECD Implementation and outline cost implications.	Ensure adequate budget appropriations
	Funding strategies	Prepare proposed budget for areas not included in existing budgets.	Ensure that public procurement is strictly followed

Role Players	Services/Support for Integrated Strategy	Specific Activities	Main Objectives Targeted
Ministry of Internal Affairs	Accessibility of ECD structures at district and regional levels	County Superintendents and District Commissioners to ensure the decentralization of ECD structures	Ensure decentralized ECD facilities; Ensure that stakeholders are made aware and mobilized to support ECD through proper information dissemination mechanism
	Identification of MIA ECD related structures/offices	MIA to identify ECD related offices at the sub-national levels to make MIA more effective and efficient	To ensure consistent and effective stakeholders' engagement for the fulfillment of ECD program objectives
	Effective Monitoring of ECD Services	Ensure the monitoring of ECD services at the regional and district levels with the involvement of County Superintendents and District Commissioners	Ensure that ECD programs/projects are implemented according to plans; Where need be, bring to the attention of other stakeholders any ineptitude for corrective action
Ministry of Information		Create community awareness about various ECD programs being implemented by various Ministries	Enforce Government regulations on entertainment centers and control of pornographic materials; Assist in the production and dissemination of ECD messages and reader friendly materials.
Ministry of Youth and Sports	Support and Promote ECD	Provide training for teen parents of children enrolled in early childhood programs	To facilitate the construction of early childhood development appropriate recreational facilities

SECTION 7: POLICY IMPLEMENTATION STRATEGY

The NIPECD implementation strategy will follow a phased-in approach over specified periods. This will provide the ECD sector in the country an opportunity to initially lay the institutional systems, such as Ministerial ECD entities, and inter-Ministerial as well as inter-sectoral structures. A strong institutional system will enable the development and implementation of effective integrated ECD programs.

The implementation strategy and plan will be developed based on the components of the integrated services indicated above. A comprehensive implementation plan with specific time frames, budgets, targets, and activities will be developed by Government, under the leadership of the MOE, once Government has adopted the NIPECD. A critical aspect of the implementation processes will be the piloting of programs to inform the rolling out of the NIPECD across the country.

The following principles should be considered in the development of an implementation plan:

1. The implementation plan is a step by step translation of policy into programs; therefore, it must contain measurable activities that are clearly linked to the policy's goals and objectives.
2. This implementation strategy is based on an inter-sectoral approach.
3. The plan should clearly state and promote integrated programs which allow for the holistic development of the child.
4. It should be noted that no one program will enable the achievement of integrated ECD provisioning, therefore, the implementation plan should allow for an environment to be created to allow for appropriate multiple programs and activities that support the policy.
5. Partnerships across Government and non government role players should be encouraged in the implementation process. Therefore, the implementation plan should clearly indicate role players who are responsible for key activities and the timeline in which activities should be completed.

6. It should be noted that children require home, community and institutional integrated interventions.
7. The implementation strategy should prioritize teacher and caregiver capacity building, taking into account the need to prioritize the professionalization of the ECD sector in Liberia through a career pathing system.
8. Parent involvement should be included as a means of strengthening the role of families.
9. Implementation should highlight the importance of community participation and involvement through encouraging community based ECD programs.
10. Advocacy of the policy should be an ongoing aspect of implementation plan.
11. Resource mobilization should be included as an implementation activity, both from Government and other funding sources. Pulling together of resources and sharing should be considered.
12. Implementation of program activities should be accompanied by research monitoring and a comprehensive evaluation plan to ensure consistent improvement in the quality of integrated ECD services.

SECTION 8: COSTING AND FINANCING OF THE POLICY

The costing and financing of the Policy is a critical part of the implementation and planning process, since it determines what financial resources will be required for the Policy to be realized. To a certain extent this process will be continuous as there are several implementation elements involved in this Policy. It should be noted also that there are various levels of costing and financing of this Inter-Sectoral Policy. The following should be considered when planning the financing and costing of the Policy:

1. The nature and elements of an integrated program or activity;
2. Role players and the resources that they come with into the integrated program;
3. The programs will either be cost and funded collectively or by individual role players;
4. Sources of funding can be donors or Government, this should be clearly stated in the programs implementation plan;
5. All role players should allocate costs to the specific activities that they are responsible for in an integrated program; and
6. Guidelines for funding strategies should be developed to support implementation of the Policy.

Costing and financing of ECD programs should happen at the following ECD implementing levels of governmental structures:

- National level;
- Regional levels;
- County;
- District levels; and
- Local Levels.

To ensure success, the costing and financing process of the ECD Policy should be led at the national level, and ideally by a designee from the Ministry of Finance. In this capacity, the MOF would have the responsibility of providing strategic leadership on the financing and costing of the ECD integrated programs across all Ministries.

CONCLUSION

The development of the Liberian National Inter-Sectoral Policy for Early Childhood Development is a great stride in the rebuilding and reconstruction process of this dynamic nation. The Government of Liberia, amidst all the post war challenges that it has faced, has recognized the importance of Early Childhood Development and provided the right and conducive environment to enable the development of this National Inter-Sectoral Policy on Early Childhood Development, a ground breaking move for the young lives of this nation. Once implemented effectively and efficiently, this Policy will ensure that every young child receives key components, if not all, of the integrated package of services for better survival, growth and protection of their lives.

The Policy has demonstrated that it was born out of a participatory and consultative approach that included various role players including children, parents, community leaders and members, Government and non-governmental, individuals and officials. The Policy which was developed through various stages included final national and regional consultations on the draft Policy. The comments, suggestions and recommendations from the consultations were analyzed and mapped to ensure that critical and relevant suggestions were included in the Policy.

The vision of this Policy is rooted in the Education For All goal of providing quality and increasing access to early education and care services to all children from conception to five, particularly the most vulnerable. Due to the dire economic and social conditions of Liberia, the majority of young children experience various forms of vulnerabilities. This Policy therefore, sets out to provide diverse integrated programs to ensure that all children have access to quality ECD programs to give them an opportunity to develop holistically, socially, physically, cognitively, and morally.

The Policy has taken the inter-sectoral approach in line with the principle that no one government or non-governmental entity can care for and educate young children. The various role players are required to work jointly to meet the needs and rights of young children thereby ensuring that they thrive and grow to be responsible adults and citizens. The Policy highlights that the families and communities are the most critical entities in the care, protection and education of young

children, but they need programmatic and resources support from Government donors and various non governmental agencies to effectively manage the ECD services for the young children in their communities.

It is clear in the Policy that quality ECD provides many benefits to both the child and the societies they live in, it is therefore incumbent on the Liberian Government, particularly the Ministry of Education, to put in place all the systems structures, and mechanisms required to ensure that this Policy is realized. A clear implementation plan is required to ensure that this Policy becomes a reality for the young children of Liberia and those who care for them.

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ANNEX I: Creation of Bureau of Early Childhood Education

Mandate and Core Function of the Bureau of Early Childhood Education

The mandate and core function of the Bureau of Early Childhood Education shall include, but not limited to the following:

- a) Design, develop, implement, coordinate, monitor and review all early childhood education programs, in line with the national policy developed by the Ministry and endorsed by the Government, and in conformity with Ministry's stated objectives and priorities for such level;
- b) Ensure that the early childhood education programs are in line with national policy objectives and the priorities of the Ministry of Education for such education level;
- c) Develop and maintain a professional relationship with teachers, administrators and other officials of public, private and faith based early childhood development institutions;
- d) Issue permits, subject to approval of the Deputy Minister for Instruction and endorsement by the Minister, for the operation of early childhood programs in the country;
- e) Ensure effective monitoring and review of content, pedagogy, access, gender equity, management and control of the early childhood program;
- f) Help facilitate well-designed and managed early childhood development institutions.

ANNEX II: Child Rights Instrument

United Nations Convention on the Rights of the Child (CRC)

The United Nations Convention on the Rights of the child (CRC) was the first international instrument that clearly stipulated children's rights to ensure their protection. On 20th November 2009, it will be 20 years, since the CRC came into existence in 1989. One hundred and ninety three countries have ratified the CRC except for the United States and Somalia. Liberia is one of those countries that have ratified the CRC.

The CRC is a binding legal document to those countries that have ratified it and it is expected that countries will use it for their internal laws and policies related to children, giving them guidance on what is expected in terms of implementing children's rights. It is important that all who are involved in the care, education, and protection of young children in this case are familiar with the specifics of the CRC. Below is a summary of the CRC:

Preamble: The Convention's preamble recalls the basic principles espoused in the Charter of the United Nations and human rights provisions articulated in relevant UN Declarations and Covenants. It recognizes that children, due to their vulnerability, are in need of special care and protection in order to develop to their fullest potential. The CRC recognizes the family as "the fundamental group of society" and calls on governments to respect and protect the family and its subsequent child-rearing responsibilities.

Article 1 (Definition of the Child): The Convention defines a 'child' as a person below age 18, unless the laws of a particular country set a younger age limit.

Article 2 (Non-discrimination): The Convention applies to all children, regardless of gender, race, ethnicity, culture, religion, family status, or ability. Governments are responsible for ensuring children are protected from any form of discrimination.

Article 3 (Best interests of the Child): With regard to decisions that affect a child, his/her best interests should be taken into consideration. This provision extends to legal and administrative decisions. When parents, elected officials, and other adults make decisions, they should think about what impact their choices and actions will have on children.

Article 4 (Implementation of Rights): Governments are responsible for translating the Convention's provisions into action.

Article 5 (Parental Guidance): Governments should respect the rights and responsibilities of parents, families, and guardians to care for their children. These adults should help children learn about their rights, including how to use them in an appropriate manner. The Convention does not weaken or threaten parental authority; rather, the CRC entrusts Governments to ensure that those engaged in child-rearing responsibilities can fulfill their roles.

Article 6 (Survival and Development): Children have the right to live. Governments are responsible for making sure every child grows up healthy.

Article 7 (Name and Nationality): All children have the right to have a name, nationality, and, when possible, to know and be cared for by their parents.

Article 8 (Preservation of Identity): Children have the right to an identity, an official record of who they are; thus, the birth of a child should be recorded and registered with the Government as soon as possible.

Article 9 (Separation from Parents): Children have the right to live with their parent(s) unless this is not in their best interests. Children who do not live with their parents or whose parents are separated or divorced have the right to remain in contact with both parents unless this is not in their best interests.

Article 10 (Family Reunification): Parents and children who live in different countries should be allowed to move between those countries in order to remain in contact with one another and possibly reunite as a family.

Article 11 (Kidnapping): This article pertains to children being abducted by their own parents. Governments should have legal measures in place to prevent children from being taken out of their own country illegally.

Article 12 (Freedom of Opinion): Children have the right to form and express an opinion. Adults, when making decisions that affect children, should take into account children's opinions. The Convention does not weaken or threaten a parents' ability to make decisions for their children nor does it give children the right to tell their parents what to do.

Article 13 (Freedom of Information): Children have the right to request, search for, and share information, provided that the information is not harmful to them or others.

Article 14 (Freedom of Thought, Conscience and Religion): Children are free to think, develop a belief system, and practice their religion so long as their partaking in these freedoms does not infringe upon the rights of others. Governments should respect the rights of parents, families, and guardians to provide direction to their children on these matters.

Article 15 (Freedom of Association): Children have the right to gather together and join groups, provided that their activities do not threaten public safety or impose upon the rights of others.

Article 16 (Right to Privacy): Children have the right to privacy. Governments should enact and implement laws that protect children from attacks on their privacy, reputation, family, home, and way of life.

Article 17 (Access to Information): Children have the right to access information that enhances their overall well-being. Governments should support mass media efforts to create and disseminate information that is beneficial to children.

Sources of this information include radio and television programs, books and newspapers, and child/youth-appropriate Web sites. Information should be composed in child-friendly language and provided in multi-linguistic formats.

Article 18 (Parental Responsibility): Both parents share responsibility for raising their children. Governments should help parents fulfill their responsibility by ensuring they have access to support services, such as child care facilities.

Article 19 (Protection from Child Maltreatment): Governments should make sure that children are appropriately cared for and are not being physically, psychologically, or sexually abused or neglected by their parents or other caregivers. As such, Governments should establish agencies/organizations to identify, investigate, and record incidents of abuse and neglect. With regard to disciplinary measures, the Convention does not stipulate what forms of punishment parents should employ. However, punishment should not inflict violence upon a child.

Article 20 (Protection for Children without Families): Governments should provide appropriate, alternative care for children who cannot be looked after by their own families. Examples include guardianship, kinship care, foster placement, and adoption. It is within the best interest of children to be looked after by people who respect their ethnic, religious, cultural, and linguistic background.

Article 21 (Adoption): Children have the right to a family. However, certain circumstances prevent a child from living with their families, such as children who have been orphaned or whose families are unable to care for them. In these instances, children may be eligible for adoption. Children should only be adopted if it is within their best interest.

Article 22 (Refugee Children): Children who have been forced to leave their homes and seek refuge in another country have the same rights as children born in that country. Governments should make sure these children are protected and receive humanitarian assistance.

Article 23 (Children with Disabilities): Children with disabilities, such as physical, emotional, cognitive, or developmental impairments, are entitled to all the rights prescribed in this Convention. Governments should ensure that these children receive the care and support they need in order to lead full, independent lives.

Article 24 (Health): Children have the right to quality health care, including access to safe and clean water, nutritious food, an environment free of pollutants and other hazards, and educational programs that help children to remain healthy. Wealthy countries should assist developing countries in providing health-related services to children.

Article 25 (Periodic Review of Placement): Children in alternative care have the right to have all aspects of their placement reviewed on a regular basis. This should be done in order to ensure these children are receiving the best possible care.

Article 26 (Social Security): Governments should provide social assistance to children (and their families) living in poverty. Examples of support include school lunch programs, housing assistance, and Medicaid.

Article 27 (Standard of Living): Children have the right to a standard of living that fosters their physical, emotional, social, moral, and spiritual development. Governments should provide assistance to parents, families, and guardians who have difficulty in providing for their children's needs.

Article 28: (Right to Education): Governments should provide children with free, compulsory primary education and increase children's ability to access secondary and higher education. Wealthy countries should help children in poor countries attain this right. Governments should ensure that school disciplinary practices do not violate a child's dignity. School administrators, teachers, and other staff members should not punish children by subjecting them to physical or emotional abuse and neglect.

Article 29 (Goals of Education): Governments should ensure that a child’s education allows him/her to develop to his/her fullest potential. Whether children receive an education in a school setting or are home-schooled, they should be taught to respect the values of their own culture as well as those of others.

Article 30 (Children of Minority and Indigenous Groups): Children belonging to minority or indigenous groups have the right to learn about and participate in their cultural customs and traditions, practice their religions, and speak in their native languages. These rights should not be infringed upon by members of majority racial, ethnic, or cultural groups.

Article 31 (Leisure and Recreation): Children have the right to relax, play, and participate in a variety of age-appropriate cultural, artistic, and recreational activities.

Article 32 (Child Labor): Governments should protect children from engaging in work that is dangerous, inhibits their ability to obtain an education, or jeopardizes their health and overall development. Governments are responsible for setting a minimum age limit for employment, regulating the hours and conditions of employment, and establishing and enforcing sanctions against those who violate such provisions.

Article 33 (Drug Abuse): Governments should undertake all measures necessary to protect children from the unlawful use of narcotic and psychotropic drugs. Governments are also responsible for safeguarding children from becoming involved in drug production and trafficking operations.

Article 34 (Sexual Exploitation): Governments should employ all measures necessary to protect children from all forms of sexual exploitation and abuse, including prostitution and involvement in pornography. This provision is augmented by the 2000 Optional Protocol to the Convention on the Sale of Children, Child Prostitution, and Child Pornography.

Article 35 (Abduction, Sale and Trafficking): Governments should execute all measures necessary to protect children from being abducted, sold or trafficked. This provision is augmented by the 2000 Optional Protocol to the Convention on the Sale of Children, Child Prostitution, and Child Pornography.

Article 36 (Other Forms of Exploitation): Governments should ensure children are safeguarded from being exploited or subjected to any activities which threaten or harm their well-being.

Article 37 (Punishment and Detention): Children cannot be arrested, detained, or imprisoned without warrant. Governments should ensure that children who break the law are not tortured or subjected to other inhumane forms of punishment. Children should not be housed with adult inmates. They have the right to remain in contact with their families, the right to an attorney, and the right to appeal their stay in prison.

Article 38 (Armed Conflict): Governments should undertake all measures necessary to protect and care for children affected by war. This includes putting in place safeguards which prevent children under the age of 15 from being recruited or coerced into active combat. This provision is not augmented by the Optional Protocol on the Involvement of Children in Armed Conflict which specifies that children under age 18 cannot be recruited for nor takes part in active combat.

Article 39 (Rehabilitative Care): Governments should provide physical care and psychological treatment services to children who have been victimized by abuse, neglect, or exploitation. These services are essential to restoring the dignity, health, and self-respect of the child.

Article 40 (Juvenile Justice): Children accused of committing a crime have the right to due process of the law. This includes the right to be presumed innocent until proven guilty, the right to legal assistance, the right to a trial, and freedom from being compelled to testify or enter a guilty plea. Governments are responsible for establishing the minimum age for which children can be punished for the crimes they commit. Prison sentences should only be imposed if a child is convicted of a most serious offense.

Article 41 (Respect for the Highest Standards): If the laws of a particular country offer better protection to children compared to the standards put forth in the Convention, then these laws should remain in effect.

Article 42 (Knowledge of Rights): Governments are responsible for informing children and adults about the CRC.

Articles 43-54 (Implementation Measures): These articles relate to how Governments and NGOs should work together to implement the CRC and ensure that the rights of all children are protected and promoted.

(www.childrensrighscampaign.org)

Meeting the above rights is fundamental to children's development. This is emphasized in the recent UNICEF report on the State of the World's Children, a commemoration of 20 years since the inception of the CRC, which says, "Evidence has shown that investing in child rights is both a responsibility and an opportunity. It is a responsibility because poverty undermines nutrition and other deprivations; undermines children's abilities to develop to their full potential. It is an opportunity because the gains achieved through better nutrition, primary health care, education and protection for children are likely to be far greater and long-lasting than in almost any other area of development". (UNICEF, State of the World's Children. UNICEF, 2009, p IV)



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