



THE REPUBLIC OF THE UNION OF MYANMAR

MYANMAR POLICY FOR EARLY CHILDHOOD CARE AND DEVELOPMENT



2014

The Republic of The Union of Myanmar

**Myanmar Policy for
Early Childhood Care and
Development**

2014



President
Agga Maha Thayay Sithu Agga Maha Thiri Thudhamma U Thein Sein

Preface



U Thein Sein
President
The Republic of The Union of Myanmar

Children from the time of birth to 8 years old across the country are fundamental for the human resource development and play a vital role for a developed and democratic Nation. The future of these children depends on the implementation of ECCD activities which are not just about the quantity but the quality of the services.

The Ministry of Social Welfare, Relief and Resettlement is the focal Ministry which implements the basic categories of right: survival, development, protection, and participation. The ECCD policy was developed in consultation with the relevant Ministries, UNICEF (Myanmar), non-governmental organizations and civil societies.

Promotion of ECCD services is the most effective investment for the country. Hence, the policy and strategic action plan need to be effectively materialized sectorwise as the children are the persons that will build the nation in future. I would like you all to know that the ECCD policy reflects the needs, hopes, demands, and socio-economic life of the citizens and my appreciation goes to the individuals and organizations that have given their full support.



President

Agga Maha Thayay Sithu Agga Maha Thiri Thudhamma U Thein Sein

Acknowledgement



Agga Maha Thiri Thudhamma Theingi Dr. Myat Myat Ohn Khin
Union Minister
Ministry of Social Welfare, Relief and Resettlement

It is my honor to introduce the multisectoral Policy for Early Childhood Care and Development (ECCD), on behalf of Myanmar National Committee on the Rights of the Child. The Ministry of Social Welfare, Relief and Resettlement is taking a leadership role in developing ECCD Policy with the full collaboration of concerned Ministries and Organizations.

The purpose of the ECCD Policy is to ensure that children in Myanmar, from birth to eight years of age, will receive the ECCD services to achieve their full potential in development. Expanded, improved and well-coordinated ECCD services will support parents, caregivers and service providers by helping them develop their children in a holistic manner. In addition, the ECCD Policy will ensure Myanmar's commitment to fulfill the rights of the child, mentioned in United Nations Convention on the Rights of the Child (UNCRC).

About 8 million children in Myanmar will be the beneficiary of the ECCD Policy each year that will promise a good and comprehensive foundation for the children to contribute positively to their families, communities and the nation. Multisectoral and integrated ECCD services will improve children's development, health, nutrition, hygiene and protective care. Thus, the children will become strong, healthy, well-nourished as well as socially responsible and emotionally well balanced grown-ups. Moreover, ECCD services will assist for preparing school life, completing primary education and continuing secondary education.

Ministry of Social Welfare, Relief and Resettlement acknowledges with thanks for full and active participation of national and regional level representatives, various organizations, ethnic groups and parents representatives in developing ECCD policy and Strategic plan.

In conclusion, I believe that full understanding of the ECCD Policy and implementing the Strategic Plan will ensure better future for Myanmar children and also contribute to socio-economic development of the nation and its people, in accordance with the reform processes mandated by the Government of the Republic of the Union of Myanmar.



Agga Maha Thiri Thudamma Theingi Dr. Myat Myat Ohn Khin

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Executive Summary

Myanmar Policy for Early Childhood Care and Development

The Myanmar Policy for Early Childhood Care and Development (ECCD) presents major national initiatives for child and family development. The Government of Myanmar places high priority on the development, education, health, nutrition and protection of young children, from conception to eight years of age. Successive Five-Year ECCD Strategic Plans will provide operational guidance for implementing this Policy over the next 15 to 20 years.

Benefiting from investments in ECCD Services

Through expanding investment in ECCD services, Myanmar will benefit from lower costs for health and nutrition care, welfare and child protection services, and especially from a reduction of the high costs of educational inefficiencies, such as overage primary school entry, high levels of grade repetition and school drop-out, special and remedial education services, and low rates of timely school completion and progression to the next school level. Culturally and linguistically appropriate ECCD services will help to achieve peaceful relations among ethnic groups, and will enable children from all ethnic groups to succeed in school. Short, medium and long-term impacts from the provision of quality ECCD services will enable Myanmar to achieve a high rate of return from its investments in children. As abundant research has demonstrated, these benefits will produce savings that will more than pay for the original investments that were made to develop, expand and improve ECCD services, and national economic productivity will be greatly increased.

Conducting a participatory policy planning process

A participatory planning process was used to develop the ECCD Policy. The Ministry of Social Welfare, Relief and Resettlement (MoSWRR) led policy-planning activities and established the Multisectoral ECCD Policy Steering Committee that guided Policy preparation. The Steering Committee included the Ministry of Education (MoE), Ministry of Health (MoH), Ministry of Border Affairs (MoBA), Ministry of National Planning and Economic Development (MoNPED), Ministry of Finance (MoF), Ministry of Home Affairs (MoHA), Union Attorney General's office (UAGO), Ministry of Labour, Employment and Social Security (MoL), Ministry of Information (MoI), Ministry of Immigration and Population (MoIP), and the Myanmar Maternal and Child Welfare Association (MMCWA), with the full collaboration of UNICEF. A Multisectoral ECCD Policy Task Force assisted the Steering Committee. The Task Force included ECCD professionals from ministries, non-governmental, faith-based and community organisations, foundations and associations.

The Task Force held Consultation Workshops in Yangon, Mon, Mandalay, Sagaing and Southern Shan with leaders of communities, townships, regions/states and ministries, including parents, teachers, health care providers, and representatives of non-governmental, faith-based, community-based and other organisations, including representatives of the media and private sector. In addition to informing citizens about the development of the ECCD Policy, the Workshops identified major ECCD needs and challenges, secured participants' recommendations for the National ECCD Vision, Mission, objectives, strategies and services. In addition, high-level interviews were conducted with national and regional leaders to secure their views regarding the ECCD Policy. Based on all available policies, plans, statistics, studies, reports and documents, a detailed Situation Analysis was also prepared. Highlights of this Situation Analysis are presented in Chapter 2 of the Policy.

Results from the Consultation Workshops, Interviews and Situation Analysis revealed a high level of consensus regarding the major needs of young children and families and the types of strategies, services and activities that will be required to meet those needs. This consensus became a mandate as the Multisectoral ECCD Policy Steering Committee and Task Force developed the ECCD Policy.

Building on Myanmar's strengths

The ECCD Policy builds on governmental and non-governmental achievements in the fields of education, health, nutrition, environmental sanitation and child and social protection. It reflects the work and dedication of Myanmar parents from all ethnic groups and the strengths of communities, townships, districts, regions and states throughout the country.

Myanmar ECCD experts are dedicating their lives to child and family development, and the existence of many high-quality ECCD programmes is a testament to their commitment and achievements. These services provide a sound foundation for the ECCD Policy and guideposts for future programme development.

Meeting the major needs of children, parents and ECCD services

The Consultation Workshops, interviews and Situation Analysis identified many major needs of children, parents and ECCD services that are described in Chapter Two of the ECCD Policy. Briefly, they found the following needs and challenges:

- Many young children and their parents live in marginalised, disadvantaged or remote communities that lack access to preventive and basic child development services. Outreach and the development of expanded ECCD services are urgently required.
- More preconception, antenatal and postnatal education services and health and nutrition care are still needed to reach many families, and they need to be greatly expanded to improve birth outcomes and lower maternal and infant mortality.
- The period from birth to three years of age is critical for the development of children's brains, and yet few of them are able to access ECCD services, such as parent education and support, Mothers Circles, home visits and quality day care. Myanmar lacks a national parent education and support system, and it must be culturally and linguistically appropriate in order to serve all of the nation's parents.
- The rate of stunting in young children is 35.1 per cent, and this malnutrition causes them to become developmentally delayed, drop out of school and unproductive adults.

- Children with developmental delays, disabilities, atypical behaviours, malnutrition and chronic diseases are unable as yet to access individualised and intensive early childhood intervention services that they require to achieve their full potential.
- Only 22.9 per cent of preschool age children are able to access preschool services, and most of them come from middle to higher income families. Therefore, a major effort is needed to expand preschool services and offer them to all three and four-year old children, with an emphasis on those from marginalised and disadvantaged groups.
- To ensure children have a smooth transition from home or preschool to kindergarten and the early grades of primary school and achieve well in school, a nationwide transition programme is needed.¹
- Most early primary school classes still use rote drill and practice methods. Teachers need to learn new skills in order to provide more child-centred, family-focused and developmentally appropriate learning methods and contents.
- ECCD services, including kindergarten, must be mother tongue-based and culturally appropriate to be effective, and early primary school grades should use local languages to the extent possible and as requested to ensure children from minority ethnic groups succeed in school.
- Myanmar's children with special needs require more appropriate services. Many are still trapped in institutional care, and child protection services tend to serve limited numbers of certain types of children. Therefore, a new planning approach that unifies child protection services is required to address the needs of these children and their families.
- Myanmar currently lacks a formal pre-service training system for ECCD, preschool and kindergarten service providers. In-service training is irregular although it is often of good quality. Therefore, a full pre- and in-service training system for professionals, paraprofessionals and volunteers is urgently needed.
- A national ECCD Management Information System (ECCD MIS) is lacking, and a database with guidance for monitoring and evaluation is required in order to ensure effective ECCD accountability, quality assurance and planning.

¹ The lower grades of primary school include kindergarten. Early childhood extends from birth to 8 years of age, which is to say from infancy to the third grade of primary school.

- There is a need for a system to provide policy advocacy and regular ECCD communication for development that uses all media to reach parents and communities.
- A strong ECCD organisational system is urgently required to conduct effective coordination among ministries and non-governmental partners at all levels and to lead processes for the development of programmes in collaboration with development partners.

Establishing Myanmar's ECCD Vision and Mission

Vision Statement

From birth to 8 years of age, all children of the Republic of the Union of Myanmar will receive holistic, high-quality and developmentally-appropriate care from their parents, caregivers and service providers to ensure they will be happy, healthy, well nourished, socially adept, emotionally balanced and well protected in conditions of freedom, equity and dignity in order to contribute positively to their families, communities and the nation.

The Mission Statement affirms the commitment of the Government of the Republic of the Union of Myanmar to achieve this Vision for all children and parents.

Mission Statement

The Vision will be achieved through establishing high-quality ECCD services and multisectoral coordination at all levels in the fields of education, health, nutrition, environmental sanitation and protection. ECCD collaborations will include governmental, non-governmental, faith-based and community-based organisations, professional associations, foundations, higher education institutions, private sector groups and international development partners. To ensure ECCD services are provided equitably, they will be culturally and linguistically appropriate.

All children from birth to 8 years of age will receive integrated or multisectoral ECCD services to achieve holistic development in perceptual, physical, social, emotional, language and cognitive areas. To improve birth outcomes, services for prospective parents, pregnant women and their partners will include preconception, antenatal and postnatal education, health and nutrition care. To ensure balanced child development from birth to 3 years, continuous and

comprehensive services will be offered for parent education, early care and development, and health and nutrition care.

To improve child development, early childhood intervention services will be provided for children 0 to 5 years of age with developmental delays, atypical behaviours, malnutrition, disabilities or chronic illnesses. Child and parental rights will be guaranteed through legal, social and child protection services, with a focus on birth registration, safe child environments, case management, tracking and follow-up. Universal, affordable and inclusive preschool services will be offered for all 3 and 4 year old children, including the beginning of transition activities to kindergarten and primary school. At 5 years of age, free, compulsory and inclusive kindergarten and primary school services will be provided. Kindergarten and primary school will feature active learning methods and will be child-centred and developmentally appropriate. To improve child health, nutrition and development, special attention will be given to providing improved water and good home, preschool, kindergarten and school sanitation.

The national ECCD system infrastructure will be developed and quality assurance initiatives will be implemented, including annual programme planning and budgeting; service standards and guidelines; high-quality pre- and in-service training for professionals, paraprofessionals and volunteers; comprehensive supervisory systems; monitoring and evaluation activities to assess programme outcomes and ensure accountability; timely provision of materials, supplies, feeding and health services; and the development of plans and interventions for children affected by emergencies.

Establishing Policy strategies, activities and services

In line with the Vision and Mission Statements, the core Conceptual Framework, Goals and Objectives of the ECCD Policy are presented. Based on the Objectives, the following 10 Strategies were selected, along with key ECCD activities and services that will be developed or expanded and improved.

Policy Strategy 1: Preconception, antenatal and postnatal services

Prepare adolescents and prospective mothers and fathers for positive parenting through providing preconception services as well as antenatal and postnatal education home visits and group sessions, and postnatal health and nutrition care.

Strategy 1 focuses on the development of expanded and accessible services for preconception, reproductive, antenatal and postnatal education, health and nutrition care. Mothers with diseases such as HIV are highlighted, with a strong emphasis on the prevention of mother-to-child transmission (PMCT) and the provision of anti-retroviral therapy (ART) services for mothers and their children. Postnatal services will include extra attention for high-risk mothers and children.

Policy Strategy 2: Services for children, 0 to 3 years

Ensure parents of children from 0 to 3 years receive integrated parent education through home visits and centre-based services; all children and parents access regular preventive and basic health, nutrition, environmental sanitation and protection services; and children of mothers working outside of the home receive high-quality care and development services (i.e., day care centres, Mother Circles).

Strategy 2 includes the development of an Early and Preschool Strategy and the mapping and assessment of services for children 0 to 3. A strong emphasis is placed on ensuring universal birth registration, developing culturally and linguistically-appropriate national parent education and support services, and expanding and improving Mothers Circles and other early care and development centres. It also calls for developing an expanded emphasis on home visits, especially for vulnerable children and families, complemented by mobile teams and satellite centres for remote areas. Comprehensive and continuous maternal, newborn and child health and nutrition services are highlighted with emphasis on postnatal services, maternal nutrition and breastfeeding, child health and nutrition services, children affected or infected by HIV infection, substance abuse or other forms of abuse or neglect.

Policy Strategy 3: Early childhood intervention services, 0 to 5 years

Develop, improve and expand early childhood intervention and rehabilitation services to help each child achieve his or her full potential, and to prevent the discrimination and stigmatisation of children with special needs.

Strategy 3 introduces early childhood intervention (ECI) services to support families who have children with developmental delays, malnutrition, chronic illnesses, disabilities and atypical behaviours such as autism. It calls for multisectoral coordination to design and implement ECI services, including community outreach for the identification and referral of children and the establishment of ECI policies and procedures, standards, screening, assessments, individual plans and the provision of home-based services appropriate for each child and family's needs. It calls for developing a plan for the phased development and coordination of ECI services, including pre- and in-service training and monitoring and evaluation.

Policy Strategy 4: Preschool education for children, 3 to 4 years

Implement and expand high-quality, culturally and linguistically-appropriate and inclusive preschool education, continuing parent education and involvement and related early childhood services, and conduct awareness raising workshops from community to national levels regarding the importance of preschool education.

Strategy 4 features improving preschool curricula, with a focus on developing culturally and linguistically appropriate methods, materials and related teacher training. It calls for a plan to expand and improve preschools that builds on existing resources to ensure preschool education becomes universally available, affordable and inclusive throughout the nation. Parent involvement and oversight are emphasised, along with expanded governmental support and continued community participation. Preschool standards, regulations and standards will be instituted along with health care and feeding systems and improved water, environmental sanitation and hygiene, furniture, playgrounds, libraries, and disaster prevention and preparedness. Pre- and in-service training, supervision, monitoring and evaluation, coordination and networking are also emphasised.

Policy Strategy 5: Transition, kindergarten and early primary grades, 5 to 8 years

Develop a strong transition programme for children from 4 to 5 years of age from home and preschool to inclusive kindergarten and primary school that includes parent participation in the schools, use of the mother tongue for learning basic concepts to the extent possible and as requested, and child-centred approaches with active learning methodologies for early grade teaching, learning through play, and learning corners.

Strategy 5 focuses on the importance of child-centred teaching and learning activities in inclusive kindergarten classes and primary schools as well as the development of a strong nationwide transition programme to ensure children are ready for school and are successful in completing primary school. Learning targets are called for as well as child-centred kindergarten and primary school curricula, methods, media and training manuals. Emphasis is placed on parental involvement in schools, school health and feeding services, improved water, environmental sanitation and hygiene, child-friendly furniture, playgrounds and libraries. For ethnic minority communities, mother tongue-based education will be provided as possible and requested in order to improve learning achievement and honour the education rights of all peoples of Myanmar. Finally, training and support are called for to improve school supervision.

Policy Strategy 6: Children with special needs

Fulfil the rights of children with special needs and reduce institutionalisation through providing family preservation and/or family placement and training services, establishing inclusive preschools, kindergarten classes and primary schools, and ensuring quality care to protect all children from birth to 8 years from abuse, neglect and exploitation.

Strategy 6 ensures that child rights will be honoured and child protection services will be expanded and improved. Attention is given to ensuring young children will participate as possible in developing programmes that will affect them. The Policy calls for a review of current child laws to ensure they are in line with the amended Child Law and the ECCD Policy. A comprehensive Child Protection Policy and Strategic Plan will be developed, with a strong focus on children from birth to 8 years of age. Attention is given to children with developmental delays and disabilities, their parents and the implementation of the National Plan of Action for Disability. The Policy calls for gradu-

ally reducing and ultimately ending the placement of children from birth to 3 years in institutions. It also calls for the registration and improvement of existing residential institutions. In addition to children with disabilities and developmental delays services are included for the following groups: children of ethnic and linguistic minorities; children affected by abuse, neglect or exploitation; children of parents in correctional facilities; internally displaced and refugee children; street and working children, including the eradication of abusive child labour; and children affected by HIV and AIDS.

Policy Strategy 7: Pre- and in-service training system

Establish a comprehensive, high quality, multisectoral and sustainable pre-service ECCD training system, with career ladders and certification as well as continuous and flexible in-service training services at all levels for the recertification of professionals and upgrading of paraprofessionals and volunteers.

Strategy 7 calls conducting ECCD workforce development and training studies in order to design and implement a comprehensive pre- and in-service training system. Key elements will be the establishment of career ladders, personnel standards, and a certification and recertification system. The pre-service training system will include training for ECCD professionals at the Institutes of Education and Colleges of Education, with a special focus on the training of trainers and the training of ethnic minorities. A plan will be developed to provide additional training for accomplished but uncertified preschool, kindergarten and primary school teachers. Regular in-service training will be provided for ECCD professionals, paraprofessionals and volunteers. Special training will be provided for principals, head teachers, teachers and supervisors of ECCD, ECE and ECI services, with a special focus on inclusive education. A National Centre for ECCD Resources and Training will be complemented by Regional Centres to ensure nationwide coverage and quality assurance, and promote ECCD networking and professionalism. Education for peace and disaster prevention and preparedness will be given special priority in all training programmes.

Policy Strategy 8: ECCD system of accountability and quality assurance

Establish a multisectoral ECCD management information system that is fully accountable and features processes for frequent service supervision, monitoring and evaluation, and annual reporting at all levels.

Strategy 8 calls for a plan to support quality assurance and ensure accountability and evaluation through developing an ECCD Management Information System (MIS). It will include monitoring and evaluation manuals, training workshops, instruments and guides. The ECCD MIS will be linked with a Nationwide Child Tracking System beginning with birth registration and including all ECCD services for children. The ECCD MIS will also provide technical and managerial support to help ensure good service quality. In addition, annual plans for high-priority applied ECCD research projects will be developed and funded.

Policy Strategy 9: Policy advocacy and communications

Disseminate up-to-date, culturally appropriate and internationally recommended information on ECCD through visual, auditory and print media, with the goal of reaching all targeted beneficiaries, including leaders, service providers, caregivers, parents, teachers and communities.

Strategy 9 calls for Annual Plans for Policy Advocacy and Communication, including seminars, workshops and advocacy documents. Initial advocacy activities will include the nationwide dissemination of the ECCD Policy and Strategic Plan and a special booklet for parents and communities. Annual ECCD Forums will be held to advocate for policy implementation and provide special training workshops for ECCD services of all regions. A National Network of ECCD Service Providers will be established. Each year, at least 10 messages for children, parents and communities will be selected for nationwide dissemination through visual, audio and print media, Internet, dances, theatre, posters and banners. ECCD Advocacy Weeks and Months will also be celebrated.

Policy Strategy 10: Organisation of the ECCD system

Develop the National ECCD Committee, National ECCD Policy Implementation Institute and a decentralised system for the implementation and multisectoral coordination of this Policy, with an emphasis on supporting all communities, districts, townships and regions/states in developing ECCD committees, annual plans, budgets and reports.

Strategy 10 presents the organisation structure of Myanmar's ECCD system, with leadership from the National ECCD Committee that also chairs the ECCD International Cooperation Committee. To ensure full Policy implementation, the National ECCD Policy Implementation Institute is established to support the National ECCD Committee and train and work closely with Regional/State, District and Township ECCD Committees, who in turn will work with Community ECCD Committees. The Institute will be organisationally linked with the MoSWRR and it will be in charge of conducting annual planning, budgeting cycles, developing and managing the ECCD MIS, establishing and coordinating the National and Regional Centres for ECCD Resources and Training, and ensuring all strategic activities and services are completed in a timely manner. Special emphasis is placed upon ensuring strong Community ECCD Committees are developed and supported. The Pyithu Hluttaw and Amyotha Hluttaw will play important roles in proposing bills and adopting legislation and conducting activities to support the full implementation of the ECCD Policy and Strategic Plan.

Investing in ECCD

Chapter 6 presents the ECCD Investment Plan that calls for greatly expanding national investment in ECCD. It provides national ECCD investment targets for the MoSWRR, MoE and in general for the MoH. It also provides a target for regional/state and township contributions to ECCD services at the community level. A core annual budget will be specified for the National ECCD Policy Implementation Institute.

The Myanmar Fund for ECCD will be created through combined national and international support. Among other sources of support, it calls for the establishment of a payroll tax on international and national businesses, and encourages benefactor organisations to support ECCD Centres and other services for vulnerable and marginalised groups.

Based on increased national investment in ECCD services and activities, the investment plan encourages expanded international investment in ECCD on the part of UN agencies and other multilateral and bilateral development partners as well as international non-governmental, faith-based and community-based organisations, foundations and corporations. Higher education partnerships will also be forged to help ensure ECCD organisations will receive benefits from other valuable approaches that have been developed in all world regions.

Annual ECCD Investment Plans will be prepared to meet programme needs for service expansion and improvement, coordination, quality assurance, equity, and for developing new services and activities. These Plans will include all types of national and international support as well as financial, technical and material support arrayed by type of activity or service. The National ECCD Committee will lead the coordination of investments with all international development partners.

Successive Five-Year ECCD Strategic Plans will provide more operational details regarding all plans, activities and services presented in the ECCD Policy.

CHAPTER (1)

INTRODUCTION



Chapter (1)

Introduction

1. Early childhood care and development (ECCD) is a national priority of the Republic of the Union of Myanmar. Children's foundational years are critically important for ensuring they will fulfil their potential and become productive citizens. To achieve increased social and economic equity, human capacity and national competitiveness, it will be essential to greatly expand governmental and non-governmental investments in child development.
2. Abundant research has demonstrated that preparation for parenthood, good antenatal education and care, early stimulation for rapid brain development, quality health and nutrition care, continuous parent and early childhood education services, and the provision of safe, hygienic and secure home, preschool and kindergarten environments are required for achieving holistic child development and ensuring children's readiness for success in primary school. It is expected that annually at least 8 million children in Myanmar, from birth to 8 years of age, will benefit from this ECCD Policy.
3. As a result of expanded investment in ECCD, Myanmar will benefit from lower costs for health and nutrition care, welfare and protection services, and especially a reduction of the high costs of educational inefficiencies, such as overage primary school entry, high levels of grade repetition and school drop-out, special and remedial education services, and low rates of timely school completion and progression to the next school level. Culturally and linguistically appropriate ECCD services will help to achieve peaceful relations among ethnic groups, and will enable children from all ethnic groups to succeed in school. These short, medium and long-term impacts from the provision of quality ECCD services will enable Myanmar to achieve a high rate of return from its investments in children. As research has demonstrated, these benefits will produce savings that will more than pay for the original investments in ECCD services.
4. The *Concluding Observations on Myanmar's Report on the Rights of the Child* urged Myanmar to develop and provide the "human, technical and financial resources" needed to fully implement a National ECCD Policy, with the full involvement of parents and all pertinent sectors (United Nations, 3 February 2012). ASEAN has also provided important guidance on establishing ECCD policies and on expanding and improving ECCD services. This ECCD Policy begins to meet these important recommendations.

Consultative approach to ECCD policy planning

5. The ECCD Policy is based on a nationwide consultation of parents, organisations and Government agencies at all levels from townships and communities to regions/states, Nay Pyi Taw and Yangon. An initial Consultation Workshop was held from 25-27 June 2012 with the Multisectoral Policy Planning Task Force for Early Childhood Care and Development in Nay Pyi Taw. As presented in **Annex III, ECCD Consultation Workshops Schedule**, the workshops were held in five regions/states (Yangon, Mon, Mandalay, Sagaing and Southern Shan) from 18 to 31 July 2012. The main workshop objectives were to inform citizens about the development of the ECCD Policy, identify major ECCD needs and challenges, secure participants' recommendations for the National Vision and Mission for ECCD, and to identify high-priority objectives, strategies and services. The 583 participants (245 men and 338 women) in the consultation workshops were from 29 departments and 28 organisations. They were leaders of social development activities at all levels, from communities to townships, regions/states and the nation. They included parents, teachers, health care providers, leaders and experts from non-governmental, faith-based, community-based and other organisations, ministerial leaders and personnel, and representatives of the media and private sector (Thein Lwin, 2012).
6. In addition, during July to August 2012, 16 high-level leaders at national and regional/state levels were interviewed to secure their views related to ECCD with regard to the ECCD Policy.
7. An extensive Situation Analysis was conducted from July to October 2012 to: 1) assess child and family status and needs; 2) identify ECCD resources, including services, human capacity, training services and financial investments in ECCD; and 3) analyse policies, plans and legislation related to ECCD. The results of the Consultation Workshops, high-level interviews and Situation Analysis have shaped this ECCD Policy. It was developed in a fully participatory manner, and it represents the knowledge and priorities of dedicated parents, leaders and ECCD experts of Myanmar.

General information about Myanmar



Map of The Republic of The Union of Myanmar

General facts about Myanmar

8. Myanmar is the largest country in Southeast Asia with a total land area of 676,578 square kilometres. It shares borders with the People's Republic of Bangladesh, Republic of India, People's Republic of China, Lao People's Democratic Republic, and the Kingdom of Thailand. To the South and West, the Bay of Bengal and Andaman Sea border Myanmar.

9. With respect to administration, Myanmar has 14 Regions/States, 70 districts, 330 townships, 84 sub-townships, 3,063 wards, 13,618 village tracts and 64,134 villages. Geographically, Myanmar is divided into the central Ayeyarwaddy central lowlands, the Western hills, the Shan Plateau and the highlands of the Tanintharyi.

10. Three mountain ranges, three river systems and frequent monsoons create a complex geography and many environmental challenges, making communications, transportation, rural development and national economic growth most difficult. However, Myanmar has an abundance of natural resources, including rich agricultural lands and forests, abundant water and hydrological power, petroleum and natural gas, coal and other mineral resources, precious gems and marine resources.

11. Censuses were conducted in 1973 and 1983. A nationwide census is currently being planned and it will be conducted in 2014, with results available in 2015. In the absence of a reliable recent national census, UNICEF estimates that as of 2010, the national population was 47,963,000, and that the cohort of children from 0 to 14 years is 37 per cent (17,746,310).² This would yield approximately 10 million children from 0 to 8 years of age. UNICEF also estimates that there were 3,056,000 children under 5 in 2010. This would result in a total of approximately 8 million children from 0 to 8 years of age. However, the annual number of births is estimated to be 830,000, which would yield only 6.6 million children from 0 to 8 years. Due to a lack of birth registration services in several geographic areas, this may be an undercount. For purposes of the ECCD Policy, the notional figure of 8 million children from 0 to 8 years of age will be used, plus their parents, caregivers and guardians.

12. Myanmar is composed of at least 135 national ethnic groups whose members speak over 100 languages. Some of the main ethnic groups are the Bamar, Chin, Kachin, Kayah, Kayin, Mon, Rakhine and Shan. Many of these ethnic groups are found in border regions, and currently most of them are unable to access ECCD services.

² Other estimates place the national population at 55.40 million (Address to ASEAN, 2007) and 58.38 million (Myanmar, 2010), which would increase considerably the cohort of children from 0 to 8 years of age. The World Bank's estimate of 48.33 million in 2011 is closer to UNICEF's estimate.



Photo by Myo Thame

Children in Inlay lake

13. At least 66.1 per cent of the population lives in rural areas, and many lack viable economic opportunities (World Bank, 2011). To stem migration to urban areas and improve the economy, the Government is placing a major emphasis on rural development. Myanmar has the potential to return to being the greatest rice producer in the ASEAN region, and many other crops are grown in upland regions.

14. With respect to religion, approximately 89.4 per cent of the population are Buddhists, and the rest are Christians, Hindus, Muslims and Animists (MoH, 2012a).

15. Myanmar is prone to natural disasters, especially due to cyclones, floods, landslides, droughts, forest fires, earthquakes, tsunamis and coastal storm surges. Especially since Cyclone Nargis in 2008, the country has expanded its emphasis on disaster prevention and preparedness in all areas. The *Myanmar Action Plan on Disaster Risk Reduction (MAPDRR) 2009 – 2015* represents a comprehensive effort to address these issues (2009).

16. Myanmar is a highly literate country with virtual gender equity in literacy. The literacy rate of men and women from 15 to 24 years of age in 2010 was 95.8 per cent, up from 94.6 per cent in 2000 Millennium Development Goals (United Nations MDG Report, 2012). The ratio of women's to men's literacy (15 – 24 years) was 0.99 in 2000 (United Nations MDG Report, 2012). Nonetheless, some parents are not functionally literate; however, national statistics are lacking with respect to functional literacy.

National economic development

17. Economic growth was estimated at 5.5 per cent in 2007/2008 and is projected to be 6.0 per cent in 2012/2013 (IMF staff estimates reported by U Soe Thein, 2012). The World Bank estimates for 2010 the gross domestic product (GDP) per capita was \$1,950, and the GDP per capita annual growth rate was 9.6 per cent (World Bank, 2010). UNICEF estimates the GDP per capita average annual growth rate from 1990-2010 to have been 8.2 per cent, which was a major improvement over previous years from 1970 to 1990 when it was only 1.4 per cent per year. The IMF estimates that inflation was 31.9 per cent in 2007/2008 but only 5.8 per cent in 2012/2013 (Thein, 2012).

18. It may rise as the economy is opened further to international commerce and exports and imports expand. Energy sales, economic growth and improved taxation systems are expected to expand Government revenues rapidly during the coming years (Thein, 2012).

19. Poverty is high but due to the lack of a national census, accurate population statistics regarding poverty are unavailable. The country reported in 2005 that 31.1 per cent of the employed people lived below \$1 per day. The slum population as a percentage of the urban population is quite high at 56.6 per cent, with a total slum population of 6,700,885 (UNICEF Multiple Indicator Cluster Surveys (MICS), 2000 and 2005, reported in United Nations MDG Report, 2012). Children living in urban slums would be considered "at risk" of poor development. According to household level surveys, pov-



Photo by Myo Thame

Malnourished children living in poverty need our help

erty rates fell from 36 per cent in 2005/2006 to 26 per cent in 2009/2010 (Nishino, 2012), and several regions/states have reduced poverty levels considerably. Some regions/states especially struggle with transitory poverty often caused by environmental changes and natural disasters, including Ayeyarwaddy, Mandalay, Rakhine, Yangon and Magway. Nishino stated that transitory poverty (28 per cent) is larger than the chronic poor (10 per cent) (Ibid.)

20. The Government of the Republic of the Union of Myanmar is currently preparing its fifth *Five-Year National Development Plan*, (2012–2016). It is seeking to expand the economy and increase national productivity and competitiveness through improving social development. To achieve the annual 10.5 per cent annual growth target, the Government is focusing not only on new economic investment strategies but also on targeting vulnerable groups for high-priority social services as they also seek to narrow many development gaps among the regions/states.

21. The forthcoming *Five-Year National Development Plan* is expected to focus sharply on achieving the targets of indicators pertaining to the MDG. Seven of the eight MDGs include indicators and targets relating to ECCD. To achieve these targets speedily, the Government is pursuing a “people-centred” development approach that recognises the foundational role of ECCD in national development.

22. Other elements of the current *National Development Plan* will be transparency, accountability, inclusion and consistency with the National Constitution. It will also focus on meeting citizen’s demands, expanding employment in tandem with social development, and ensuring rapid responses to emerging needs. To achieve these goals, the budgets of the education and health sectors will be greatly increased. The Plan is expected to focus on promoting rural development and reducing poverty through achieving sustainable agricultural development. Within each region/state, poverty zones will be targeted and eradicated as rapidly as possible. It is expected that a new taxation system will be developed, along with innovative income generation measures, national coordination of joint ventures with international development partners, and the establishment of new investment policies to promote economic development and trade.

23. To measure progress more fully and ensure greater accountability, the Government is also investing in improving the quality of statistical systems, monitoring and evaluation, and data gathering and analytic procedures.

24. The Government has stated its intention to develop a plan to decentralise budgets and services. However, at the time of drafting this ECCD Policy, most Governmen-

tal budgets remain centralised within the ministries. However, considerable support for ECCD services is found already at regional/state, district, township and community levels. As yet guidance has not been issued regarding roles and responsibilities at each level, essential topics for funding and funding targets per topic and level. It will be essential to prioritise ECCD services within future decentralisation plans and guidelines.

25. In addition, an ECCD Law for the registration of ECCD services was enacted on 6 Feb 2014. It was aimed ECCD services for children from birth to 8 years of age that are conducted or sponsored by the Department of Social Welfare (DSW) of the Ministry of Social Welfare, Relief and Resettlement (MoSWRR) or conducted separately by other organisations or the private sector. It is important to note that this ECCD Policy provides a framework for these DSW services and for all other ECCD services for children from preconception to age 8 of other ministries, such as the Ministry of Border Affairs (MoBA), Ministry of Education (MoE), Ministry of Health (MoH), Ministry of Home Affairs (MoHA), Ministry of Labour, Employment and Social Security (MoL), and Ministry of Religious Affairs (MoRA).

26. In general, the Government is committed to strengthening social protection, including early childhood care and development, health, education and social welfare, as an integral part of expanded national economic development.

CHAPTER (2)

ECCD SITUATION ANALYSIS



Chapter (2)

ECCD Situation Analysis

27. Myanmar is rich in natural resources and has well-educated and industrious citizens. It has great promise but in recent years has experienced a major downturn in social and economic development. Within the framework of ASEAN regional planning, Myanmar is beginning a series of important initiatives for improved governance and socio-economic development. In order to move ahead rapidly in a sustainable manner, priority is being placed upon the foundational years of early childhood and the expansion and improvement of services for children and families.

28. To plan effectively, it is essential to review the current status and needs of children and parents in Myanmar. However, it is challenging to assess child and parental status related to ECCD at this time. Existing national statistics are based on persons who actually access services. Therefore, those who are unable to access services remain uncoun- ted. The Government is working hard to develop a new and effective national statistical system and a national census will be conducted in 2014-2015. In the meantime, it is necessary to refer to various studies, official speeches and surveys, such as the Myanmar MICS of 2003 and 2009-2010. In spite of its shortcomings with respect to sampling, the MICS provides useful data on many key issues regarding children and parents. However, the MICS excluded some key indicators on child protection thereby limiting the scope and depth of child protection data in Myanmar. In particular, indicators related to child labour, domestic violence, child sexual abuse cases and street children were not included in the MICS. In addition to the MICS, the databases of other international organisations were used, such as the World Health Organisation (WHO) and UNESCO Institute of Statistics (UIS).

29. In addition to problems and needs, it is equally important to identify existing national strengths, including effective community self-help and governance traditions, ECCD services of good quality, and some outstanding trained human resources. Myanmar has a rich variety of institutions working in ECCD, including national non-governmental, faith-based, community-based and private organisations, foundations, professional associations and higher education institutions as well as international development partners.

30. However, as will be noted, many gaps in ECCD services need to be filled, and considerable work is required to expand human resources through pre- and in-service

training. To make such changes, greatly increased financial investments will be essential to ensure that high-quality, comprehensive, continuous and culturally and linguistically appropriate ECCD services are provided in rural as well as urban areas.

31. Finally, this brief review will present a policy analysis of current international and national policies, plans and legislation related to ECCD. A more detailed ECCD Situation Analysis has been prepared (UNICEF, 2012b).

2.1 Status and needs of children and parents in Myanmar

2.1.1 Education

32. No measures of child development currently exist in Myanmar. National measures are needed at various age bands, such as 9 to 12 months, 24 to 30 months, 36 to 42 months, and upon entry to kindergarten at 60 months of age. This study would identify the most important periods for improving child development and preventing developmental delays.

33. Few children from birth to 36 months currently are able to access to ECCD services. Yet, this is the most important period of child development; it is the foundation of all future learning. Few data are available on existing services for infants and toddlers. Most of these services are Mother Circles, private child care centres in urban settings or small programmes for parent education. The absence of data on this period should not lead to de-emphasising the provision of ECCD services for this critically important age-level. Far greater priority should be placed on this period.



Photo by Myo Thame

Children living in unsafe places need preschool

34. For children from 3 to 4 years of age, currently only 22.9 per cent are reported to be accessing preschool services (MICS, 2011b). The *Situation Analysis for ECCD in Myanmar* states that 258,235 children were enrolled in ECCD/preschool services in 2011 (UNICEF, 2012b). Gender parity was not achieved with the enrolment of 109,743 males and 95,006 females (Ibid.). However, it has been reported that in 2010, gender parity (1.00) has been achieved at the primary school level (United Nations MDG Report, 2012). In addition, major differences are found between preschool attendance in urban areas and rural, border and remote areas. In contrast to the low rates of preschool enrolment in Myanmar, the average preschool attendance in the ASEAN region was 57 per cent in 2010 (UNESCO Institute of Statistics, 2012).

35. The Government has the goal of expanding the number of children who have one year, or better yet, two years of preschool education before entering kindergartens at 60 months of age. It is reported that in 25 impoverished townships, approximately 18 per cent of primary school entrants had some ECCD experience (MDEF 2007-2011). These low percentages reinforce the need to expand preschool education and to build a comprehensive ECCD database (an ECCD management information system). By any measure, preschool education needs to be greatly and rapidly expanded during the coming years in order to meet parents' demand for preschool services and the Government's goal of achieving universal preschool provision.

36. Gross primary school enrolment stood at 126 per cent in 2010 (World Bank database, 2012), which reveals the presence of a substantial number of over- and under-age children.³ Primary education is very inefficient. For the average child to complete primary school, 9.4 years were required in 2007 rather than the expected 5 years (UIS website, 2012), the grade repetition rate stands at 1 per cent (Ibid.) although it is believed to be much higher, and In 2008, the percent of pupils starting Grade 1 who reached the last grade of primary school for both sexes was 74.8 per cent, up from 55.2 per cent in 2000 (United Nations MDG Report, 2008). In 2009, more girls (77.5 per cent) than boys (72.2 per cent) reached the fifth grade (United Nations MDG Report, 2012). The primary to secondary rate is 77 per cent (UIS website, 2012). Considerable work is needed to give children the good foundation they require to achieve well in school and improve these rates, including rapidly expanding national investment in ECCD services from birth to 60 months of age.

³ No data are currently available for net primary school enrolment.

37. Transition services from home or preschool to kindergarten and primary school are also essential. Research in many countries has found that child performance during these initial primary years is highly predictive of later achievement, and for this reason more attention will be given to the new kindergarten year and early grades and to ensuring teachers and principals are fully prepared to receive and teach children effectively using active learning techniques. Research has shown that parents who are fully supportive of their children and the primary schools will help their children to have a good beginning and achieve well in school.

38. An evaluation study was conducted on a promising transition programme in Myanmar (Thein Lwin, 2011). It prepares children to enter primary school, helps schools receive and support children, and prepares communities to support children's educational experiences. Its overall purpose is to demonstrate the efficacy of community empowerment, especially the roles of children, parents and community-based organisations in achieving a smooth transition for children and addressing problems in the school regarding non-participatory teaching practices, behavioural and classroom management, and poor learning environments. The study found that passing rates from grade to grade during the project were higher than those before the project; the average rate of children attaining the highest grade in primary level (Grade 5) was increased from 80.5 per cent to 88.1 per cent in all selected areas; and the project was found to be a comparatively cost-effective method for creating child friendly learning environments in primary schools for children who lack ECCD services before entering



Photo by Myo Thame

All children need to develop holistically

primary school (Ibid.). This transition curriculum is reported to be currently in use in 1,991 schools from 25 townships and 20 Colleges of Education around the country (Ibid.).



Photo by Myo Thame

Getting ready for primary school

39. The high rates of internal inefficiency of the formal school system are caused in part by the lack of sufficient provision of high-quality ECCD services, including nursery schools and preschool education. The high rate of moderate and severe stunting at 35.1 per cent (WHO, 2009-2010) also causes internal inefficiency. Research has shown that virtually all children with moderate to severe malnutrition have one or more developmental delays (Walker et al, 2007). If such children do not receive the early developmental intervention (stimulation), nutritional rehabilitation and the nurturing parenting that they require, they are highly likely to have life-long delays that lead to poor learning achievement and early school drop out or leaving, and ultimately high costs to society. In addition, many research studies have shown that children with at least 2 years of high-quality preschool education usually outperform other schoolchildren lacking such learning opportunities (Burger, 2010).

2.1.2 Health

40. It is important to note that the MoH is seeking to achieve Universal Health Coverage (UHC) and is currently considering various policy options to attain this goal (MoH, 2012b). In spite of previously low budgets and international assistance, considerable progress has been achieved. For example, average life expectancy has been steadily rising in Myanmar but at 65.5 years in 2009, it is still far below the Southeast regional average of 72 years (MoH, 2012a).

41. According to data from the Central Statistical Organisation that were reported in *Health in Myanmar, 2012*, infant mortality rates (birth to 1 year of age) have been reduced from 55.1 in 1999 to 25.7 of 1,000 live urban births, and from 62.5 to 27.8 of live rural births in 2009 (MoH, 2012a). According to the MICS, infant mortality was 37.5 infants per 1,000 live births (MICS, 2011b). However, the rate in rural areas was 46.1 per 1,000 live births (Ibid.). Although the trend of reduced infant mortality is positive, there is still a high level of infant mortality. This is due to many causes, including diarrhoea and other illnesses and a lack of adequate and timely postnatal health care,

especially in rural areas. According to the MICS, the rate of diarrhoea two weeks before mother interviews was 6.7 per cent of children under 5 years of age (Ibid.), and this rate has been rising in recent years (Ibid.).

42. Considerable progress has also been made with respect to the under-5 mortality rate, which has been reduced from 77.77 per 1,000 live births in 1999 to 36.53 in 2009 (MoH, 2012a). The MICS found an under-5 mortality rate of 46.1 per 1,000 live births; however, 62.4 deaths per 1,000 live births for was found for children under-five living in the poorest households (MICS, 2011b). Clearly most of the deaths occur during the first year of life. Until postnatal mortality is considerably reduced, especially in poor households and in rural areas, child mortality rates will remain unacceptably high.

43. The adolescent birth rate per 1,000 women has been reduced from 17.4 per cent in 2001 to 16.9 per cent in 2007 (Fertility and Reproductive Health Survey, 2009). This should help to lower infant and child mortality rates.

44. Antenatal care coverage of at least one health care visit was increased from 63.1 per cent in 2005 to 74.3 per cent of pregnant women in 2011 (MoH HMIS, 2011).



Photo by Myo Thame

Antenatal education and health care visits are very important for having a healthy baby

The rate of completion of at least 4 visits was similar at 73.4 per cent (Ministry of Immigration & Population, 2009). Antenatal care services should be greatly expanded to ensure that all pregnant women receive at least 4 antenatal care visits.

45. The Health Management Information System (HMIS), 2011, reports that skilled birth attendants attended 57.9 per cent of births in 2005 and this rate was increased to 67.1 per cent in 2011. This demonstrates the urgent need for expanding the number of trained and skilled birth attendants in Health Centres throughout Myanmar.



Photo by Myo Thame

AN Health Care visits are for ALL pregnant women

46. The maternal mortality ratio was 200 per 100,000 live births (UN estimate, 2010). Considerable efforts had already been made because it was reported to be 520 per 100,000 live births in 1990 (UN estimate, 2008). By means of expanding and improving the health care system and ensuring universal antenatal care including education, preparation for delivery, and parent education services for child care and development, the high rates of maternal as well as infant mortality should be lowered rapidly.

47. With respect to immunisations, the coverage was improved to 88 per cent in 2010 and 2011, and to 84 per cent in 2012. A campaign for mass measles immunisation was conducted in 2012, and as a result, 97.5 per cent of children from 9 months to 5 years were immunised (Ibid. and MoH, 2012a). The Expanded Programme on Immunisation (EPI) Program is preparing to maintain this level of immunisation coverage for mothers and children. In order to achieve the level of immunisation coverage of developed countries and to protect all children from preventable communicable diseases, the MoH is rapidly introducing new immunisations and implementing new systems (MoH, 2012a; MoH, 2012c).

48. Malaria is still a major threat to children's health in Myanmar. For all ages in 2010, the overall morbidity rate was 11.7 persons per 1,000 population, including 11

per cent of children under 5 years of age. (MoH, 2011c). In 2011, the overall mortality rate was 1.2 persons per 100,000 population. These high rates of morbidity and mortality are especially of concern because infants and children can develop life-long health issues as a result of contracting malaria, and drug-resistant forms of malaria are now more prevalent in Myanmar (MoH, 2012a).



Photo by Myo Thame

Protect mother and children against malaria by using impregnated and treated bednets

49. Tuberculosis remains a major threat with a notification rate of 279 patients per 100,000 population in 2010 (MoH, 2012a). The MoH is seeking to cut tuberculosis mortality and morbidity prevalence by half in 2015 from 1990 levels. No data were available regarding the prevalence of tuberculosis in young children.

50. The percentage of people living with Human Immuno-Deficiency Virus and Acquired Immuno-Deficiency Syndrome (HIV and AIDS) from 15 to 49 years in 2009 was only 0.60 per cent, up from 0.20 per cent in 1990 but down from 0.80 per cent in 2000 (United Nations MDG Report, 2012). The number of AIDS deaths was reported to be 19,000 in 2008 and 18,000 in 2009 (United Nations MDG Report, 2012). As a cause of mortality, *Health in Myanmar, 2012* reported that 7.0 per cent of deaths were caused by HIV disease (MoH, 2012a). However, less than 1 per cent of pregnant women are infected with HIV (MoH, 2012a). Though the incidence of this disease is decidedly lower in Myanmar than in many other countries, nonetheless, prevention and treatment programmes will be very important during the coming years for men and women of childbearing age and for children affected or infected by HIV. This is especially important because contraceptive use (any method) was very low in 2007 at 41 per cent

for married women from 15 to 49 years of age. This rate, however, represents an increase over the 1991 rate of 16.8 per cent (United Nations MDG Report, 2012).

51. Of concern is the finding that in 2010 among women 15 to 24 years of age, only 31.8 per cent had comprehensive and correct knowledge of HIV/AIDS (United Nations MDG Report, 2012). For persons with advanced HIV infection, it is estimated that only 24 per cent were receiving antiretroviral therapy in 2010 (United Nations MDG Report, 2012). However, it is reported that 95 per cent of HIV-infected pregnant women received antiretroviral drugs to reduce the risk of mother-to-child transmission in 2009 (United Nations MDG Report, 2012). Their newborns will need careful follow-up, anti-retroviral (ARV) treatment, breastfeeding and early childhood intervention services to ensure they are adequately stimulated in order to develop well.

52. Most importantly, special attention needs to be given to expanding and improving the health care system in Myanmar, emphasising the township and community levels. For this, a greater proportion of the national budget should be devoted to the provision of comprehensive and continuous health care services rather than single service campaigns for immunisations or micronutrients. In this regard, the *Multi-Year Plan for EPI* should be fully implemented in order to reach all targets from 2012 – 2016 (MoH, 2012c). Improved and decentralised health planning is also needed at township and community levels.

2.1.3 Nutrition

53. According to the MoH, Myanmar had a 7.9 per cent rate of low birth weight infants (<2,500 grams) in 2009 (National Nutrition Centre, 2009). MICS 2010 reports 8.6 per cent of infants were low in birth weight. These statistics do not include the many infants who were born at home. Those infants are the ones most likely to be low in birth weight. All low birth weight and pre-term infants require intensive and individualised early childhood intervention services to attain normal weight and typical developmental levels as quickly as possible.



Photo by Myo Thame

Micronutrient sprinkles for good nutrition

⁴ Except for Southern Shan State, obesity averages 2.6 per cent (Ibid.)

54. Children exhibit high rates of malnutrition in Myanmar. WHO composed the following chart on child malnutrition using survey statistics for 2009 – 2010 for children from 1 to 4 years of age (WHO website, 2012).⁴



Photo by Myo Thame

School breakfast and lunches are essential

Child Malnutrition

Area	Gender	Age	Sample	Weight/age		Height/age		Weight/height	
				-3SD	-2SD	-3SD	-2SD	-3SD	-2SD
National		0-5	15,430	5.6	22.6	12.7	35.1	2.1	7.9
Urban		0-5	4,545	3.7	18.7	8.1	27.2	1.8	7.6
Rural		0-5	10,885	6.4	24.2	14.6	38.4	2.3	8.1
	Male	0-5	7,923	5.6	23.0	13.2	36.7	2.4	8.7
	Female	0-5	7,507	5.6	22.1	12.1	33.4	1.9	7.1

55. The rate of stunting (height by age), especially for boy children and in rural areas, is alarmingly high. Stunting has long-term consequences for human productivity. Stunting can be reversed effectively if nutritional rehabilitation services and individualised and intensive early childhood intervention services are provided to both parents and children during their first months and years of life.

56. According to MICS 2009-2010, 75.8 per cent of women breastfed within 1 hour of birth but only 23.6 per cent exclusively breastfed for the first 6 months (WHO, 2012) although most continued to engage in some level of breastfeeding up to 12 to 15



months (91 per cent) and 20 to 23 months (65.4 per cent). Some 65 per cent of children with diarrhoea continued to be breastfed in 2003 and receive oral rehydration therapy. To save lives, this rate needs to be increased rapidly. Greater attention should be given to breastfeeding within 1 hour of birth and exclusive breastfeeding to 6 months of age, especially for mothers who live in rural areas lacking improved water sources.

57. According to a national survey on micronutrients in 2004 – 2005, the percent of Vitamin A deficiency in women, with a deficiency of night blindness during pregnancy, was only 1.1 per cent in 2005 (Zin, 2005). Furthermore, median iodine status was adequate in children from 6 to 11 years of age in 2006 (Naing, 2006), and iodised salt consumption was found to be adequate in 93 per cent of the nation's households in 2007 – 2008 (UNICEF ChildInfo, 2010). In 2007 it was reported that 94 per cent of children from 6 to 59 months of age received dose 1 of Vitamin A supplements, and 93 per cent received dose 2 (UNICEF ChildInfo, 2007). With regard to anaemia, 71 per cent of pregnant women were found to be anaemic in 2003 and 75 per cent of under five children were anaemic in 2005 (MoH, 2012a). Anaemia is highly related to poor birth outcomes and developmental delays and disabilities in children. The MoH reports that regular iron folate supplements for anaemia are being given to pregnant women and adolescent girls although as yet no coverage data are available regarding young children. Micronutrient sprinkles and deworming services are also increasingly being provided (Ibid). Vitamin B₁ deficiency (causing infantile beriberi) has also been noted, and the MoH reports that Vitamin B₁ supplementation is being provided to all pregnant women from the last month of pregnancy to 3 months after delivery and injections of B₁ are being given to children with beriberi especially because it is the fifth leading cause of death among children from birth to 12 months (7.1 per cent) (Ibid.).

2.1.4 Environmental Sanitation⁵

58. Myanmar has made significant progress in improving environmental sanitation, water quality and hygiene. In 1990, only 32 per cent of the population used improved drinking water sources, and in 1991, 39 per cent used improved sanitation facilities (JMP Report, 1991). In 2009, 22.4 per cent of the rural population still lacked access to an improved water source (MICS, 2009). 84.6 per cent of the total population used improved sanitation facilities, and 82.3 per cent used improved drinking water services. In 2009, 77.6 per cent of the rural population and 93.2 per cent of the urban population used improved drinking water sources. In rural areas, 80.4 per cent had improved sanitation, and in urban areas, 94.4 per cent had been covered (MICS, 2009).

⁵ Throughout this policy, sanitation is used to refer to water, sanitation and hygiene (WASH).



59. However, these figures mask many unhygienic water sources and water utilisation, poorly constructed and maintained latrines, and other waste issues, especially in rural areas near lakes and rivers. These deficiencies in environmental sanitation are directly related to many childhood illnesses, including diarrhoea, parasites and worms. A comparison of MICS findings between 2003 and 2010 shows that the incidence of diarrhoea among under 5 children increased by more than 60 per cent in just 7 years. Considerably more community-based environmental sanitation projects and parent education activities are needed to improve the quality and safety of water and ensure good waste management and hygienic practices are adopted. Hygiene promotion in kindergarten and primary education curricula and child friendly water, environmental sanitation and hygienic facilities (WASH) are required (UNICEF, 2011c and 2011e).

2.1.5 Disability and developmental delays

60. A recent study revealed that 68,522 children under 5 have been identified to have disabilities (MoSWRR, 2010b). This is undoubtedly a vast undercount especially because it is very difficult to identify all of the children with disabilities in any country. Given the high levels of child malnutrition and morbidity and inadequate antenatal care and delivery services in Myanmar, it is highly likely that more than the global average of 5 per cent of all infants and young children (0 to 14 years) have disabilities (WHO, 2008b). If 5 per cent of Myanmar's children were to have disabilities, then approximately 400,000 potentially would be found.

61. As yet, a nationwide survey has not been conducted on the incidence of developmental delays in infants and young children, and one is needed. In the absence of such a survey, statistics on moderate to severe stunting at 35.1 per cent (WHO, 2009-2010) can be used as a "stand-in" (proxy) for developmental delays (Grantham McGregor et al, 2007). Children who are stunted usually have one or more developmental delays. This might raise the overall rate of disabilities and developmental delays to about 40 per cent of all young children in Myanmar, if not more. These children require early identification and individualised early childhood intervention services to reach expectations for good child development.

62. At present only a very few of the children identified to have disabilities are receiving ECCD services, and none are receiving early childhood intervention services that could greatly improve their development during the critical early years of birth to 36 months. The Leprosy Mission International (Myanmar), which provides services for children with disabilities, reports that in 2010-2011 among children from 1 to 18 years

only 1,978 children with disabilities had been identified by their organisation, and of them, only 977 received any type of service, and a mere 15 per cent had been able access formal education (2011). Clearly, overcoming developmental delays and improving childhood disability are high priority areas for improving the development of well over one-third of the young children in Myanmar.

2.1.6 Birth registration

63. Birth registration is notably low at only 72.4 per cent, with higher rates achieved in urban areas (93.5 per cent) and far lower rates in rural areas (63.5 per cent), especially in remote and ethnic minority areas (MICS, 2011b). Considerable efforts have been made to increase the rate of birth registration but more are needed. Parent education, new regulations and improved access to registration, including the prohibition of fees, are needed to ensure universal birth registration is achieved.

2.1.7 Child protection

64. Child protection has been the object of considerable work yet many children lack adequate protective services. Data are scant regarding the prevalence of child abuse, neglect and exploitation, children of parents in correctional facilities, children affected by violence, and young children forced to engage in abusive child labour. Many of these children go unidentified and receive little counselling or support. Major efforts



Photo by Myo Thame

Poor families need support to send their children to school



Photo by Myo Thame

Children should receive essential protection services

are underway to develop child protection services in Myanmar, including the establishment of a Country-wide Child Protection Initiative (UNICEF, 2011a).

65. Since 2008-2009, DSW has strengthened Township Committees on the Rights of the Child and established child protection service delivery and referral mechanisms and systems. Over 300 Community Support Groups have been created to conduct awareness-raising activities on child rights and protection, child abuse prevention and provide referrals to township services. In addition, a strategy for child protection has been included in the *National HIV-AIDS Strategic Plan, 2011-2015* (MoH, 2010a)

66. Among the most needy children are those who have been placed in residential institutions. In 2013, 18,113 children had been placed in 10 registered training institutions and 217 registered institutions (MoSWRR report, 2013), and many more children have been placed in unregistered institutions. Some 603 of the children in registered facilities were from 0 to 5 years of age, which appears to be a relatively low rate. Research has shown that all children from 0 to 36 months placed in institutions become developmentally delayed, and the world community now increasingly prohibits residential placement in favour of family placement.

67. Most (72.7 per cent) of these children are “social orphans” because one or both of their parents are still alive (Ibid.). The rate of institutionalisation appears to be increasing. It is reported that children are taken to institutions by their parents because of poverty and the parents’ desire to give the children more food as well as education services. The provision of modest conditional cash transfers could assist these parents

to keep their children at home. This would lower overall costs to the Government because residential care is far more costly than family preservation and support services.

2.2 ECCD Resources

2.2.1 ECCD services and institutions

68. In virtually all sectors, large differences are found between urban and rural populations, among regions/states, among ethnic groups and according to gender. Border areas with ethnic minorities, endemic poverty and instability tend to have the lowest levels of ECCD services. These differences are masked by averages presented for the general population.

69. Both the Department of Social Welfare (DSW) of the MoSWRR and the Department of Education Planning and Training (DEPT) of the MoE provide early education and preschool services. Currently, these services are complementary and non-duplicative, although without careful planning and coordination, unnecessary duplication could occur in the future. Both types of services need to be greatly expanded, building upon the strengths of the programmes in each sector.



Photo by Myo Thame

Learning my numbers

70. Detailed information on the provision of services under the auspices of many non-governmental organisations (NGO), faith-based organisations (FBO), community-based organisations (CBO) professional associations and foundations is presented in the *Situation Analysis on ECCD in Myanmar* (UNICEF, 2012b). The contributions of these organisations is of fundamental importance to child development in Myanmar, and their roles in ECCD service provision should be continued and enhanced over time.

Preschool education and day care centres for children from 3 to 4/5

71. At the present time, DSW provides a limited number of ECCD activities, nutritional care and preschool education services in specific regions/states. The DSW works with communities and with several national and international NGOs. At present they have the following coverage:

DSW directly provides:

- Preschools with capacity for 350 children: 20
- Preschools with capacity for 100 children: 46

Communities, NGOs and FBOs provide:

- Voluntary preschools: 6477
- Voluntary preschools receiving government grants⁶: 850 (MoSWRR report 2013)

Education sector services

72. The MoE has established newer preschool classes attached to some primary schools. As stated in the *Situation Analysis on ECCD*, "A 2012 baseline study on the proportion of 181 school-based ECCD facilities that actually meet minimum quality standards in 15 townships offers an indication of the scale of the quality challenges still to be faced" (UNICEF, 2012b). Results included:

- Only 2 per cent of facilities met all 15 core quality indicators
- 54 per cent required urgent attention
- 75 out of 310 ECCD teachers in the facilities (24 per cent) were not trained
- Fewer than one-third of ECCD centres (31 per cent) had sufficient play materials
- Only 1 in 5 teachers recorded children's developmental progress
- Barely half of communities (51 per cent) recorded parents' participation

⁶ Salaries for principals and ECCD teachers

- Fewer than 3 in 5 Mother Circles (56 per cent) were active.”

This study revealed that these school-based preschool classes need considerable improvement.

73. In addition, some Buddhist monastic education includes services for preschool-aged children. Because little is known about the contents, methods and results of monastic education for young children, a study is needed. Attention will also be given to the health, nutrition, hygiene and psychosocial development of the children placed in monastic education services.

74. As noted in the preceding section on education, primary school education suffers from low rates of internal efficiency due in large part to the lack of enough quality ECCD and preschool education services. The *Concluding Observations on Myanmar's Report on the Rights of the Child* expressed concern about, “The low primary school enrolment, the high repetition and dropout rates in the educational system at a very early stage and the disparity in access to education among different states and divisions” as well as “the payment by the families of indirect costs despite the provision for a “fee-free” entitlement and the low salary of teachers; the shortage of teachers and schools, especially in rural areas and regions affected by armed conflict; and the absence of teaching in other languages than Myanmar” (United Nations, 3 February 2012).

Health services

75. Although health services are expanding rapidly, some pregnant women and young children require more health services, especially in rural and remote areas. Ethnic and linguistic minorities are especially underserved. It will be essential to expand the basic structure of national public health services. In this regard, the *Concluding Observations on Myanmar's Report on the Rights of the Child* recommended that Myanmar “allocate adequate resources to fully implement the *Child Health Strategic Plan (2010-2014)* in particular with regard to maternal and newborn care and treatment of common illnesses such as acute respiratory infections, pneumonia, diarrhea and malaria to further reduce infant and child mortality, and increase resources for reproductive health, including access to emergency obstetric care; and take appropriate steps to ensure free and equal access to primary health care in all areas of its territory, including in remote areas” (United Nations, 3 February 2012).

Nutrition services

76. The high levels of stunting and other forms of malnutrition, the existence of only a few nutritional rehabilitation services, and the inadequate feeding services for ECCD centres and preschools, underline the importance of greatly expanding nutrition services in Myanmar. A special focus is needed on nutrition education, breastfeeding and complementary feeding as well as on the provision of feeding services.

77. The *Concluding Observations on Myanmar's Report on the Rights of the Child* recommended Myanmar, "Strengthen its programmes to reduce

and eventually eliminate child malnutrition and strengthen its efforts to promote exclusive breastfeeding until six months of age by raising awareness of health personnel and the public on the importance of exclusive breastfeeding." (United Nations, 3 February 2012).



Regular growth monitoring for early intervention

Environmental sanitation services

78. As noted above, poor hygiene, unimproved water sources and inadequate waste management are causing high levels of child diarrhoea and child mortality. A major effort is needed to ensure homes and ECCD services can access good environmental sanitation services. The *Concluding Observations on Myanmar's Report on the Rights of the Child* recommended Myanmar "Improve access to safe drinking water and environmental sanitation. (United Nations, 3 February 2012).

Child welfare services of the Department of Social Welfare, Ministry of Social Welfare, Relief and Resettlement

Residential nurseries for orphans and abandoned children from 0 to 8 years of age

79. DSW provides institutional care, pre-primary education, health and nutrition and other essential services for children, such as adoption under the Registration of



Kittima Adoption Act. They are located in Yangon 1, Mandalay 1, Magway 1, Kyaingtone 1, and Mawlamyaing 1 (Data presented on MoSWRR website, 2012).

80. It is currently estimated that around 18,000 orphans and social orphans are living in institutions⁷, including many children with disabilities from infancy to 18 years.

Services for children with developmental delays and disabilities

81. Very few services and institutions exist for children with developmental delays and disabilities and most of them receive children who are 6 years of age and older. The Leprosy Mission International (Myanmar) and other institutions provide some services for young children with disabilities but they too tend to focus mainly on older children.

82. No early childhood intervention services for screening, assessments, individualised family service plans, home visits, referrals and tracking currently exist for children identified to have development delays or disabilities upon delivery or soon after birth when their development can be greatly improved through providing early intervention activities.

83. The *Concluding Observations on Myanmar's Report on the Rights of the Child* recommended that sufficient resources be provided to ensure inclusive education will become available for children with disabilities (United Nations, 3 February 2012).

Services for child and social protection

84. Child protection services are fractionalised across a series of separate services for children with special needs. The *Concluding Observations on Myanmar's Report on the Rights of the Child* recommended that Myanmar improve birth registration guidelines and processes, provide birth certificates for all children, and ensure the prompt registration of all children. It is critically important that improved birth registration guidelines and processes be developed and implemented throughout Myanmar. The *Concluding Observations* also recommended that Myanmar:

- Prohibit corporal punishment in schools and other institutional settings;
- Develop a strategy for deinstitutionalising children and reuniting them with their own or placement with or adoption by other families;
- Improving the quality of residential institutions;
- Develop a national strategy for the prevention of violence against children;

⁷ Institutions for disabled children and institutions for women's development



- Children living in prisons with their mothers are provided adequate food, health, education services and hygienic living conditions
- Provide adequate support for children affected by conflict or internal displacement;
- Eliminate child labour in “unacceptable conditions”;
- Prevent and assist children “in street situations with necessary protection, adequate health-care services, education and other social services”; and
- “Support family reunification programmes, when it is in the best interests of the child;
- Amend the Child Law to protect children from commercial and sexual exploitation;
- Strengthen law enforcement and enhance legal aid for abused and exploited children;”
- Combat international and internal child trafficking; and
- Many other points regarding child protection”(United Nations, 3 February 2012).

2.2.2 Human resources

Education

85. Some 17,259 preschool teachers (40 male, 17,219 female) have been trained to work in MoE, DSW, NGO, FBO and CBO services. Most of this training has lasted from 1 to 3 months with some follow up in-service training (MDEF 2007–2011). It is reported that 32,182 people participate in Preschool Management Committees (6,615 male, 25,567 female), and they are reported to guide and oversee community-based preschools. In addition, parent educators total 6,982 persons (683 male and 6,299 female) (Ibid.). They serve some 129,255 parents (24,752 male and 104,503 female) (Ibid.). Although this is a notable achievement, many thousands more preschool teachers and parent educators must be trained in order to help the MoE and DSW provide universal preschool services.

86. Government and community-appointed preschool teachers in MoE preschool classes located in primary schools have received pre-service training only in primary school education. Some of them have received brief training workshops on preschool education. As yet, they have been offered little in-service training. Because of this situation, thousands of teachers providing preschool education services will need to be trained in order to expand preschool education services rapidly and well. In addition, a

new kindergarten curriculum with appropriate educational materials, methods and kindergarten standards, will need to be developed as well as quality pre- and in-service training for kindergarten teachers. In addition, a new kindergarten curriculum with appropriate educational materials, methods and kindergarten standards, will need to be developed as well as quality pre- and in-service training for kindergarten teachers.

Health

87. According to the Health in Myanmar, 2012, in 2011-2012 the total number of doctors was 28,077 (11,460 in government-sponsored facilities and 16,617 in cooperatives or private facilities) (MoH, 2012a). The total number of nurses was 26,928 and midwives numbered 20,044. Many more medical personnel are needed at the community level, including midwives and basic health staff. More medical officers and health supervisors are also greatly needed.

88. The main providers of maternal, newborn and child health services are midwives or auxiliary midwives. Midwifery Training Schools provide 24 months of pre-service training and a certificate. Auxiliary midwives only receive 6 months of training, and they are not considered to be highly skilled. More midwives are needed.



Photo by Myo Thame

Immunisations protect me from illnesses

89. Per each 10,000 population, only 8 trained nursing and midwifery personnel are available to address health care needs (WHO, 2008). Although Myanmar has been quite successful in conducting immunisation and micronutrient promotion programmes, the health care system requires a major expansion and improvement in order to meet nationwide maternal, newborn and child health care needs (MoH, 2012a; MoH, 2012c). Rural areas require special attention in this regard. No international standard has been set; however, WHO estimates that “countries with fewer than 25 health-care professionals (counting only physicians, nurses and midwives) per 10,000 population fail to achieve adequate coverage rates for selected primary health care interventions that are priorities in the Millennium Development Goals” (WHO Global Health Observatory, 2012). The health care system should be greatly expanded and improved to meet international standards.

Nutrition

90. On the job trained medical officers and nutrition staff members are working in Nutrition Teams in 15 Regions and States under the Department of Health (MoH, 2012). Given the levels of malnutrition, many more trained nutritionists and nutrition personnel are needed at regional/state, district and township levels.

Environmental Sanitation

91. Some well-trained environmental sanitation engineers are found in Myanmar but there is a need to increase the numbers of sanitation personnel, especially at regional/state and township levels.

Child Protection

92. Some skilled social workers and psychologists are available in Myanmar but estimates regarding requirements for these and other specialists are unavailable. A Social Work Diploma has been established, and a post-graduate curriculum has been developed in Yangon University’s Department of Psychology. To date, 518 social work students have graduated and 180 are currently enrolled in Social Work Diploma courses. In addition, considerable work has been conducted to train juvenile justice officers, police officers and others dealing with child protection.

93. From the foregoing statements on ECCD human resources, it is clear that a workforce development study is urgently needed to assess the current and future requirements for trained professionals, paraprofessionals and volunteers in all ECCD areas. Only then will it be possible to prepare reliable projections regarding ECCD human



resources and training needs in Myanmar.

2.2.3 Pre- and In-service ECCD training resources

Education

94. Currently, no professional formal pre-service ECCD training exists and early childhood education (ECE) at the secondary or university levels. Therefore, a new system of pre-service ECCD and ECE training needs to be designed and developed. This system should use ECCD Policy guidance and ECCD/ECE curricula, training manuals, educational materials, methods, media, standards and regulations that are yet to be developed.

95. Some short-term pre- and in-service training exists. It is mainly provided by the following governmental and non-governmental organisations, several of which have received considerable support from UNICEF, UNESCO, WHO, UNDP and other international organisations:

Ministries

- Ministry of Education (MoE)
- Ministry of Health (MoE)
- Ministry of Social Welfare, Relief and Resettlement (MoSWRR), Department of Social Welfare (DSW)
- Ministry of Border Affairs (MoBA)

Non-governmental, faith-based and community-based organisations, intellectual associations, foundations

- Pyinnya Tazaung Association
- Myanmar Maternal and Child Welfare Association (MMCWA)
- Myanmar Red Cross Society (MRCS)
- Metta Development Foundation (MDF)
- Yinthway Foundation
- CARITAS
- Catholic Relief Services (CRS)
- Kachin Baptist Convention
- Karen Baptist Convention
- Karuna Myanmar Social Services





Photo by Myo Thame

Regular health care check-ups are essential

- Myanmar Baptist Convention
- Save the Children
- World Vision

96. In-service training sometimes takes the form of informal pre-service training for some ECCD personnel. In service training for many ECCD services tends to be sporadic, occurring when training funds are available. DSW has worked hard to develop an in-service training system for its ECCD services. However no systematic, regular and continuous national and regional/state in-service training system for all types of ECCD services currently exists and one is greatly needed.

Health

97. Many medical and health professionals currently are being trained at 14 medical and allied universities and 46 nursing and midwifery training schools under the Department of Medical Science (MoH, 2012a). In addition, postgraduate training include 36 doctorate course, 8 Ph.D. courses, 29 Master courses and 6 diploma courses in universities under the Department of Medical Science (Ibid.). Although a rather large cadre of doctors exists, more are needed for service, especially in rural areas. Greatly expanded training is required at the university level for specialised nurses, therapists, medical officers and supervisors, complemented by secondary school-level training for midwives, auxiliary midwives and nurses. In-service training for health professionals is



already quite extensive but should be expanded, with a strong focus on nurses, midwives, other basic health staff, and community health care providers.

Nutrition

98. The University of Public Health and various universities and training schools for several categories of BHS provide courses on nutrition as one subject. Only a few public health nutritionists who have international degrees currently work in Myanmar. Given the high level of malnutrition, it is crucial to increase on-the-job training for nutrition staff. It is also important to recruit nutritionists through conducting nutrition certificate courses, and undergraduate and post-graduate training,.

Environmental Sanitation

99. Environmental sanitation engineers are trained at the university level in Myanmar but considerably more pre- and in-service training is needed to prepare an adequate supply of community environmental sanitation workers.

Protection

100. Expanded training for social workers and psychologists at the university level is urgently needed in order to meet service requirements for child protection and related ECCD and ECI services. More specialised jurists, police workers and court personnel focused on child and parental rights are also required.

General observations on training

101. From the findings above, it is clear that in addition to a study on workforce development, an assessment of training capacity in all ECCD fields is also urgently required in order to project accurately the needs for expanding and improving training capacity in Myanmar. During the next 15 to 20 years, periodic workforce and training studies will be required to meet evolving needs for skilled professionals in all major ECCD fields.

2.2.4 Financial resources

102. In all countries, it is challenging to ascertain the amount of national financial resources devoted to ECCD because often investments in ECCD are not identified separately or they are spread across one or more ministries. This is the case in Myanmar. Therefore, it will be important to identify all major investments in ECCD in ministries and organisations of the social sector.

2



103. In addition, it will be essential to conduct costing studies on all major ECCD programmes in terms of cost per child and family served, cost per type of service, cost per site, etc. Realistic amounts should be included for the salaries of full-time, trained ECCD personnel in communities and organisations. This information will be needed to prepare projections and simulations for planning and for ensuring the full accountability of programme services for children and families.

104. For 2009-2010, the Planning Department reported that within the social sector, the MoE received 7.8 per cent, health received only 2.0 per cent and DSW received a scant 0.2 per cent of the national budget (Nishino, 2012). It will be essential to expand investments in all ministries of the social sector in order to attain an acceptable level of human development and economic productivity.

105. Government leaders have stated their intention to greatly expand investment in the social sector, and this process has already begun with the budgets for 2011-2012 and 2012-2013. It will be very important to ensure these expanded budgets are well implemented. The absorptive capacity of social ministries will need to be improved with respect to planning processes, financial management and service implementation as well as to monitor and evaluate for purposes of accountability and future planning.



Photo by Myo Thame

Learning in small groups in primary school

Education sector

106. Education receives the largest budget of the social sector. Nonetheless, education is greatly under funded in light of compelling national education needs.

107. In Myanmar, education received only 0.7 per cent of GDP in 2007 and currently only receives 1.5 per cent of GDP in 2012-2013 (Nishino, 2012, using MoF data). This increase clearly reflects the Government's intention to expand its investment in education, but it is still far from attaining the investment levels of Thailand, Viet Nam, Malaysia, Indonesia, Philippines or even Lao PDR (Ibid.).

108. UNICEF reports in its website that only 13 per cent of Myanmar's central government expenditure has been devoted to the education sector from 2000-2009 (UNICEF, 2012a). A total of close to 450,000 million kyats have been budgeted for education in 2012/2013, which represents a significant growth over the sum of 230,000 million that were budgeted for 2011/2012 (Swe & Thein, 2012)). Some 90 per cent of the education budget is devoted to teacher's salaries, leaving little funding for innovation, training, textbooks and other educational materials, supplies, maintenance and construction (Ibid.).

109. Currently, no separate budget exists for early childhood services in the MoE but it is known that the funds devoted to ECCD are very low. A separate budget needs to be established for the MoE and all ECCD regulatory activities and services provided for children from birth to transition to kindergarten and primary school.

110. In this regard, the *Concluding Observations on Myanmar's Report on the Rights of the Child* recommended that Myanmar:

- "Increase the budget allocated to education to reflect regional and international standards;
- Ensure leadership in the governance of the education sector, notably by establishing a Ministry of Education that is well-funded, decentralised and not bureaucratic;
- Extend compulsory education to 16 years of age and take all the necessary measures to ensure that children enroll in and complete primary and secondary school, including children living in remote and border areas;
- Ensure that primary education is free for all without secondary costs;
- Enable teachers to teach by paying them reasonable salaries, provide good quality teaching and learning materials through a thorough review and reform

of the curricula and pedagogy methods involving professional experts in education;

- Increase the number of schools, particularly in remote areas; and
- Adapt the school curriculum to suit the particular situation of the local communities, make use of local teachers to help children who are experiencing language difficulties and revise the language-instruction policy to reflect international standards regarding cultural rights.” (United Nations, 3 February 2012).

111. From this brief review of available information on the MoE budget, it is clear that the current investment in ECCD from birth to transition to primary school is very low compared to the extensive need for improving child education and development. The amount the MoE dedicates to ECCD must be rapidly increased in order to improve child development and achieve the goals and objectives of this ECCD Policy.

Health sector

112. In contrast to the education sector, only 150,000 million kyats were budgeted for the health sector in 2012/2013, which was an improvement over the 2011-2012 budget of about 55,000 million kyats (Swe & Thein, 2012). With regard to expenditures, “Total government health expenditure increased from kyat 464.1 million in 1988-1989 to kyat 86,547 million in 2010-2011 (MoH, 2012a). Most of the expenditures are devoted to hospitals: 67.9 per cent in 2009-2010 (Ibid.)

113. UNICEF reports on its website that only 3 per cent of central government expenditure was devoted to the health sector from 2000 – 2009 (UNICEF, 2012). As noted above, it is now calculated to be only 2 per cent of the national budget (Nishino, 2012). Because of this situation, families and communities are faced with high levels of payments for fee-based health services (Nishino, 2012). According to the report on a Universal Health Care meeting held in July 2012, “Total health spending in Myanmar is almost entirely relying on household out of pocket payment with high catastrophic potential for the poor. Government investment in health though increasing annually is still not sufficient to keep pace with growing total health expenditure resulting from escalating population health needs. Health expenditures are found to be skewed more towards curative with overly investment in hospital sector.” (MoH, July 2012)

114. The WHO Global Health Observatory reports that for 2010, only 1 per cent of total government expenditure was invested in health services and the total expenditure on health as a percentage of GDP was only 2 per cent (WHO, 2010). The per capita

total expenditure on health was reported to be only \$34 per year (Ibid.) Investments in health services are far too low to meet the urgent needs of mothers, children and others. It is important to note that international donors including UNICEF, WHO and some International NGOs, are supporting health and nutrition initiatives, but the level of support for health has been low in comparison to other countries with similar challenges.

115. With regard to future health funding, the following targets have been "...proposed to monitor and evaluate overall progress in attaining universal coverage in [the] country: out-of-pocket should not exceed 30 per cent - 40 per cent of total health expenditure; total health expenditure should be at least 4 per cent - 5 per cent of the gross domestic product; over 90 per cent of the population is covered by prepayment and risk-pooling schemes, and close to 100 per cent coverage of vulnerable populations with social assistance and safety-net programmes." (MoH, July 2012)

116. In the MoH, a separate budget exists for the Maternal, Newborn and Child Health Section. In 2008-2009, this MNCH received a budget of 3,634 million kyats from the MoH and 2,767 million kyats from non-profit institutions serving households for a total of 6,401 million kyats (MoH, 2009a). This separate budget for Maternal, Newborn and Child Health needs to be greatly expanded to ensure that sufficient funds will be allocated to this essential area of health care services. It must be noted that additional support for mothers and children is found in other parts of the MoH budget, the budgets of several other ministries, NGOs and INGO but these amount have not been tallied separately, making it difficult to assess the total national health investment in young children and mothers.



Deworming pills help prevent malnutrition

Environmental sanitation sector

117. No information on environmental sanitation budgets is currently available. However, as that the Environmental Sanitation Division, Central Health Education Bureau and Occupational Health Division of the MoH, the Department of Rural Development of MoBA, respective municipal councils and the Department of Educational Planning and Training of the MoE collaborate with respective ministries and organisations to provide

WASH related services, it is important to enhance coordination at all levels to conduct WASH activities included in this ECCD Policy. Whatever the budget, given current needs for improved environmental sanitation and hygiene, greatly increased support is needed for WASH activities in homes, ECCD centres, preschools, kindergartens and primary schools.

Social welfare and protection sector

118. In comparison to the education and health sectors, the social welfare sector has received very low annual support of only 3,500 million kyats in 2012-2013 (Swe & Thein, 2012). Given the needs of millions of vulnerable young children and their parents, this budget especially needs to be greatly increased very rapidly.

119. It is clear that the budget currently allocated to DSW is unable to meet the strong demand for expanded high-quality ECCD services. More support is needed for on-going services, such as salaries, training, educational materials and supplies, as well as for establishing new DSW sites for the provision of parent education, Mother Circles and preschool education.

International support

120. UNICEF, WHO, UNESCO and international NGOs have given limited but very important technical and financial support for ECCD services. This support has assisted Myanmar ECCD experts to plan and develop many outstanding ECCD services during recent years. However, these services have tended to be pilot projects or regional/state or local level programmes rather than nationwide programmes of service. An exception is the Three Diseases Fund for combating HIV and AIDS, tuberculosis and malaria throughout the nation. In the future, it will be very important to ensure that large-scale support is carefully invested in establishing the ECCD system as well as in developing educational materials, training and key nationwide services. To be sustainable, the recurrent expenses of all ECCD services must increasingly be funded by national entities. International support should focus on ensuring the ECCD system goes to scale and becomes fully sustainable, and on promoting ECCD innovation, materials development, pre- and in-service training, and monitoring and evaluation.

2.3 ECCD-related policies and other official documents

121. Myanmar has ratified several international conventions and other legal instruments that are closely related to ECCD. A brief review is presented below.

2.3.1 International conventions and other legal instruments

122. On 15 July 1991, Myanmar ratified the *Convention on the Rights of the Child* (CRC, 1989). The CRC's *General Comment 7, Implementing Child Rights in Early Childhood* focuses on national requirements to ensure young children receive their full rights (United Nations, 2006; Bernard van Leer, 2006). These instruments established the right of children to receive comprehensive early childhood care and development services. The ECCD Policy of Myanmar is based on the national commitment to achieve all child rights as enshrined in the CRC and *General Comment 7*.

123. Myanmar has also signed the *Optional Protocol to the Convention of the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography* in 2012; the *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, supplementing the *Convention Against Transnational Organised Crime*; the *Protocol Against the Smuggling of Migrants by Land, Sea and Air*, also supplementing the same Convention.

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

125. The *UN Millennium Development Goals*, adopted in 2000 by 189 nations including Myanmar, provided a set of measurable, time-limited global goals for overcoming poverty, famine, diseases and illiteracy by 2015. The ECCD Policy of Myanmar will contribute to the achievement of ECCD targets under 7 of the 8 Millennium Development Goals. Once again, ECCD is the foundation for reducing and eradicating extreme and severe poverty and for improving human development in Myanmar.

126. In 2000, Myanmar was a signatory to the *Dakar Framework for Action for Attaining Education for All* (EFA). With its strong emphasis on early childhood and parent education, the ECCD Policy will assist Myanmar to achieve EFA Goal 1 that calls for "expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children." The ECCD Policy focuses on improving the quality of early learning services, filling service gaps, and expanding ECCD services as rapidly as possible.

127. The *Salamanca Statement* (UNESCO, 1994) called for formal education institutions to find ways to educate all children from preschool onward, including those with

developmental delays and disabilities. On 7 December 2011, Myanmar ratified the *Convention on the Rights of Persons with Disabilities* but it has not ratified its *Optional Protocol* as yet. Myanmar is dedicated to disability rights, and most especially, to serving children with developmental delays and disabilities and to identifying them as soon as possible from birth onward to ensure they will receive essential services for child development and health care. Myanmar is committed to providing early childhood intervention services as well as inclusive preschool, kindergarten, primary and secondary education for children with special needs.

128. Myanmar ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) on 22 July 1997, with the exception of Article 29 dealing with arbitration. CEDAW contains provisions that refer to protecting pregnant women and mothers and to the importance of developing policies related to the rights of children and their parents. The ECCD Policy firmly promotes the rights of pregnant and lactating women, mothers, and young girl children.

129. In addition, with respect to human rights treaties, Myanmar signed the *Charter of the Association of the Southeast Asian Nations* (ASEAN) in 2008.

130. Myanmar also signed the *Vienna Declaration and Programme of Action*, at the World Conference on Human Rights in 1993; the *Durban Declaration and Programme of Action*, from the World Conference Against Racism in 2001; the *Universal Declaration on the Eradication of Hunger and Malnutrition*, from the World Food Conference 1974; and the *Declaration of the Commitment on HIV/AIDS*, from the United Nations General Assembly Special Session on HIV/AIDS in 2001.

131. Myanmar has not yet ratified the following instruments related to young children and families:

- *Optional Protocol to the CRC on the Involvement of Children in Armed Conflict;*
- *Convention on the Elimination of All Forms of Racial Discrimination;*
- *International Covenant on Economic, Social and Cultural Rights and its Optional Protocol;*
- *International Covenant on Civil and Political Rights and its Optional Protocols;*
- *Optional Protocol to the CEDAW;*
- *Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol;*

- *Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families;*
- *Optional Protocol to the Convention on the Rights of Persons With Disabilities;*
- *Convention for the Protection of All Persons From Enforced Disappearance;*
- *Convention on the Recognition and Enforcement of Decisions Relating to the Maintenance Obligations and the Convention on the Law Applicable to Maintenance Obligations; and*
- *Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children.*

2.3.2 National policies, plans and legislation

132. National policies, plans and legislation regarding ECCD sectoral areas are relatively few in number. Several existing sectoral and multisectoral plans do not take into account the needs of young children, their mothers and fathers, and the ECCD services they require. In the future, new policy instruments should be harmonised with this ECCD Policy.

133. Several policy instruments that have been adopted need updating and revision, often because they have not been well implemented as yet. Several other policy documents currently are being prepared. For example, the overarching *National Development Plan for Myanmar* is currently being drafted. It is hoped that it will contain strong sections regarding the social sector because they are essential for ensuring rapid and sustainable national economic development. This ECCD Policy contributes important elements for the *National Development Plan* and for many future sectoral and multisectoral policies, strategic plans, action plans and laws.

134. Policy gaps in ECCD areas include comprehensive health policies that focus on the nation's most marginalised children and families, and especially, general child and social protection policies. The MoE currently lacks a Strategic Plan for Early and Pre-school education. Such a plan is needed and should be developed in full coordination with MoSWRR and with the collaboration of MoH for relevant section. Furthermore, a new long-term Education Policy is needed that will reflect the results of the current Education Sector Review. In all of these policy areas, it will be important to ensure that the needs of young children and ECCD services will be given priority attention.

135. In line with the participatory “bottom up” approach for developing national policies and plans, this ECCD Policy was prepared on the basis of widespread consultation workshops, interviews and national data and studies. Future policy planning processes in the social sector should also be conducted in a highly participatory manner.

The Constitution

136. The 2008 Constitution has very few references to children and mothers: “Mothers, children and expectant women shall enjoy equal rights as prescribed by law” and “The Union shall care for mothers and children, orphans, fallen Defence Services personnel’s children, the aged and the disabled.”

137. With regard to education and health, the Constitution states that, “Every citizen, in accord with the educational policy laid down by the Union: (a) has the right to education; (b) shall be given basic education which the Union prescribes by law as compulsory;” and “Every citizen shall, in accord with the health policy laid down by the Union, have the right to health care.” and “The Union shall honour and assist citizens who are outstanding in education irrespective of race, religion and sex according to their qualifications.” “The Union shall: (a) earnestly strive to improve education and health of the people; (b) enact the necessary law to enable National people to participate in matters of their education and health; (c) implement free, compulsory primary



Photo by Myo Thame

child safety need to be improved



education system; (d) implement a modern education system that will promote all-around correct thinking and a good moral character contributing towards the building of the Nation.” Finally, “The Union shall assist to promote socio-economic development including education, health, economy, transport and communication, so forth, of less-developed National races.”

138. Although there are no explicit references to ECCD services, the general thrust of these sections of the Constitution is supportive of children’s, mothers’ and ethnic minority rights to free education and health services. Because of the limited availability of these services, these rights have not been fully attained but a foundation for future growth and improvement has been established.

Policies regarding children in general

Myanmar Child Law

139. In 1993, the *Myanmar Child Law* was formulated in response to the Convention on the Rights of the Child (CRC). With the goal of filling gaps and correcting shortcomings in the first Child Law, it is currently being amended in light of various protocols and the comments of the High Commission for the CRC.

National Plan of Action for Children (2006-2015)

140. The *National Plan of Action for Children* presents a strategy to assist children aged 0-5 years to develop to their fullest potential. Under this Plan, activities are to include:

- Creating a policy framework and to advocate for ECCD at the highest level;
- Raising awareness of ECCD effectively through information, education and communication activities;
- Expanding home- and family-based ECCD and providing technical services including Parenting Education;
- Supporting the establishment of quality ECCD centres by providing training and helping to coordinate funding and material support;
- Creating an ECCD database and multi-sectoral network with the active support of partners;
- Increasing the budget to Government departments that are involved in development of preschool education and ECCD services;



- Improving the nutrition of children while also providing access to basic social services and adequate caring practices;
- Promoting children’s physical, mental and emotional health; and
- Forming a Technical Working Group consisting of experts, policymakers and persons who are involved in ECCD programmes.

This ECCD Policy fulfills one of the above requirements, and its contents include the points listed above plus additional activities identified through the consultation process for Policy formulation.

Education sector policies

141. A National Education Policy is currently lacking and greatly needed. On the basis of the Education Sector Review currently being prepared, it is expected that a comprehensive, long-term education reform policy will be adopted.

142. In 2011, the President issued 10 points for the education policy that is currently being prepared:

1. To implement free, compulsory primary education;
2. To increase the enrolment rate in the Basic Education sector;



Photo by Myo Thame

Early and Preschool Education Strategy is needed to strengthen Developmentally Appropriate Practices

3. To nurture new generations as intellectuals and intelligentsia through human resources development;
4. To improve capacities of teachers in both the Basic and Higher Education sectors;
5. To use teaching aids more effectively;
6. To upgrade the quality and socioeconomic status of educational personnel;
7. To provide scholarships, stipends and awards, both locally and internationally;
8. To promulgate relevant laws for the participation and contribution of the private sector in education services;
9. To collaborate with international and local organisations, including the United Nations, international NGOs and NGOs; and
10. To upgrade education standards to international level.

143. As noted, the MoE and the MoSWRR have not yet developed an Early and Preschool Education Strategy for children from birth to 8 years of age and their parents. Various points for such a strategy are presented in this ECCD Policy and Strategic Plan. The Early and Preschool Education Strategy will benefit from the results of the Education Sector Review (2012-2014) that is currently underway.

144. The *30-Year Long-Term Basic Education Plan 2001-2031* focused on:

- Emergence of the education system for modernisation and development;
- Completion of basic education by all citizens;
- Improvement of the quality of basic education;
- Opportunity for pre-vocational and vocational education at all levels of basic education;
- Providing facilities for e-education and information and communication technology (ICT);
- Producing all-around developed citizens;
- Capacity building for educational management;
- Carrying out basic education activities in collaboration with the community;
- Expansion of non-formal education; and
- Development of educational research.

145. The *National Education for All Plan of Action (2003- 2015)* was established in 2003. Although it includes a section on ECCD, no programme guidance, budget or targets were provided.

146. Education Activities were included in the *Framework of Rural Development and Poverty Alleviation Plan (2011-2015)*. However no references were made to early or preschool education in spite of the fact that ECCD is essential for overcoming and eradicating poverty cycles.

147. A series of educational reform efforts are underway for restructuring the education ministry and its educational system, and for establishing standards, guidelines and regulations. Some of these activities and instruments require multisectoral coordination, and certainly this is the case with respect to ECCD standards, guidelines and regulations, health care services and feeding services.

148. Various new parliamentary initiatives on behalf of ECCD are also expected. Several activities under this ECCD Policy are expected to be of interest to Parliamentarians with respect to formulating legislation and ensuring accountability, oversight, enforcement and regular reporting.

Health sector policies

149. Many health policies, plans, protocols, regulations and laws have been adopted. They include the *National Health Policy 1993*, advocating health for all, the *National Reproductive Health Policy 2002*, and the *Myanmar Health Vision 2030*. In addition to the *National Health Plan 2011-2016*, *Five-Year Strategic Plans* have been adopted for: *Child Health 2010-2014*, for *Reproductive Health for 2009-2013*; *HIV/AIDS 2011-2015*; and for the *Expanded Immunisation Programme, Multi-Year Plan 2012-2016*. This immunisation plan will be revised to introduce new vaccines whenever necessary. A *Five-Year Strategic Plan for Water Supply, Sanitation and Hygiene 2012-2016* is being developed, and a *National Plan of Action on Food and Nutrition 2011-2015* is being updated.

150. Specific health-related laws include the *Public Health Law 1972*; the *Law Relating to Private Health Care Services 2007*; the *Prevention and Control of Communicable Disease Law 1995, revised in 2011*; the *Law Related to the Nurse and Midwife 1990, revised in 2002*; the *National Food Law 1997*; the *Myanmar Medical Council Law 2000* and the *Traditional Medicine Council Law 2000*; the *National Drug Law 1992* and *Traditional Drug Law 1996*; and the *MMCWA Law 1990, revised in 2010*, establishing this

national NGO. *National Guidelines for the Clinical Management of HIV Infection in Children* were developed in 2004 and revised in 2006. National Guidelines for integrated management of common childhood illness was introduced in 1998. A *Code of Marketing of Breast Milk Substitutes* is in the process of being finalised.

Social Welfare and child protection policies: general and special topics

151. The *Social Welfare Policy of 1975* is currently under revision, and a plan for a special police force for child protection is being developed. In addition, the national *Minimum Standards for the Protection of Working Children* are being re-drafted. The *Minimum Standards of Care and Protection for Children in Residential Facilities* have been established (MoSWRR, 2011b).



Photo by Myo Thame

Abusive child labour must be ended

152. With regard to children with disabilities, Myanmar completed a *National Plan of Action for Persons With Disabilities 2010-2012* (MoSWRR, 2010c). This ground-breaking Plan to meet disability requirements in Myanmar mainly addresses the needs and services for adults and school-age children. The next Plan of Action should include preventive, early intervention and inclusive preschool services that are presented in this ECCD Policy and its companion Five-Year Strategic Plan, 2014-2018. At present, a law is being drafted to protect the rights of persons with disabilities, and it too should include mandates presented in this Policy for ECCD services for children.

153. The Government enacted the *Anti-Trafficking in Persons Law 2005*, and in 2006 it established a Central Body for Suppression of the Trafficking in Persons. A *Five-Year National Plan of Action to Combat Human Trafficking 2007-2011* also was adopted. A *Plan of Action Aimed at Eliminating Child Labour 2012* has been announced that aims to end child labour by 2015. The Myanmar Police Force issued *The Directive on Child Friendly Police Procedures* in 2010, and the Supreme Court issued *The Directive on Child Friendly Court Procedures* in 2012.

154. With regard to residential facilities, the following policy instruments have been adopted: *Child Safeguarding Code of Conduct* and the *Minimum Standards of Care and Protection for Children in Residential Facilities, 2011* (MoSWRR, 2011). Others are reported to be under preparation.

155. Several official documents deal with disaster preparedness and risk reduction. Although children and mothers are mentioned, greater attention should be given to their special needs in future plans and services.

- *Myanmar Action Plan on Disaster Risk Reduction (MAPDRR) 2009-2015*
- *National Disaster Preparedness Central Committee*
- *Standing Order on Natural Disaster Management (January 2009)*
- *Plan of Action for Child Protection in Emergencies: Response to Cyclone Nargis*
- *National Plan of Action for Women and Emergencies 2010-2013*

Future multisectoral policy planning and coordination

156. Regarding policy planning, the MoE has its Department of Education, Planning and Training and MoH has its Department of Health Planning. The MoSWRR lacks a department specialised in planning; therefore directors and experts in DSW currently fulfil this role.

157. Each of these departments has a good record of multisectoral coordination and of joint planning with each other and with the Ministry of National Planning and Economic Development (MoNPED) and the Ministry of Finance (MoF). This shared commitment to expanding and improving children's services will help to ensure the full implementation of the ECCD Policy, Strategic Plan and Annual Action Plans. In the future, it will be very important that the ECCD Policy be well represented in the *National Development Plan* and other multisectoral and sectoral plans.

158. Under new governmental policy planning processes and arrangements, a bottom-up process is being established in which planning starts with prioritised submissions from township levels that are then aggregated and evaluated at regional/state and national levels.

CHAPTER (3)

ECCD VISION AND MISSION STATEMENTS



Chapter (3)

ECCD Vision and Mission Statements

159. The Vision Statement of the ECCD Policy is based on the results of consultation workshops held at township, regional/state and central levels; interviews with national leaders; and an extensive situation analysis regarding the status of children and families, ECCD services and international and national policies and plans. It is important to note that a high degree of consensus was found among diverse national ethnic groups regarding the key elements for national Vision for children, parents and their services.

Vision Statement

From birth to 8 years of age, all children of the Republic of the Union of Myanmar will receive holistic, high-quality and developmentally-appropriate care from their parents, caregivers and service providers to ensure they will be happy, healthy, well nourished, socially adept, emotionally balanced and well protected in conditions of freedom, equity and dignity in order to contribute positively to their families, communities and the nation.

160. The Mission Statement affirms the commitment of the Republic of the Union of Myanmar to achieve this Vision for all children and parents.

Mission Statement

The Vision will be achieved through establishing high-quality ECCD services and multisectoral coordination at all levels in the fields of education, health, nutrition, environmental sanitation and protection. ECCD collaborations will include governmental, non-governmental, faith-based and community-based organisations, professional associations, foundations, higher education institutions, private sector groups and international development partners. To ensure ECCD services are provided equitably, they will be culturally and linguistically appropriate.

All children from birth to 8 years of age will receive integrated or multisectoral ECCD services to achieve holistic development in perceptual, physical, social, emotional, language and cognitive areas. To improve birth outcomes, services

for prospective parents, pregnant women and their partners will include pre-conception, antenatal and postnatal education, health and nutrition care. To ensure balanced child development from birth to 3 years, continuous and comprehensive services will be offered for parent education, early care and development, and health and nutrition care.

To improve child development, early childhood intervention services will be provided for children 0 to 5 years of age with developmental delays, atypical behaviours, malnutrition, disabilities or chronic illnesses. Child and parental rights will be guaranteed through legal, social and child protection services, with a focus on birth registration, safe child environments, case management, tracking and follow-up. Universal, affordable and inclusive preschool services will be offered for all 3 and 4 year old children, including the beginning of transition activities to primary school. At 5 years of age, free, compulsory and inclusive kindergarten and subsequently, primary school services will be provided. Kindergarten and primary school will feature active learning methods and will be child-centred and developmentally appropriate. To improve child health, nutrition and development, special attention will be given to providing improved water and good home, preschool, kindergarten and school sanitation.

The national ECCD system infrastructure will be developed and quality assurance initiatives will be implemented, including annual programme planning and budgeting; service standards and guidelines; high-quality pre- and in-service training for professionals, paraprofessionals and volunteers; comprehensive supervisory systems; monitoring and evaluation activities to assess programme outcomes and ensure accountability; timely provision of materials, supplies, feeding and health services; and the development of plans and interventions for children affected by emergencies.

CHAPTER (4)

POLICY CONCEPTS, GOALS, OBJECTIVES AND STRATEGIES



Chapter (4)

Policy Concepts, Goals, Objectives and Strategies

161. The following conceptual framework guided the preparation of the ECCD Policy.

4.1 Conceptual framework for the ECCD Policy

Conceptual approach to ECCD

162. Myanmar will ensure that all parents⁸ and their children from birth to 8 years of age will be able to access and participate in high-quality, comprehensive, culturally and linguistically-appropriate, and cost-effective ECCD services. The nation's most vulnerable children and families will be given priority.

163. In addition to child rights that are enshrined in the Convention on the Rights of the Child (CRC) and in the Convention's *General Comment 7 regarding Early Childhood*, Myanmar is committed to meeting gender and disability requirements of the *Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)* and the *Convention on the Rights of Persons with Disabilities (CRPD)*.

Myanmar adheres to the following core ECCD concepts:

Comprehensive, integrated and multisectoral ECCD services and coordination

- ECCD plays a **foundational role** in ensuring Myanmar's children will be healthy, well nourished, well developed and capable of achieving success in school and life.
- Holistic child development activities help children develop in a balanced manner in all areas: perceptual, language, cognitive, physical, social and emotional development, including the ability to self-regulate.
- Multisectoral coordination and integrated ECCD services will include the following sectors: health, nutrition, environmental sanitation, education and protection. Special attention will be also given to allied sectors, such as justice, rural development, township government, border services, economic development, gender services, and others as needed.

⁸ In this ECCD Policy, "parents" also refers to grandparents, adoptive parents and legal guardians.

- Comprehensive ECCD services will become universally available, high in quality, continuous, and culturally and linguistically appropriate.
- Governmental, private sector and non-governmental, faith-based and community-based organisations at regional/state and township levels will use multisectoral and integrated ECCD service approaches in order to maximise the use of existing human and material resources and to provide high-quality services at the lowest possible cost to the greatest number of children and families.
- Vertical and horizontal multisectoral coordination will be featured to ensure good service linkages are forged from community and township to regional/state and central levels.

Equity and priority for the most vulnerable and marginalised children

- All children from birth to 8 years of age will be eligible for the ECCD services included in this policy, with priority given to children living in poverty or in ethnic minority communities, children with developmental delays, malnutrition, chronic illnesses or disabilities, and other vulnerable and marginalised children.
- Respect for all ethnic minority groups will be the hallmark of ECCD services, and community and home outreach activities will ensure minority groups are included.
- All ECCD services will be provided in the home language (mother tongue) to ensure parents and children will understand and benefit from the services.
- Gender equity will be sought in all ECCD services for children and parents.



Photo by Myo Thame

Inclusive preschool environment helps children who need most

Child-centred and family-focused services

- All ECCD services will be child-centred, focusing on the individual needs and status of each child with respect to development, education, health, nutrition and protection.



- ECCD services will also be family-focused to ensure the full participation of both fathers and mothers in activities regarding them and their children, including service planning, management, implementation and oversight.
- Children and youth will also participate in planning, implementing and overseeing ECCD services that affect them and their younger brothers and sisters.

Child and parental rights and inclusion

- Parents, legal guardians and adoptive parents have primary obligations as the first and most important caregivers and teachers of their children.
- Parents will be fully informed about ECCD services that are offered to them and their children, and parental consent will be secured before services are provided.
- Strong and enduring relationships between parents and ECCD services will be fostered.
- All ECCD services will be inclusive and they will enrol children with disabilities and developmental delays.

Child protection

- Legal protection will be extended to all children and parents.
- Child protection services will be provided for all children, with a special focus on Myanmar's most vulnerable children.
- Services for social protection, including possible future cash transfers or conditional cash transfers, will give special attention to children from birth to 8 years who are living in difficult circumstances.

Community involvement in ECCD services

- District, Township and Community ECCD Committees will help identify local needs and objectives as a basis for planning, managing, implementing and overseeing local ECCD services.
- District, Township and Community ECCD Committees will be accountable and will prepare annual reports, plans and budgets and submit them to the ECCD Regional/ State Committees.



Photo by Aye Aye Yee

Consultative workshop for ECCD Policy in Mon State

- Local partnerships and coordination networks will be developed among governmental, private sector and non-governmental, faith-based and community-based organisations to provide sufficient high-quality ECCD services and avoid the unnecessary duplication of services.
- The active engagement, participation and leadership of communities, parents, children and marginalised groups will be essential for fully implementing all Policy Strategies.

Quality assurance

- ECCD service standards and regulations will be reinforced, developed and enforced.
- High-quality educational curricula, materials, methods, and media will be developed in all local languages and used in pre- service training and continuous in-service training.
- Through monitoring and evaluation services and operational research, ECCD inputs, outputs and outcomes and their targets will be measured.

4.2 Main goals of the ECCD Policy to achieve the Vision and Mission

Main ECCD Goals

In line with the Vision Statement, Mission Statement and ECCD Conceptual Framework, the following Main Goals of the ECCD Policy will help to achieve rapid social and economic development in Myanmar:

- Ensure all children, parents and caregivers will receive high quality, culturally and linguistically-appropriate, accessible and equitable ECCD services, including: preconception and antenatal education and care; integrated and multisectoral parent education and early childhood care and development services with health, nutrition and environmental sanitation; early childhood intervention for children with special needs; social and child protection services; preschool, kindergarten and early primary education that is developmentally appropriate and includes parent and community involvement; and pre- and in-service training for professionals and others who contribute to providing ECCD services;
- Link equitable, effective, accountable and high-quality ECCD services with other national children's policies, plans and laws and international conventions, including the *Convention on the Rights of the Child*;
- Establish effective pre- and in-service training that will help ensure the provision of high-quality services;
- Promote multisectoral coordination and networking among governmental, non-governmental, faith-based and community-based organisations, professional associations, foundations, higher education institutions, private sector groups and international development partners;
- Build a greater awareness at all levels of the importance of using comprehensive ECCD services, from preconception to age eight with a focus on reaching parents, teachers, communities, townships, districts, regions/states and central decision makers; and
- Ensure that all children of Myanmar will have a good foundation for achieving their full potential in order to become productive citizens; contribute to ending the cycle of poverty; improve rural development; achieve expanded sustainable and inclusive national growth; increase national productivity and competitiveness; and contribute to democratic governance.

4.3. Objectives of the ECCD Policy

164. To achieve the Main Goals of the ECCD Policy, the following Objectives will be attained progressively, using a phased approach. The first Five-Year ECCD Strategic Plan, 2014-2018 will constitute Phase I for achieving the following ECCD Objectives:

Policy Objectives

1. Improve birth outcomes and ensure mothers have skilled birth attendants, safe deliveries, and newborns who are well nurtured, promptly registered, healthy, immunised, breastfed, and well nourished and developed.
2. Improve and maintain essential parenting skills and ensure children develop well, receive preventive and basic health and nutrition care, are up-to-date in their immunisations, breastfeed exclusively for 6 months, receive nutritious and balanced complementary feeding, are safe and protected, and have hygienic homes and child care centres.
3. Improve the development and status of children 0 to 5 years with developmental delays, malnutrition, chronic illnesses, disabilities and atypical behaviours, with a special focus on achieving the full acceptance and inclusion of children with special needs.
4. Improve the development of children from 3 to 4 years of age and ensure the full participation of parents in their education and development in order to prepare all children for achieving success in inclusive kindergarten and primary schools.
5. Transition children and parents from home and preschool to inclusive kindergarten and primary school effectively, ensure parents participate in kindergarten and primary school management and oversight, and improve children's achievement in primary school, including securing age-appropriate enrolment, reducing grade repetition and attrition rates, improving basic literacy and numeracy skills in the mother tongue, and attaining universal primary school completion.
6. Ensure full rights for all children with special needs, prevent the institutionalisation of special needs children, achieve full preschool, kindergarten and primary school inclusion, and reduce the incidence of stigma and discrimination, child abuse, neglect and exploitation.

7. Improve continuously the knowledge and abilities of ECCD professionals, paraprofessionals and volunteers in governmental, non-governmental, faith-based and community-based organisations, and provide career ladders, certification and regular recertification, especially for professionals who play leadership, training and supervisory roles.
8. Ensure all major ECCD services and systems are high in quality and fully accountable, supervise and monitor their personnel, and provide annual reports on service inputs, outputs and outcomes.
9. Ensure national, regional/state, district, township and community leaders understand the importance of ECCD services and parents are aware of their critical role in implementing the ECCD Policy and in improving the foundational development of their children, from birth to 8 years of age.
10. Implement the ECCD Policy thoroughly through establishing the National ECCD Committee, the National ECCD Policy Implementation Institute and a decentralised system for policy implementation, coordination, planning, budgeting, accountability and reporting at all levels.



Photo by Dr. Emily Vargas-Barón

Large group activity in preschool, Nyaung Shwe

4.4. Policy strategies

165. To achieve these ECCD goals and objectives, the following 10 Policy Strategies will be pursued.

Policy Strategies

1. Preconception, antenatal and postnatal services

Prepare adolescents and prospective mothers and fathers for positive parenting through providing preconception services as well as antenatal and postnatal education home visits and group sessions, and postnatal health and nutrition care.

2. Services for children, 0 to 3 years

Ensure parents of children from 0 to 3 years receive integrated parent education through home visits and centre-based services; all children and parents access regular preventive and basic health, nutrition, environmental sanitation and protection services; and children of mothers working outside of the home receive high-quality care and development services (i.e., day care centres, Mother Circles).

3. Early childhood intervention services, 0 to 5 years

Develop, improve and expand early childhood intervention and rehabilitation services to help each child achieve his or her full potential, and to prevent the discrimination and stigmatisation of children with special needs.

4. Preschool education for children, 3 to 4 years

Implement and expand high-quality, culturally and linguistically-appropriate and inclusive preschool education, continuing parent education and involvement and related early childhood services, and conduct awareness raising workshops from community to national levels regarding the importance of preschool education.



Photo by Myo Thame

Celebrating our traditions (making Mont-Lone-Ye-Paw) while being in preschool

4

5. Transition, kindergarten and early primary grades, 5 to 8 years

Develop a strong transition programme for children from 4 to 5 years of age from home and preschool to inclusive kindergarten and primary school that includes parent participation in the schools, use of the mother tongue for learning basic concepts to the extent possible and as requested, and child-centred approaches with active learning methodologies for early grade teaching, learning through play, and learning corners.

6. Children with special needs

Fulfil the rights of children with special needs and reduce institutionalisation through providing family preservation and/or family placement and training services, establishing inclusive preschools, kindergarten classes and primary schools, and ensuring quality care to protect all children from birth to 8 years from abuse, neglect and exploitation.

7. Pre- and in-service training system

Establish a comprehensive, high quality, multisectoral and sustainable pre-service ECCD training system, with career ladders and certification as well as continuous and flexible in-service training services at all levels for the recertification of professionals and upgrading of paraprofessionals and volunteers.

8. ECCD system of accountability and quality assurance

Establish a multisectoral ECCD management information system that is fully accountable and features processes for frequent service supervision, monitoring and evaluation, and annual reporting at all levels.

9. Policy advocacy and communications

Disseminate up-to-date, culturally appropriate and internationally recommended information on ECCD through visual, auditory and print media, with the goal of reaching all targeted beneficiaries, including leaders, service providers, caregivers, parents, teachers and communities.

10. Organisation of the ECCD system

Develop the National ECCD Committee, National ECCD Policy Implementation Institute and a decentralised system for the implementation and multisectoral coordination of this Policy, with an emphasis on supporting all communities, districts, townships and regions/states in developing ECCD committees, annual plans, budgets and reports.

CHAPTER (5)
SERVICES AND ACTIVITIES FOR EACH STRATEGY



Chapter (5)

Services and Activities for Each Strategy

166. A series of services and activities will be conducted for each of the 10 strategies of the ECCD Policy. The Five-Year ECCD Strategic Plan will provide a matrix for each of these services and activities, including information regarding tasks, expected outcomes, indicators, targets, time lines and budget requirements.

Objectives for Policy Strategy 1

Improve birth outcomes and ensure mothers have skilled birth attendants, safe deliveries, and newborns who are well nurtured, promptly registered, healthy, immunised, breastfed, and well nourished and developed.

Policy Strategy 1

Preconception, antenatal and postnatal services

Prepare adolescents and prospective mothers and fathers for positive parenting through providing preconception services as well as antenatal and postnatal education home visits and group sessions, and postnatal health and nutrition care.

5.1.1 Incorporation of preconception, antenatal and postnatal services into existing health and nutrition plans

167. To prepare high-quality and equitable preconception, antenatal and postnatal services, initial emphasis will be placed upon holding an advocacy meeting for the incorporation of preconception, antenatal and postnatal services into existing health and nutrition plans and the implementation of those revised plans; the selection of education, health, nutrition and protection agencies to provide the services; the development of multisectoral and inter-institutional coordination; preparation, field testing, production and large-scale distribution of educational and other materials in the form of modules and packages; development of pre- and in-service training workshops for programme coordinators, facilitators and volunteers; and the building strong linkages with all communities to ensure services reach the most vulnerable children, mothers, fathers and families.

168. To strengthen these services, pre-service training workshops for programme coordinators, facilitators and volunteers will be designed, developed, field tested and

then progressively provided throughout the nation. In addition, ECCD topics will be added to the pre-service training of medical personnel, health assistants, nurses, health visitors, midwives, and other health providers. Supervisors will be prepared to provide frequent in-service training for programme personnel. Baseline, monitoring and evaluation data will be gathered to measure the impact of each of the linked services that are presented below.

5.1.2 Reproductive and preconception education and health and nutrition care

169. Existing ECCD education, health, nutrition and protective services will be encouraged to provide education about child spacing, reproductive health and nutrition to improve birth outcomes and parenting skills. Preconception education will seek to involve both partners in preparing to have a healthy, well-nourished and full-term infant. Existing booklets and guidebooks will be assessed, improved, translated and/or adapted to meet the needs of prospective parents from all ethnic groups. New educational materials for preconception education will be developed and extensively field tested.

170. Once prepared, the reproductive and preconception materials and services will be implemented throughout the nation. They will be monitored and evaluated to assess their impact in terms of improved pregnancies, deliveries, birth outcomes and postnatal parenting skills and knowledge.

5.1.3 Antenatal education

171. All pregnant women and their partners will be encouraged to begin antenatal education as soon they know that a pregnancy has begun and definitely before the end of the first trimester. These education services will be provided as home visits especially but not solely for vulnerable mothers. Centre-based antenatal education sessions will also be provided, especially for preparation for childbirth (breathing exercises and topics related to delivery). At least four antenatal home visits or group sessions will be offered, one visit at the time of birth or shortly after delivery, and three postnatal home visits regarding educational topics, such as newborn care, early parenting, breastfeeding, immunisations, and related topics.

172. A comprehensive package of antenatal and postnatal educational materials for each of the eight home visits or group sessions will be adapted, expanded or developed, translated, field tested, revised, produced and distributed in sufficient quantities for annual use by participating ECCD services.



173. All education, health, nutrition, immunisation and protection services for pre-conception, antenatal and postnatal education and care will be provided in the mother tongue of the parents. Special attention will be given to minority ethnic groups and border regions.

5.1.4 Antenatal care including nutrition

174. Antenatal education complements but does not replace the antenatal care that is provided at Health Centres. A minimum of 4 health and nutrition antenatal checkups will be provided, and they should begin during the first trimester. For high-risk pregnant mothers or for those who develop conditions of concern (such as preeclampsia, bleeding, etc.), additional checkups will be provided. Essential micronutrients, and especially iron folate and vitamins, will be given to all mothers and adolescent girls with anaemia or other nutritional deficiencies. Village Food Banks will be promoted, with a focus on pregnant and lactating mothers and their children. In-service training will be provided for health personnel, including auxiliary midwives and traditional birth attendants. Immunisations will also be administered, as per needs.

175. The MoH is seeking to increase the percentage of deliveries attended by skilled birth attendants to 80 per cent by 2015 (MoH, 2012a)

176. With regard to maternal mortality, every effort will be made to achieve and exceed the MoH target of no more than 105 deaths per 100,000 live births by 2015 (MoH, 2012a).

5.1.5 Mothers with HIV infection

177. For all mothers with HIV infection, in addition to routine preconception, antenatal and neonatal services, anti-retroviral treatment (ART) and complete prevention of mother-to-child transmission (PMCT) services will be provided, including prevention treatment for neonates and early testing for HIV infection as well as preparation for positive parenting and early childhood stimulation. Couples who are HIV-positive will be able to access family planning services in order to avoid unwanted pregnancies and adequately prepare for planned pregnancies.

5.1.6 Postnatal home visits and health care follow up services

178. As noted, at least three postnatal home visits and follow-up Health Centre visits for both the mother and child will be provided in order to help lower rates of postnatal mortality and morbidity, and to support parents in all aspects of parenting and caring

for their infants. To encourage midwives and auxiliary midwives to provide these educational and health care services, a parent education module will be included in their pre- and in-service training workshops. For high-risk infants and/or mothers, additional home and Health Centre visits will be provided. In regions with malaria, special priority will be given to providing impregnated treated bed nets (ITNS) for all infants and young children. Environmental assessments for healthy living and plans will be developed and implemented in all communities to reduce hazards related to food, bio-chemical substances, water and environmental sanitation issues. The MoH has established a target of reducing infant mortality to 30 per 1,000 live births by 2021 and 22 by 2031 (MoH, 2010a). A special program will be developed to reach children under one year who live in very remote places or who live far from health facilities.

Objectives for Policy Strategy 2

Improve and maintain essential parenting skills and ensure children develop well, receive preventive and basic health and nutrition care, are up-to-date in their immunisations, breastfeed exclusively for 6 months, receive nutritious and balanced complementary feeding, are safe and protected, and have hygienic homes and child care centres.

Policy Strategy 2 *Services for children, 0 to 3 years*

Ensure parents of children from 0 to 3 years receive integrated parent education through home visits and centre-based services; all children and parents access regular preventive and basic health, nutrition, environmental sanitation and protection services; and children of mothers working outside of the home receive high-quality care and development services (i.e., day care centres, Mother Circles).

5.2.1 Early and Preschool Education Strategic Plan

179. To fill the gap in educational plans for young children, the MoSWRR and MoE, with the full collaboration and involvement of MoH, will develop a Strategic Plan for Early and Preschool Education, including educational services from infancy to transition to kindergarten and primary school. Because this Strategic Plan begins during the 0 to 3 period, it is listed first in this section although its activities also pertain to Strategy 4 for preschool education and they are also mentioned in Section 5.4.2. The Early and Preschool Education Strategic Plan will be based on the ECCD Policy and ECCD Strate-

gic Plan, the Comprehensive Education Sector Review of 2012-2014 as well as other studies that will be conducted to assist with the formulation of the Strategy.

5.2.2 Mapping and assessing services for children from 0 to 36 months

180. ECCD services for children from birth to 3 years will build upon existing successful programmes as well as new ones. It will be essential to identify successful 0 to 3 services in Myanmar and expand them rapidly while complementing them with new services, as needed.

181. For this reason, a full mapping and assessment of all existing ECCD services for children from 0 to 3 will be conducted. DSW, MoE, MoH and several national and international NGOs, FBOs and CBOs currently provide these services. It is recognised that these services are very limited in terms of numbers of participants and geographical coverage. Nonetheless, every effort should be made to build on successful existing services.

182. Future ECCD services for children, and most especially for the youngest ones, will require strong interagency partnerships, formal inter-institutional linkages and nationwide networking in order to maximise the use of ECCD institutional, human, training and financial resources (See Section 5.9.4).

5.2.3 Assessing and improving programme contents

183. All existing curricula, educational materials, methods and media for 0 to 3 services will also be identified and reviewed, and gaps will be noted. Items that are assessed to be of high quality will be selected for review, improvement, field-testing as necessary, translation and greatly expanded production and distribution. (See also Strategy 7 that presents the organisational approach for adapting existing materials and preparing new learning resources). A “Healthy Child Care and Development Package” will be developed for the parents and caregivers of children from birth to 36 months of age. The Package will contain modules that will be used flexibly to meet the needs and interests of parents. All of the services and educational materials for parents and children from 0 to 36 months of age will be provided in the parents’ mother tongue.

184. Gap areas will be object of new curricular and materials development, combined with field-testing, review, production and large-scale distribution. Media activities for communities and the parents of children 0 to 3 will also be developed (See Strategy 9).

185. Ultimately, for children 0 to 3 and their parents, Myanmar will build a comprehensive and flexible model of successful, culturally and linguistically-appropriate services for birth registration, parent education, Mother Circles and centre-based early child care and education, home visits, mobile teams and satellite centres for remote rural areas, health and nutrition support, hygiene and environmental sanitation services, and child and maternal protection services. Attention will also be given to ensuring appropriate illustrations and other visuals are used. These services are briefly described below.

5.2.4 Birth registration

186. By 2018, 98 per cent of newborn children in Myanmar will be registered within one month of birth at local Health Centres. Parents will be issued an official Birth Certificate and given a brochure regarding all basic maternal, newborn and child health, nutrition, ECCD and protection services that they can access. They will also receive a Maternal, Newborn, Child Health, Nutrition and Immunisation Card at their local Health Centre and given guidance on how to ensure their child will receive all preventive and primary health care services. Upon birth registration, each child will enter a National Child Tracking System to ensure he or she receives all needed services guaranteed by the Government of the Republic of the Union of Myanmar, in collaboration with national and international development partners. Existing laws and regulations will be updated and revised, and all necessary birth registration materials will be developed. Birth registration personnel throughout the nation will be trained. To strengthen the Government's efforts to achieve 100 per cent birth registration, nationwide advocacy activities and a national birth registration campaign will be conducted using media and community meetings to raise awareness for ensuring registration within one month of birth.

5.2.5 Parent education and support services

187. Comprehensive parent education and support services will be designed, field tested, revised and implemented in culturally and linguistically appropriate ways throughout Myanmar. Parents of children 0 to 3 children will be offered education and support services through home visits and centre-based sessions in order to help them improve their skills for good child development and care. Parents enrolled in parent education will receive home visits and/or group sessions using the Healthy Child Care and Development Package and auxiliary materials along with support services. They will be encouraged to share what they learn with other parents.

188. The MoE, MoSWRR and MoH will establish standards and guidelines for parent education and support services. It is critically important that all parents, communities and ECCD service providers understand and follow guidelines for child and parental rights and responsibilities. Training on child and parental rights will be provided in parent education services and all other ECCD services for all parents.

189. Parent education services will include training manuals and educational materials on many topics, including: maternal, newborn, child health and nutrition; child development sequences; developmentally appropriate activities with children 0 to 3 and up to 5 years; the importance of preschool education as a preparation for kindergarten and primary school; parent involvement in child development; preschool education and transition to kindergarten and primary schooling; child safety and injury prevention; home water quality, environmental sanitation and hygiene; child rights and protection; education for peaceful and positive relationships, and good and respectful values; and information about available ECCD services. Family literacy services will be provided for parents and other caregivers with limited literacy skills in their own language or in Myanmar.

190. Parent education modules on preparation for positive parenting will also be developed for use with all adolescents in secondary schools and non-formal education programmes for youth and young adults.

191. In addition to core parent education and support services, communities may decide to add training in family literacy, vocational skills for employment and marketing, and a variety of family life skills. Every effort will be made to build collaborations between ECCD services and the ministries and organisations that offer skills training programmes.

5.2.6 Mother Circles and other early care and development centres, 0 to 3

192. DSW and its collaborating international and national NGOs and associations have developed some successful Mother Circles in both urban and rural settings that provide safe, secure and stimulating places for infants and young children whose mothers must work outside of the home.

193. Some Mother Circles need to be improved and expanded in a variety of ways. These services will be evaluated, and based on the results, a series of changes will be made including improved design and organisation, better and more consistent pre- and

in-service training, payment of modest stipends for mother educators, and the provision of DSW financial and material support for the Mother Circles. Services will be provided to ensure good environmental sanitation and hygiene in Mother Circles, including testing to ensure safe water and hygienic latrines. Ideas for improvement include toy and book libraries, the provision of home visits conducted by members of Mother Support Groups of each Mother Circle, toy making guidance, child screenings and assessments, and more.

194. Once redesigned, standards, curricula, educational materials, methods and training manuals will be developed for Mother Circles. The provision of breakfasts and lunches will be guaranteed through collaboration with the World Food Programme (WFP) and other food donors. All Mother Circles will be linked with a nearby Health Centre to ensure children receive regular preventive, primary and acute health and nutrition services, as needed. Mother Circles will also have on-going monitoring and evaluation to ensure they are accountable and of high quality.

5.2.7 Home visits

195. Extensive research has demonstrated that well planned home visits are highly effective in improving parenting skills and child development, especially for high-risk, vulnerable young children.

196. Existing home visiting services of the MoSWRR, MoH, other ministries, NGOs, FBOs, CBOs, foundations and associations will be assessed, improved and expanded. With the leadership of MoSWRR, all relevant ministries and organisations will develop a new National Plan for Home Visits for vulnerable children 0 to 3. New home visit programmes will be designed and established in all regions/divisions. The Plan will include new standards, curricula, educational materials, pre- and in-service training, an effective supervisory system, toy and book libraries and toy making activities, essential programme instruments, and a monitoring and evaluation system with easy-to-use instruments. Depending upon the local availability of ECCD services, home visiting services will be linked to Mother Circles, preschools or Health Centres. These services will be expanded in phases until they achieve nationwide coverage.

5.2.8 Mobile teams and satellite centres to support parents and children in rural areas

197. Flexible approaches will be required to ensure all young children and parents receive essential ECCD services. In addition to the services described in this ECCD

Policy, mobile teams will be formed and trained to visit villages and scattered hamlets to demonstrate child development activities, provide small group learning activities, and assist local mothers to form Mother Circles.

198. As needed, low cost satellite centres will be established as places for mothers to gather, according to their needs, interests and schedules. These activities could be combined with women's literacy education, skills training and empowerment activities as well as closely linked with more centrally located Mother Circles, preschools and Health Centres.

5.2.9 Comprehensive and continuous maternal, newborn and child health and nutrition services

199. Rather than relying mainly on promotion programmes for immunisations and micronutrients, renewed emphasis will be placed providing comprehensive, regular and continuous health, nutrition and environmental sanitation services through expanding and improving the national health system of community services, with a special emphasis on Rural Health Centres (MoH, July 2012; MoH, 2012a; MoH, 2012c).

200. The number of rural and urban Health Centres will be expanded until acceptable ratios of medical personnel to local population are achieved. On the average, currently only 8 medical personnel are available per 10,000 population. The goal will be to ensure as soon as possible that the WHO minimum of 25 health-care physicians, nurses and midwives will be provided per 10,000 population. Health service accessibility is a major issue, especially for pregnant women and families with young children. For this reason, special attention will be given to expanding health and nutrition services, improving environmental sanitation and hygiene services, developing transportation plans especially for deliveries and emergencies in remote rural and border areas, ensuring more Health Centres are established, and providing higher rates of medical personnel, and especially midwives and auxiliary midwives, as soon as possible.

201. Because water, environmental sanitation and hygiene services (WASH) are essential to good child health and nutrition and they are spread across several ministries and agencies at various levels, a WASH Task Force including all relevant institutions will be formed. It will promote expanded and improved services, coordination, quality control and accountability.

5.2.10 Follow-up postnatal services

202. Major attention will be given to child postnatal health but greater emphasis also needs to be placed on expanding postnatal care for mothers. Home and Health Centre visits will be increased to ensure women have continuous care to improve their health and nutrition and to ensure their emerging medical issues are identified and treated speedily.

5.2.11 Maternal nutrition and support for breastfeeding and complementary feeding

203. Postnatal home visits will include special attention to reinforcing the importance of breastfeeding and appropriate complementary feeding, helping with complications that may develop, and encouraging mothers to continue exclusive breastfeeding until their infant reaches 6 months of age.

204. For mothers working outside of the home, it will be important to ensure they receive enabling and accessible services for breastfeeding, health and nutrition, including after-work opportunities for health care. Work-site facilities for breastfeeding mothers will be provided. Balanced and appropriate maternal nutrition will be emphasised, along with the provision of micronutrients as needed. Education will be provided regarding the avoidance of contraindicated substances while breastfeeding, such as alcohol, smoking, damaging chemicals used in cleaning products, etc.



Photo by Myo Thame

Exclusive breastfeeding for the first six months of life

5.2.12 Child health and nutrition services, 0 to 3

205. Upon birth and birth registration, each newborn will be signed up for comprehensive preventive and primary health care services that will be provided at Health Centres or through home visits if necessary due to the remoteness of hamlets or the vulnerability of the child and family. Each child will be issued a Maternal, Newborn,

Photo by Myo Thame



All parents should participate in parenting education activities at home or in centers

Child Health, Nutrition and Immunisation Card. Many of these services are listed in Community Integrated Management of Childhood Illness (C-IMCI), IMCI, and Care for Development services that are promoted by WHO.

206. Regular preventive and primary health care visits will begin immediately after birth. The MoH will continue to conduct scheduled child and maternal postnatal visits and will conduct countrywide public announcements to ensure all parents know this schedule.

207. These scheduled visits of parents and children to the Health Centre will include:

- Infant and child basic check ups;
- Child height and weight measurements, followed by immediate plotting on a growth chart by age and gender in order to assess the nutritional status of the child;
- Physical and developmental screenings and referrals to additional services such as early childhood intervention (ECI) services, if needed;
- Regular immunisations, as per evolving MoH plans, guidelines and protocols (MoH, 2012c);
- Provision of essential micronutrients, as needed, such as A, D, E, K, C, B-1, B-6, B-12, riboflavin, niacin, biotin, folic acid, pantothenic acid, iron, zinc, iodine, copper, manganese, and selenium; and
- Comprehensive guidance for parents regarding complementary feeding.

208. Notations regarding each service will be recorded in Health Centre records and on each child's Maternal, Newborn, Child Health, Nutrition and Immunisation Card,

using the local language. The targets for ensuring that children are up-to-date in their preventive and primary health care services, immunisations and micronutrients will be pursued vigorously (MoH, 2012a; MoH, 2012c).

5.2.13 Children with or exposed to HIV infection and the provision of early stimulation

209. For infants and children with or exposed to HIV infection, medical personnel will give priority to ensuring they receive all services as per PMCT protocols, including ART, early diagnosis of HIV infection, early or timely initiation of antiretroviral treatment and counselling for parents and other caregivers. Mobile testing and counselling teams will be used, as necessary.

210. In addition, because virtually all of these children exhibit developmental delays that can largely be overcome, they will receive ECI services or comparable psychosocial stimulation and developmental services in all areas for balanced child development. Seamless referrals and service coordination between ECI and PMCT services will be achieved. Infants and children orphaned by AIDS should have access to protection services as available for other orphaned children, without stigma or discrimination. Measures will be put into place to ensure that children with or exposed to HIV infection will not be stigmatised or discriminated against in communities.

5.2.14 Prevention and ending of substance abuse

211. Because of the highly detrimental impacts of alcohol, smoking, street drugs, many prescription drugs, and chemicals used in homes and fields on the growing foetus and young child, a special module on the importance of preventing and ending substance abuse will be prepared for antenatal education and parent education services. The enforcement of laws against substance abuse will be emphasised. Public awareness will also be conducted using various media.

5.2.15 Child and maternal protection services

212. DSW will provide core information to all parents with newborn infants regarding child and maternal protection services. Educational materials will be developed for child and maternal protection services. Guidance will be given to help communities and organisations to identify child abuse, neglect and exploitation. Instructions on how to make referrals to child protection services will be presented widely (See Strategy 6). Township Child Rights Committee activities will be assessed with a view to helping them strengthen their initiatives and to ensuring all townships develop these commit-

tees. Public awareness campaigns will be held to increase parental understanding regarding child and maternal protection requirements and services.

Objectives for Policy Strategy 3

Improve the development and status of children 0 to 5 years with developmental delays, malnutrition, chronic illnesses, disabilities and atypical behaviours, with a special focus on achieving the full acceptance and inclusion of children with special needs.

Policy Strategy 3 *Early childhood intervention services, 0 to 5 years*

Develop, improve and expand early childhood intervention and rehabilitation services to help each child achieve his or her full potential, and to prevent the discrimination and stigmatisation of children with special needs.

5.3.1 Early childhood intervention services

213. Early Childhood Intervention (ECI) services for children with developmental delays, malnutrition, chronic illnesses, disabilities and atypical behaviours such as autism, use a combination of selected skills in education, health, nutrition, therapies, social work, nursing and psychology. ECI services are individualised and more intensive than usual ECCD services in order to help children achieve their developmental potential during the critically important 0 to 3 period of brain growth and development. Where services are unavailable for eligible children from 37 to 60 months with delays and disabilities, ECI services will be continued to age 5.

214. After reviewing existing policies, plans and services related to infants and young children with disabilities, a national plan for the phased development of the ECI system of services will be developed, along with advocacy materials and activities. The National ECI System will be designed and implemented to ensure that these essential services become fully sustainable over time.

5.3.2 Multisectoral coordination to develop the ECI system

215. ECI services will be provided through a strong partnership among the education, health and protection sectors. To establish the legal status of the programme and full multisectoral coordination, a formal interagency agreement (protocol) will be signed among the MoSWRR, MoH and MoE. Multisectoral agreements regarding service poli-

cies, procedures and standards will also be established once these documents have been prepared.

5.3.3 Outreach Plan for early identification and referral

216. To maximise each child's development, it is essential to conduct effective outreach services to identify ECI-eligible children as early as possible from birth onward. An ECI Outreach Plan will be developed that will include the roles of the medical and health, social welfare and education communities as well as Community ECCD Committees and parents. It will include plans for child surveillance and screening, identification and referral to ECI services. Training for effective outreach will also be conducted.

5.3.4 Official programme policies and procedures, standards, screening and services

217. ECI Programme Policies and Procedures establish children's eligibility for ECI services and many other aspects of national ECI programmes. Regarding eligibility, all low birth weight (less than 2,500 grams) and pre-term infants (less than 37 weeks of gestation) will automatically be eligible for ECI services because they urgently need them during their first 2 years of life in order to develop to their full potential. Without ECI services, such children tend to become slow learners and poor achievers in school. Children assessed to have developmental delays, malnutrition, chronic illnesses including HIV, disabilities and atypical behaviours will also be eligible for ECI services.

218. In addition, national ECI standards will be developed as well as rules and procedures for outreach, referrals, child surveillance and screening, child and family assessment, individualised family service plans (IFSP), home visits and other services, and transition to inclusive preschools, kindergarten classes and primary schools or to specialised schools and services for children with severe disabilities. Attention will also be given to issues of physical and communications access for young children with disabilities.

5.3.5 Monitoring and evaluation

219. An ECI monitoring and evaluation system and manual will be designed and produced, including case management, tracking and follow up activities. A set of programme forms will also be used as monitoring and evaluation instruments, and each form will have a guide for its application.

5.3.6 ECI pre- and in-service training

220. A core group of well-trained professionals will be required to develop, manage, train personnel, supervise, monitor and evaluate ECI services. Therefore, a pre- and in-service training system will be designed and developed. Pre-service training at the university level is required for training certified Early Intervention Specialists (EIS), physical, speech and occupational therapists, special educators, educational psychologists, nurses and social workers. Continuing education credits are usually required for annual re-certification. Regional and international training will be provided for a few ECI trainers of trainers.

221. In addition to training professionals, the ECI training system will place a strong emphasis upon providing shorter pre-service training workshops for many paraprofessional Aides to EIS who will make home visits under the guidance of professionals. Paid paraprofessionals will also receive frequent in-service training and coaching in their field sites. Volunteers will be trained to provide part-time support for the ECI programme.

5.3.7 Phased ECI programme development

222. ECI services are always developed in phases, beginning with ECI system design and development, and the preparation of ECI programme policies and procedures, materials and instruments and pre- and in-service training manuals. Subsequently, pilot ECI service implementation will begin, and monitoring and evaluation will be conducted. After programme revisions have been made, the ECI programme will be expanded in phases until it reaches nationwide coverage.

5.3.8 Multisectoral ECI Coordination

223. ECI services are coordinated closely with paediatricians, gynaecologists, obstetricians, neonatologists and a wide variety of health care personnel, including basic health staff. Medical personnel refer children to ECI services and they often help with diagnostics and assessments as well as participate on interdisciplinary teams to serve children with medical diagnoses. Formal agreements among professionals will be required to ensure children receive seamless services.

224. Parents play leading roles in ECI services. They participate in child screening and assessments, are members of the ECI teams that develop each child and family's development and service plan, conduct activities at home that will lead to improved child development, and oversee the services they receive. They have full parental rights, responsibilities and privacy, and they give their consent to any and all activities con-

ducted with them and their children. To be fully effective, ECI services must include the active participation of parents in all activities.

225. The MoH will ensure that public and private health and rehabilitation facilities work will closely with the ECI system. The MoE will ensure that ECI services are coordinated well with special educators, specialised learning centres and inclusive preschools, kindergarten classes and primary schools.

226. The DSW will play an instrumental role in ensuring that children believed to be eligible for ECI services are referred promptly and appropriately to ECI field sites. The DSW will work with ECI services to ensure that children from birth to 36 months of age either remain in their homes or are placed in a family home rather than sent to an institution (orphanage) because research has shown that all such children become more delayed or disabled when they lack the nurturing care they would receive in a family home. Family preservation, counselling and therapy services as well as social protection services will be needed to help families cope with special needs children. ECI services are required to ensure parents learn how to develop their children well. DSW will also help to ensure that all children’s and parents’ rights and responsibilities are observed, including privacy rights and parent consent rights for referrals and agreement to services.

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Photo by Myo Thame

Parents play essential role in helping children with developmental delays

227. All ECI services will be provided in the mother tongue of the parents and will be culturally appropriate.

Objectives for Policy Strategy 4

Improve the development of children from 3 to 4 years of age and ensure the full participation of parents in their education and development in order to prepare all children for achieving success in inclusive kindergarten and primary schools.

Policy Strategy 4 *Preschool education for children, 3 to 4 years*

Implement and expand high-quality, culturally and linguistically-appropriate and inclusive preschool education, continuing parent education and involvement and related early childhood services, and conduct awareness raising workshops from community to national levels regarding the importance of preschool education.

5.4.1 Preschool methodological approach

228. To achieve the objectives of this Strategy and the Guidance issued by the Head of State for the upgrading of national education (President of Myanmar, March, 2011), the Government of Myanmar and its partners will build on positive preschool experiences of the MoE and DSW that have featured: child-centred methodologies; provision of individual, small and large group activities; use of active learning methodologies, including learning through play and learning corners in each classroom; and critical and creative learning opportunities. Child-centred teaching will be promoted in all Myanmar preschools through both pre- and in-service training (See Strategy 7). Descriptions of outstanding preschool education and evaluations of successful preschools using child-centred methods will be prepared or selected and widely disseminated.

229. Given the positive work of both MoE and DSW in establishing child-centred preschools and the need and demand for greatly expanded services, both ministries will increase and improve their preschool services as rapidly as possible. They will collaborate fully to plan, implement, monitor and evaluate their preschools at all levels. They will also work with preschools of the private sector to ensure they are registered under MoSWRR and use approved child-centred methodologies.

5.4.2 Preschool Development Plan

230. A rapid baseline study will be conducted in each community to assess the needs for preschools and preschool classes. On the basis of this study and the prior activities in Section 5.2.1, the MoE and MoSWRR, with the full collaboration of the MoH, will develop the Early and Preschool Strategic Plan will be developed for the progressive provision of a sufficient number of high-quality community-based and private sector preschools and preschool classes in all primary schools for children from 36 to 60 months of age.

231. Strong existing preschool programmes will be maintained and reinforced as new and additional preschool services are developed as rapidly as possible. Positive experiences in developing sustainable systems will be used as a basis for future preschool development. Lessons learned from challenges faced during prior preschool development will be used to ensure the success and sustainability of the preschool expansion and improvement programme.

232. To achieve the goal of providing by 2018 high-quality preschool services for all 3 and 4 year-old children whose parents want them to attend preschool, the number of preschools will be increased by means of:

1. Building or designating preschool classrooms attached to each primary school (MoE);

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Photo by Myo Thame

Quality preschool is for ALL children

2. Expanding the number of community-based preschools established by DSW, often in collaboration with non-governmental, faith-based and community-based organisations; and
3. Including registered private preschools.

233. Preschool services will be made universally available, affordable and inclusive. They will be progressively provided free-of-charge for children from poor families.

234. Projections and simulations will be prepared to maximise the use of national and international resources devoted to preschool education.

235. In addition, an ECCD Law for the registration of ECCD Services was enacted by on 6 Feb 2014. It will address ECCD services for children from birth to 8 years of age that are conducted or sponsored by the Department of Social Welfare (DSW) or conducted separately by other organisations or the private sector. DSW will strongly support the implementation of this law.

5.4.3 Preschool Advocacy Plan and activities

236. To promote preschool education and ensure parents are fully aware of its benefits, a Preschool Advocacy Plan will be developed for the nationwide promotion of preschool education (See also Strategy 9). A special emphasis will be placed on promoting child-centred preschool education through conducting widespread advocacy with parents and communities.

5.4.4 Parent education and parental involvement and oversight

237. Continued parent education and parental involvement in preschools will be essential. Parent education and support will be provided by all preschools to ensure parents are aware of developmentally appropriate activities they can do with their children and with groups of children at play in the community. Parent education modules will also focus on health care, good nutrition, and child hygiene, safety and security for children 3 to 4 years of age.

238. Active parental participation in helping with preschool management and maintenance, supporting preschool teachers and aides, and providing regular oversight activities will be essential in preschools attached to primary schools as well as in community-based preschools conducted or guided by DSW in collaboration with other organisations. Preschool teachers and others will mobilise parents and encourage them to participate in these preschool-related activities.

5.4.5 Roles and commitment of the Government for preschool education

239. The provision of adequate salaries for preschool teachers is required to ensure the long-term sustainability and quality of preschool education. In Myanmar, experience has demonstrated abundantly that communities are unable to provide sufficient funds to cover the salaries and benefits of preschool teachers. However, communities can provide partial support in the form of volunteer teacher's aides and in-kind donations of some of the materials needed for preschool construction and maintenance.

240. The Government, including support from ministries, regions/states, districts and townships, will assist communities through the provision of:

- 100 per cent of the salaries and benefits of all certified or adequately trained preschool teachers. Salary levels will be established according to the level of professional qualifications, experience, performance and certification of professional preschool teachers and full-time paraprofessional teachers and teaching aides. By 2018, fully trained and certified preschool teachers will be paid at the same level as primary school teachers;
- Materials for preschool construction and environmental sanitation facilities (latrines and improved water sources) on an equal shared basis with communities, NGOs and other donors;
- Pre- and in-service training, certification and recertification, supervision, monitoring and evaluation of preschool coordinators, teachers and paraprofessional teachers and aides; and
- Educational materials and children's books, playground equipment and learning supplies.

241. A number of attractive and developmentally appropriate children's books have been developed for preschools. More children's books are needed, and they will be translated, adapted, developed, field-tested, revised and distributed widely to meet the learning needs of children and parents of all ethnic groups in Myanmar.

242. Although it is well understood that the Government must assume recurrent costs such as those listed above, to meet costs for initial preschool development, construction and renovation, materials development and other innovations, training and quality improvement, additional initial support from international development partners

and other “well-wishers” will also be required. From time to time, the MoE and DSW will hold special meetings with partners to ensure they know the needs and plans for preschool expansion and quality improvement. Attention will be paid to ensuring that unnecessary duplication does not occur.

5.4.6 Roles of communities and monastic schools in preschool education

243. Community Preschool Management Committees will be continued or formed in all communities of each township in all districts and regions/states. They will be given pre- and in-service training and a handbook to guide their work. DSW Preschool Network Supervisors, Regional/State, District and Education Officers and Township ECCD Committees will provide on-going supervision, in-service training and monitoring and evaluation services for the Committees (See also sub-section 5.4.17 on supervision below).

244. Community Preschool Management Committees will meet on a monthly basis. They will prepare an annual plan and budget; lead and manage preschool construction, maintenance and repair; provide part-time preschool volunteers; help to secure additional funding to meet preschool needs; coordinate and network with all nearby preschools, kindergarten classes and primary schools, Health Centres and other services; conduct essential oversight of each preschool; and prepare and submit quarterly reports to their township. A manual and a guidebook for the pre- and in-service training and use of members of Community Preschool Management Committees will be prepared and applied nationwide. They will be revised and updated as needed.

245. In addition, studies will be conducted on the activities and needs of monastic schooling and selected other preschools for young children including activities for promoting their health, nutrition, hygiene and psychosocial development. Based on study results, monastic education leaders and principals of other types of preschools will develop and implement a Plan of Action for improved preschool education, with an emphasis on adding approved national preschool approaches and child-centred teaching methods.

5.4.7 Preschool quality standards, regulations and registration

246. All existing preschool standards, regulations and registration requirements that have been developed by government entities, NGOs and associations will be reviewed as a basis for establishing nationwide preschool requirements for all preschools in

Myanmar. At a minimum, each 5 years, preschool standards, regulations and registration requirements will be reviewed and revised in order to meet evolving systemic needs and requirements.

247. All preschools or preschool systems will be officially registered with the DSW. ECCD services managed by or affiliated with the MoE will be supervised and monitored by the MoE. All others will be supervised and monitored by the DSW. The independence of religious organisations with respect to providing and monitoring religious education for preschool-age children will be fully honoured.

248. All preschools or preschool systems, including private preschools, will meet national quality standards and follow established regulations and reporting schedules to obtain and maintain their registration. Each preschool will receive quarterly supervisory, in-service training and monitoring visits from the DSW to help ensure that quality standards and regulations are being met. The MoH will also assess and assist preschools with their health and feeding services as well as water, environmental sanitation and hygiene practices.

249. Concerning ECCD services provided by registered faith-based organisations, the respective organisation will be responsible for the pre- and in-service training of ECCD teachers, including collaborative training with DSW, MoE and other institutions. This training will be conducted in accordance with the ECCD Policy and all training and certification requirements, service and personnel standards and regulations established subsequently by the DSW to ensure that all children receive high-quality educational services.



Photo by Myo Thame

Story telling time at preschool

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5.4.8 Preschool curricula, educational materials, methods and media

250. Existing preschool curricula, educational materials, methods and media will be reviewed and needs for quality improvement will be identified. New items will be developed as needed, and all materials will be translated and adapted to meet the teaching and learning needs of all cultural and linguistic groups. As noted in Strategy 7, they will be revised, field-tested, produced and distributed widely to meet these needs and for use in the training of preschool personnel.

5.4.9 Preschool health care and feeding systems

251. Every preschool or preschool class will have a Health Care Plan that presents regular activities for ensuring good and timely health care for preschool children and their teachers. Linkages will be reinforced and formally established between preschools and local Health Centres for the provision of immunisations, micronutrients and other preventive and primary health care services. Health Centre basic health staff will make periodic visits to preschools and they will receive referrals from preschools for special health services, as needed. Special attention will be given to ensuring education and health sector collaboration to help lower the rate of under 5 child mortality to 39 per 1,000 live births by 2021 and 29 per 1,000 live births by 2031 (MoH 2010a).

252. Preschool feeding will be given a special priority in geographic areas of poverty and scarce food resources. Preschools must work with the local Health Centre to ensure that no child becomes or remains malnourished. Malnourished preschool age children will be identified and speedily enrolled in preschools to ensure they receive the stimulation, health care, food and micronutrients they require for healthy development.

5.4.10 Preschool environmental sanitation, safe water supply and personal hygiene

253. To reduce the incidence of diarrhoea and other illnesses, a package including Guidelines on Preschool Water, Environmental Sanitation and Hygiene will be provided to all preschools, along with related training for Preschool Management Committees and school principals.⁹ All preschools will receive training and they will be required to follow the Guidelines. They will work with regional/state representatives of the MoH to meet quality standards for preschool water, environmental sanitation and hygiene. The package will include instructions for monitoring compliance regarding water, environmental sanitation and hygiene.

⁹ The term "school principal" is used to include headmasters and headmistresses of schools.

5.4.11 Child friendly preschool classroom furniture for child-centred learning

254. Movable preschool furniture will be used to enable and promote individualised, small group and large group learning play activities. Instead of rows of benches and tables, all preschools will have child-sized chairs, small tables for small groups of chil-



Photo by Aye Aye Yee

All preschools need safe and well-designed playground

dren, mats, child-level bookshelves, etc. A manual with instructions describing appropriate furniture that can be made by local carpenters will be provided to all preschools. The MoE, DSW or other preschool system (i.e. faith-based preschools) will provide assistance upon request. In addition, local carpenters will be asked to make wooden preschool learning toys according to designs that will be supplied to them.

5.4.12 Preschool playgrounds

255. Each preschool will be required to have a safe and well-designed playground. A Playground Construction Manual describing such playgrounds will be provided to all preschools. Preschool Management Committees will be asked to help with playground construction.

5.4.13 Preschool libraries

256. In addition, each preschool will develop a library for the use of children, teachers and parents. Each preschool lacking such a library will receive a manual listing appropriate books. A core set of books for children and adults will also be provided in



the local languages. Guidance regarding how to manage the library will be issued for all types of users, along with suggestions on how best to read to and with preschool age children.

5.4.14 Culturally and linguistically appropriate preschool education

257. All preschool services will respect local cultures and will be provided in the mother tongue of the children and their parents. Educational materials will be prepared and provided in the language of the children attending the preschool. This may necessitate the use of two or more languages in some preschools.

5.4.15 Disaster Prevention and Preparedness Plans and activities

258. As is the case with primary and secondary schools, all independent preschools, preschool classes in primary schools, and ECCD Centres and programmes will be included in Disaster Prevention and Preparedness Plans, with a special focus on the needs of young children, parents, principals, teachers and ECCD facilitators during disasters (MoSWRR, 2009a and 2010a). Coordination meetings will be held regarding preschool disaster preparedness and response. Preschool teachers will be trained in disaster prevention and preparedness, and they will conduct regular drills and related activities with children and parents.

5.4.16 Pre- and in-service teacher training

259. The development of high-quality pre- and frequent in-service training will be essential for preparing an adequate cadre of skilled preschool principals, supervisors, teachers and teachers' aides. The plans for pre- and in-service training are presented in Strategy 7. Pre- and in-service training will be provided for preschool principals, teachers, teachers' aides, and Community Preschool Management Committees.

5.4.17 Preschool supervision, in-service training and monitoring and evaluation

260. To ensure the high quality, sustainability and equity of all community preschools, preschool classes in primary schools, and private preschools, the roles and responsibilities of preschool supervisors will be officially established, including specific activities for supervision, in-service training in preschools, monitoring and evaluation, and networking. Manuals, forms and instruments will be developed to help supervisors to structure their work well. Supervisors will be trained and coached by regional/state preschool leaders. A decentralised system for clusters of supervisors to work together will also be developed over time.

5

261. The development and application of a comprehensive and easy-to-use Pre-school Monitoring and Evaluation Package for supervisors and communities will be essential for ensuring the quality, sustainability and accountability of preschool education services. In addition, regular cost studies of preschool education will be conducted to assist with planning for programme expansion and service improvement over time.

5.4.18 Preschool horizontal and vertical coordination, sharing and networking

262. Research has shown that linking preschool services through horizontal and vertical networking activities is highly beneficial for all preschools. Innovations and lessons learned are shared, and regular gatherings motivate preschool personnel to excel. In addition, the recognition received for outstanding achievements usually results in encouraging higher standards and improved teaching and learning at all levels. Advocacy for coordination and networking will be conducted, followed by the development of a system for regular coordination, inter-site teacher exchanges and other networking activities.

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Objectives for Policy Strategy 5

Transition children and parents from home and preschool to inclusive kindergarten and primary school effectively, ensure parents participate in kindergarten and primary school management and oversight, and improve children's achievement in primary school, including securing age-appropriate enrolment, reducing grade repetition and attrition rates, improving basic literacy and numeracy skills in the mother tongue, and attaining universal primary school completion.

Policy Strategy 5 *Transition , kindergarten and early primary grades, 5 to 8 years*

Develop a strong transition programme for children from 4 to 5 years of age from home and preschool to inclusive kindergarten and primary school that includes parent participation in the schools, use of the mother tongue for learning basic concepts to the extent possible and as requested, and child-centred approaches with active learning methodologies for early grade teaching, learning through play, and learning corners.



Photo by Myo Thame

Inclusive primary school

5.5.1 Child-centred teaching and learning activities for inclusive kindergartens and primary schools

263. For 4 to 5-year-old children and their parents, transition services will be provided from home and/or preschool to kindergarten classes and the first grade. From kindergarten and the first to fifth grades of primary school, the same types of learning play activities that are featured in high-quality preschool education will be used. This is because children learn best through active involvement in skills development, enrichment activities, and explorations in their areas of interest. Kindergarten and primary school teaching methods will be child-centred in order to ensure that each child learns in developmentally appropriate ways through individual, small group and large group activities. Active learning methods will be used throughout, and learning corners will be provided for the following types of activities: pre-reading, reading and writing; early numeracy and mathematics; science discovery and experiments; fantasy play activities; arts, crafts, puppetry and musical play and performance; and creative play in “home” environments. Rote memorisation, drill and practice with children sitting in rows will no longer be used.

264. All kindergarten classes and primary schools will feature inclusive education. Children with developmental delays, chronic illnesses such as HIV, disabilities or atypical behaviours will be integrated into regular classes, provided individual education plans with the full participation of their parents, receive individualised instruction and support, opportunities for free play and guided play with their classmates, and regular parent-teacher meetings to ensure parents help to support their child’s learning. Supervisors and teachers will be trained to teach a wide variety of children effectively, includ-

ing those with exceptional intelligence (See Strategy 7). Children with multiple disabilities that do not permit them to join inclusive kindergartens or primary schools will be provided developmentally appropriate learning opportunities in other school or institutional settings to ensure a good quality of life and the development of their potential.

265. Kindergarten classes and primary schools, including Government, monastic, faith-based and private schools, will be assessed regarding child-centred teaching methods and inclusiveness. Based on this assessment and the results of the Comprehensive Education Sector Review, an Action Plan for Kindergarten and Primary School Improvement and Training will be developed and applied nationwide. Subsequently, regular monitoring and evaluation activities will include attention to child-centred teaching and inclusion.

5.5.2 Studies of the development of transition activities in Myanmar

266. A baseline study has been conducted on transition activities in Myanmar (Thein Lwin, 2011). Although transition activities currently exist in Myanmar, a fully national programme for improved transition from home or preschool to kindergarten and primary school has not been developed as yet. As the nationwide transition programme is developed and implemented, each 5 years successive reviews of transition activities will be conducted regarding progress achieved, challenges faced and areas for growth and improvement.



Photo by Myo Thame

Transition activities prepare children for success in primary school



5.5.3 Nationwide Transition Plan

267. Based on the assessment of transition activities and relevant options developed in other countries, a Nationwide Transition Plan for improving the transition of children from home and preschool to kindergarten and primary school will be prepared. A special focus will be placed on parent education and involvement, along with preparing kindergarten and primary teachers and principals for receiving each year's entering 5 year olds in kindergarten and developing active and child-centred learning approaches. The Nationwide Transition Plan will include activities for children, parents, teachers and principals. It will focus on children from 4 (last year of preschool) to 8 years of age in order to ensure all children will have a good beginning as they transition to kindergarten and grades 1, 2 and 3.

5.5.4 Contents for the transition process, modules and activities

268. The Nationwide Transition Plan will call for the preparation of a Transition Programme with special modules and standards. The locations, duration and intensity of various types of transition activities will be established. The Plan will include the content and methods to be used in orientation meetings with parents and teachers for a smooth transition into school. It will feature learning modules for children to ensure they are ready to participate fully in various types of learning play for topics such as language development, numeracy, science and the environment, hygiene, and positive cultural values and activities.

269. Attention will also be given in monastic preschool education to improving children's transition to kindergarten classes and primary schooling. In addition, following the plans of action developed by monastic leaders, kindergarten classes will be introduced and primary school instruction in monastic schools will be improved, with a focus on quality and the use of child-centred teaching and learning methods. The health and nutritional status of children will also be given attention, and health and nutrition services will be provided for all children in monastic education services.

5.5.5 Primary school learning targets

270. Core indicators regarding learning targets for literacy and numeracy will be measured at the end of the second or third grade using easy to apply assessments, such as a culturally appropriate version of the Early Grade Reading Assessment (EGRA) for literacy assessment. Comparable assessments will be selected to evaluate numeracy and children's self-regulation in the classroom.

5.5.6 Child-centred and active learning curricula, materials, methods and training manuals for kindergarten and primary school education

271. Existing child-centred kindergarten classes and primary schools will be assessed to identify their achievements, challenges, areas for improvement, and plans for the future. The results of this assessment will be used to continue the rapid nationwide expansion of child centred schooling.

272. To ensure that child-friendly and child-centred approaches and active learning methodologies are used in all kindergarten classrooms and primary schools of Myanmar, special attention will be paid to developing new kindergarten and primary school curricula, standards, educational materials, books, teaching methods and learning corners. Manuals will also be prepared for pre- and in-service teacher training. These materials will be developed, field tested, revised and produced. The new curricula, training manuals and educational materials will be used for training teacher trainers in Colleges of Education, primary school principals and the teachers of kindergartens and grades 1 to 3. All kindergarten and primary school teachers in all primary schools will be trained or re-trained using the new curricula and related materials. Regular in-service training will be provided to support these educational innovations.

273. Priority will be given to developing classroom settings and physical environments in line with a child-centred approach. Children will be motivated to engage in learning activities through providing a social and learning environment that is child-friendly and highly stimulating. Children will not be pressured to learn but rather they will engage in joyful exploratory learning. Teachers will be trained to handle the individual needs of each child, and they will spend extra time with children who need special attention. School safety and a strong sense of security for children and parents will also be ensured.

5.5.7 Community and parents' roles in kindergartens and primary schools

274. Communities and parents will help principals and teachers to prepare Annual Kindergarten and Primary School Plans, assist with school management, help with school maintenance and construction activities, provide volunteer teachers' aides, and conduct school oversight. They will also assist with the activities listed below for health care, feeding services, environmental sanitation, construction of furniture and playgrounds, and managing the school library. Advocacy activities will be conducted to expand community participation in developing and implementing school improvement plans.



5.5.8 Kindergarten and primary school health and feeding services

275. Each kindergarten class and primary school will be able to access child health care services through the provision of regular visits from Health Centre basic health staff and ensuring rapid access to nearby Health Centre services. Basic health staff will also provide occasional learning sessions for children, parents and teachers on essential topics regarding child health, nutrition and hygiene. In addition, children will receive micronutrients and deworming tablets, according to schedule and types of needs.

276. Good child nutrition will be ensured through the provision of nutritious school breakfasts and lunches, especially in communities with families living in poverty. For children from well-to-do homes, a fee will be charged for this service. For other children, parents will not pay a fee but they will be asked to help on a rotating basis with school feeding services, once they have received training on how to prepare nutritious food in a sanitary manner. All schools will use the guidelines of a school nutrition package.

5.5.9 Improved kindergarten and primary school environmental sanitation, safe water supply and personal hygiene

277. The School Water, Environmental Sanitation and Hygiene Guidelines and Monitoring Package will be provided to all primary schools, along with environmental sanitation training for School Management Committees and school principals. All kindergarten classes and primary schools will be required to follow the rules for environmental sanitation and hygiene, and they will ensure children have easy access to enough safe and improved water, hand-washing facilities, approved and well-functioning latrines or toilets for both young girls and boys, and hygienic classrooms. Teachers will be trained in all of these areas, and in turn, they will assist parents and other community members to improve home, school and community water, environmental sanitation and hygiene. Children and their parents will receive training on clean and safe water practices, environmental sanitation and hygiene for the home, including waste management and recycling.

5.5.10 Child friendly school classroom furniture

278. A user-friendly manual and designs for the construction of furniture for child-centred and active learning classrooms will be developed and provided to all kindergarten classes, primary schools and communities. Old and outmoded school furniture will be replaced as soon as possible. Appropriately sized children's chairs and tables will be used for individual and small group work, along with bookcases, mats and cushions.

Carpenters and parents in townships and communities will be encouraged to construct the furniture.

5.5.11 Kindergarten and primary school playgrounds

279. Similarly, designs for safe and standard kindergarten and primary school playgrounds will be provided to all primary schools and their communities. They will feature equipment that favours healthy child physical development. Child safety and age-appropriate sports and exercise will be encouraged. Communities will be encouraged to assist with the development of kindergarten and primary school playgrounds.

5.5.12 Kindergarten and primary school library

280. As soon as possible, each primary school will establish a library with children's books and other learning materials in the mother tongue, the national language, and if requested, in English. The libraries will also provide reading areas and opportunities to play with puppets and engage in fantasy play. A section of the school library will have educational materials for teachers and parents. Progressively, computer-based learning will also be offered.

5.5.13 Languages used in kindergarten and primary school

281. Transition activities, kindergarten and early primary grade instruction will be provided in the mother tongue of the children as soon as it is possible to do so. Many more persons from minority ethnic groups need to be trained as teachers, and learning materials must be prepared in local languages. Mother tongue usage will help to ensure children will understand what they are learning, will perform better in school, and will not drop out of school or repeat grades (Ball, 2011).

282. In collaboration with the Literacy and Culture Association, an optional special class on the local language will be offered where it is requested and needed,

283. By providing early education in the mother tongue, educational rights will be respected, learning achievement will improve, and requests for mother tongue education will be honoured.

5.5.14 Supervision

284. A Kindergarten and primary School Supervision Package will be developed and all kindergarten and primary school supervisors will be trained using the package. Additional Township Education Officers, Deputy Township Education Officers, Assistant

Township Education Officers, Cluster Heads and School Principals will be trained to: ensure all kindergarten and primary schools feature child-centred learning methods; oversee the transition programmes; supervise the principals and teachers of all kindergartens primary schools; oversee inclusive kindergarten and primary school education services; ensure mother tongue-based learning is provided during the first four grades; help to provide in-service training; and monitor and evaluate teacher and school performance. The kindergarten and primary school supervisors must receive the necessary support to enable them to perform these activities on a regular basis.

Objectives for Policy Strategy 6

Ensure full rights for all children with special needs, prevent the institutionalisation of special needs children, achieve full preschool, kindergarten and primary school inclusion, and reduce the incidence of stigma and discrimination, child abuse, neglect and exploitation.

Policy Strategy 6 *Children with special needs*

Fulfil the rights of children with special needs and reduce institutionalisation through providing family preservation and/or family placement and training services, establishing inclusive preschools, kindergarten classes and primary schools, and ensuring quality care to protect all children from birth to 8 years from abuse, neglect and exploitation.

285. Policy strategy 6 will ensure that child rights and child protection services will be expanded and improved. Special attention will be given throughout to ensuring young children will participate to the extent possible in the development of policies and programmes that will affect them.

5.6.1 Review of current child laws

286. Once the new *Child Law Amendment Law, 2012* is adopted, the Pyithu Hluttaw and Amyotha Hluttaw will be requested to review all current laws related to parents, caregivers and guardians, and children from birth to 8 years of age. As needed, those child laws will be revised in order to ensure they are consistent with the amended Child Law.

287. In line with similar activities in other ASEAN countries, a multidisciplinary review committee will review these national laws each 5 years to ensure they are adequate

and up-to-date with respect to the evolution of social and child protection needs and services in Myanmar and the ASEAN region. In addition, review workshops should be held to ensure that the activities and services listed below for vulnerable children are included in the next National Plan of Action for Children (2016 – 2020).

288. Key topics related to children in difficult circumstances or with special needs are addressed in the following sections.

5.6.2 Revision and implementation of the Child Law

289. The *Child Law* of 1993 is currently being amended. It addresses the needs of children from birth to 18 years of age. Once the new law is adopted, all ECCD services will train their staff members in its provisions as they pertain to children from birth to 8 years of age. Once trained, ECCD personnel will educate parents, caregivers and guardians in their programmes to ensure they understand the main provisions of the Act, especially as they address them and their children.

5.6.3 Develop a comprehensive Myanmar Child Protection Policy and Strategic Plan

290. On the basis of this ECCD Policy, the CRC, the amended Child Law and the review of all laws and services pertaining to young children, and in concert with all stakeholders, the MoSWRR will develop a comprehensive Myanmar Child Protection Policy and Strategic Plan as well as new initiatives that will ensure the implementation of all of the services listed below for young children and mothers as well as other essential services for older children with special needs. High priority will be placed especially on providing prevention services as well as treatment services. The preparation of the Child Protection Policy and Strategic Plan will include: the formation of a Steering Committee and Task Force; consultation workshops at community, township, regional and national levels; high-level interviews; and a comprehensive situation analysis prior to drafting, reviewing, finalising and adopting the new instruments.

5.6.4 Children of ethnic and linguistic minorities

291. Most young children of ethnic and linguistic minorities lack access to comprehensive and high-quality ECCD services. Special priority will be placed on establishing culturally appropriate and mother tongue-based ECCD services for these children and their parents. Every effort will be made to train rapidly a sufficient number of ECCD specialists, paraprofessionals and volunteers from each of the ethnic groups throughout the nation.

Photo by Dr. Emily Vargas-Barón



Pa-oh women actively participate in ECCD activities, Pinlaung Township

292. With the goal of offering children from ethnic and linguistic minorities all of the comprehensive ECCD services that are included in this ECCD Policy by 2018, priority will be placed on developing these services as rapidly as possible.

293. A special activity pertaining to each ethnic and language group in Myanmar will be developed to identify national and international linguists and anthropologists as well as educators from minority ethnic communities who can assist with developing and field testing new educational materials and training programmes for community members. Specific activities for the development of educational and other ECCD service materials are listed in the sections of the Policy to which they pertain.

5.6.5 Children with developmental delays and disabilities

294. The ECCD Policy addresses the rights of children with developmental delays, disabilities or chronic illnesses through providing ECI services (See Strategy 3) and inclusive ECCD services, preschool, kindergarten and primary education (See Strategies 4 and 5). Inclusive preschools, kindergartens and primary schools will be linked to Health Centres for special health and feeding services, depending upon the needs of individual children.

295. In addition, for children with profound disabilities, special preschool, kindergarten and primary school opportunities and special health care services will be provided.

For children with severe hearing impairments, they and their parents and siblings will be trained in sign language. Current DSW and NGO services for children with hearing and visual impairments and children with multiple disabilities will be expanded in regions and states to meet the need and demand for these services.

296. In some instances, with the collaboration of the MoH and related medical facilities, children with severe physical disabilities will be sent, as needed, to regional/state rehabilitation services for short- to medium-term therapeutic assistance. Community-based rehabilitation services will be progressively provided in regions with many children with physical disabilities.

5.6.6 Education for parents of children with special needs

297. In addition to services for children, parent education and support programmes will be provided for the parents of children with special needs. In order to avoid child abuse and neglect and the domestic violence that often occurs in families that are severely stressed by caring for children with special needs, attention will be given to providing parental peer groups, individual counselling, family preservation and family therapy services. Parental and child rights to protective services will be emphasised.

298. A training manual and a parent education and support package will be prepared, field tested, revised and produced. It will include the teaching of: special child development methods; coaching on parental rights to privacy and informed consent for services; referrals to parenting support and therapeutic services; counselling and family therapy approaches, family preservation methods, peer group formation; child respite care services for overburdened parents; and awareness and advocacy training for parents, caregivers and volunteers. Workshops for the training of trainers will be prepared and provided nationwide for service providers who are working in the fields of ECCD, health, nutrition, social work, education and protection and are serving the parents of children with special needs. Trainers of trainers will train other service providers in their regions and townships until nationwide coverage is attained.

5.6.7 Support for the implementation of the National Plan of Action for Disability

299. The Government of Myanmar officially adopted a *National Plan of Action for Disability for 2010-2012* (MoSWRR, 2010c). A disability law is currently being drafted. In relation to these documents, it will be important to ensure that in the future, the

needs, issues and preventive, early intervention and inclusive education services for young children with disabilities and delays will be given adequate emphasis. Therefore, a Multisectoral Review Sub-committee of the Child Law Review Committee will be established to review these documents in light of this ECCD Policy. The committee will work to ensure that the provisions of this ECCD Policy that deal with the early identification and services for children with disabilities, developmental delays, malnutrition, chronic illnesses and atypical behaviours and special centres and rehabilitation services will be prioritised within the preparation and implementation of the next *National Action Plan for Disability* and the future disability law. Attention should also be given to issues of physical and communications access for young children with disabilities.

5.6.8 Children affected by abuse, neglect or exploitation

300. A Child Abuse Prevention Outreach Plan will be developed to identify and serve infants and children affected by neglect, physical, emotional or sexual abuse, or other forms of exploitation. Protective, high-quality and nurturing services will be provided for such children, including temporary shelter homes, foster families, appropriate day care and development services, preschool education, kindergarten classes and primary schooling, and special health services and nutritional support, as needed. Wherever possible, every effort will be made to offer parent education and support, family therapy and family preservation services. Special attention will also be given to the prevention of child neglect, childhood injuries and physical, emotional and sexual abuse.



Photo by Myo Thame

Children received breakfast and lunch at drop-in center, Daw Pon Township

301. The roles and responsibilities for justice and police services will be specified, and additional directives and protocols developed, as needed. The Child Friendly Anti-Trafficking Unit of MoHA will be given strong support to prevent child trafficking, ensure young children are protected, and provide treatment and referrals for affected children and their families.

302. Service standards for child protection services will be developed, reviewed and revised each 5 years to meet evolving needs. For example, the prohibition of corporal punishment in all ECCD centres, programmes, preschools and kindergartens and primary schools will be reinforced. The *Child Safeguarding Code of Conduct* will be disseminated widely and vigorously enforced.

5.6.9 Ending of the placement of children ages 0 to 3 years in residential services and placement instead in family settings

303. Because infants and children from 0 to 3 years of age become developmentally delayed or disabled in residential services (i.e., orphanages, religious facilities and boarding services), this practice will be gradually reduced within three years of the adoption of this ECCD Policy, infants and young children from 0 to 3 years of age will no longer be placed in such institutions. Instead, every effort will be made to maintain these children in the family home through providing family preservation and family therapy services for the parents according to their needs. If this process proves to be impossible to achieve for specific families, the children will be placed in a nurturing home with well-trained and supervised caregivers.

304. A study will be conducted on the causes and prevalence of many children, from birth to 8 years of age with at least one living parent, being placed in Buddhist and related facilities. Based on study results, new guidelines and initiatives will be established to reduce the residential placement of children for non-religious reasons such as hunger, poverty, lack of access to education, etc.

305. The per capita cost of such support services would be much less than the cost of placing a child in residential services, and the results in terms of child development will be much better. For orphans, every effort will be made to find an “adoptive” family of relatives or others who will provide long-term devoted child care and development.

306. A family support package will be designed for use with low-income families who lack the funds to care for an additional child and especially a child with disabilities, including as per family need: modest but adequate conditional cash transfers, free

health and nutrition care, ECCD services including child care and development facilities, preschool education and other services as needed.

5.6.10 Improving care for children already placed in residential services

307. For children from infancy to 8 years of age who have already been placed in residential care, every effort will be made through child tracing and counselling to reintegrate them with their families. In the meantime, institutional caregivers will be trained in developmentally appropriate child care and development activities and in methods for transitioning the children to home-based care with a family trained to nurture and develop them well.

308. All residential services must be formally registered by 2015. The directors and personnel of residential services will be required to implement the *Minimum Standards of Care and Protection for Children in Residential Facilities* (MoSWRR, DSW 2011b) by 2013 and maintain them over time. Supervisors will be trained to observe and assess the quality of such institutions using the *Minimum Standards* and other regulations for improving services, as they are issued. Full accountability will include the development of procedures for enforcing the *Minimum Standards* and related regulations. Additional support will be provided for registered residential services that meet quality standards, with a focus on children from 37 months of age and older.

5.6.11 Children of parents in correctional facilities

309. Infants and young children up to 5 years of age living in correctional facilities with their mothers require ECCD services. An ECCD Centre will be provided in each of the correctional facilities. Attractive rooms or settings will be established for breastfeeding for all children from birth to up to 3 years of age. High quality parent education, nursery and preschool services will also be provided. All preventive, primary and acute health care services will be given to these children as well as good quality complementary feeding services from 6 months of age onward.

310. For all children under 8 years of age whose parents (mother and/or father) are in correctional facilities and who live outside of the facility, a package of developmental, health and nutrition services will also be provided. The DSW, MoH, MoE and the Correctional Department of the MoHA will collaborate to ensure all such children are identified and well served. Every effort will be made to keep them with their relatives or another caring family member in order to avoid placement in a residential facility.

311. In addition, services will be provided to ensure visiting days are warm and nurturing and filled with developmentally appropriate activities for parents and their children. Parents in correctional facilities will receive parenting education to prepare them for having positive visits with their children. Because their children are at a high risk of developing delays, home visits will be provided in accordance with child and family needs.

5.6.12 Internally displaced and refugee children affected by conflicts or natural disasters

312. Many young children still reside in camps for internally displaced persons or refugees. Most of them belong to ethnic minority groups. A package of basic ECCD services, along the lines of “child friendly spaces,” will help ensure these children are protected, safe, well developed, and receive essential preventive, primary and acute health and nutrition care services. Child caregivers will sign a code of conduct and receive training in ECCD services and child protection during emergencies. All ECCD services for internally displaced and refugee children and their parents will be provided in the language of the family. Special attention will be given to reuniting children with their families and ensuring families are able to remain together when living in camps or areas for displaced persons or refugees.

5.6.13 Street children and working children

313. Street children and working children are often, but not always, one and the same. Drop-in centres will be opened to provide early childhood services, including preschool, kindergarten and primary school education. Attention will be given to designing, field testing, revising and producing materials for life skills (as appropriate) for young street children including mothers who carry their infants while begging in the streets, children working in the streets, and those children who are labelled as “young delinquents.” For the parents of street children and working children who are living in poverty, services for job placement and family support will be provided.

5.6.14 Eradication of abusive child labour

314. From approximately 5 years of age onward, some children are forced to engage in abusive child labour, such as carrying bricks, selling or begging on the street, harvesting crops, herding animals, and other activities. It is essential to enforce child rights and all national laws and standards that have been developed to eradicate abusive child labour.

315. Services to eradicate abusive child labour will be expanded and strengthened. They will focus on identifying all children in each region who are forced to enter abusive child labour. They will ensure that all of these young children will be enrolled and participate fully in preschool, kindergarten and primary schooling at the appropriate ages and will receive the health and nutrition care and protection services they require.

5.6.15 Children affected and infected by HIV and AIDS

316. Children living in or coming from a family where one or more parents or caregivers are HIV-positive or are themselves HIV-positive should not be stigmatised or discriminated against. They will be able to access all health, nutrition, education or protective services, as would any other child. High-quality and nurturing services will be provided to children affected by HIV and AIDS, including temporary shelter homes, foster families, appropriate day care, and child development services.

317. Support will be provided to ensure that all HIV infected children are able to obtain ART services. Training materials will be selected to train preschool, kindergarten and primary school teachers and other ECCD staff members to be sensitive and address issues related to children affected by HIV and AIDS. Wherever necessary, parents, caregivers and community members will be educated to be sensitive to and support children affected by HIV and AIDS. Every effort will be made to ensure that children affected by HIV and AIDS but not infected, do not become vulnerable to HIV.

Objectives for Policy Strategy 7

Improve continuously the knowledge and abilities of ECCD professionals, paraprofessionals and volunteers in governmental, non-governmental, faith-based and community-based organisations, and provide career ladders, certification and regular recertification, especially for professionals who play leadership, training and supervisory roles.

Policy Strategy 7 *Pre- and in-service training system*

Establish a comprehensive, high quality, multisectoral and sustainable pre-service ECCD training system, with career ladders and certification as well as continuous and flexible in-service training services at all levels for the recertification of professionals and upgrading of paraprofessionals and volunteers.

318. The ECCD pre- and in-service training system will improve the capacity of service providers from all ECCD organisations at all levels through providing degree-granting courses of study, training workshops, seminars and study tours at regional/state, national, Southeast Asia regional and international levels.

319. The primary goals of the pre- and in-service training system will be to;1) develop a strong group of ECCD professionals through the creation of diploma, bachelors, masters and doctoral degrees in early childhood care and development, early childhood education, early childhood intervention, child therapies, special education, social work, educational psychology, programme and educational management, and 2) prepare a wide variety of paraprofessionals and volunteers who will provide high-quality services under the guidance of ECCD professionals.

320. All pre- and in-service ECCD training programmes will incorporate the ECCD Policy into the curriculum for study and discussion, with the goal of ensuring that all training will reflect the vision, mission, core concepts, goals, objectives, strategies, services and activities of this Policy.

5.7.1 ECCD workforce development and training studies

321. Upon the adoption of the ECCD Policy, studies on workforce needs and pre- and in-service training capacity in all major ECCD fields will be reviewed. As needed, additional studies will be conducted to obtain up-to-date information. ECCD workforce de-

velopment and training studies will be conducted each 5 years in order to project accurately Myanmar's needs for expanding and improving pre- and in-service training for ECCD human resource development.

5.7.2 National plan and system for pre- and in-service training

322. Myanmar currently lacks a plan and a system for the pre-service training for ECCD professionals, paraprofessionals and volunteers. Therefore, a national pre-service training system will be designed and developed, including all elements and phases required to ensure high-quality pre-service training for ECCD leaders, planners, managers, coordinators, trainers, supervisors, monitoring and evaluation specialists, teachers, early childhood interventionists, therapists, social workers, psychologists, and an array of community ECCD facilitators who are paraprofessionals or volunteers.

323. It will be essential to involve all relevant training organisations in the planning process for pre- and in-service training.

324. A **High-Level Steering Committee for ECCD Training** will be established to guide this planning process in collaboration with the MoE, MoSWRR, MoH, Colleges of Education, the Institutes of Education and several specialised universities of the health, nutrition and environmental sanitation sectors. Representatives of ministries, academic institutions, and relevant NGOs and associations will participate on this Committee. Selected international specialists will also be invited to make recommendations to the Committee.

325. Based on workforce and training studies, plans for pre- and in-service training will be prepared each two years. The design of the pre- and in-service training system will include a plan for the phased development of the system; the selection or establishment of institutions that will play major roles in implementing the system; the preparation of training manuals and modules, and culturally and linguistically appropriate curricula and educational materials, methods and media required for conducting training programmes and workshops; career training ladders for all major types of ECCD personnel; personnel standards; and official requirements for certification and recertification.

5.7.3 National Centre for ECCD Resources and Training

326. As noted above, various educational curricula, materials, methods, media and manuals will be selected or developed, adapted, translated, field tested, produced and

distributed widely to provide high-quality ECCD services. It will be necessary to prepare many items in the national language and in minority ethnic languages.

327. To meet these needs, a **National Centre for ECCD Resources and Training** will be designed and developed. This Centre will use an integrated approach to materials development and training. The National Centre will include the following features, among others: curriculum and educational materials development, field testing, revision, and printing or copying; translation and cultural adaptation; production and large-scale distribution of existing Myanmar and international materials of high quality; design, preparation, training, implementation, monitoring and evaluation of pilot projects in collaboration with governmental and non-governmental, faith-based and community-based organisations, professional associations and foundations as implementing groups; development of programme and personnel standards and regulations as needed; provision of regular pre- and in-service training workshops for ECCD services to complement and supplement training provided in Myanmar universities and colleges; demonstrations and practice sessions for the provision of hands-on training; and resource rooms for educational materials and learning books and toys.

328. A national-level planning workshop will be held, and subsequently a group of national and regional ECCD experts will prepare a plan for the development of the national and regional centres. Consultation groups will be held to review the plan. Once the plan is established, it will be implemented in stages, beginning with the National Centre.

5.7.4 Regional/State Centres for ECCD Resources and Training

329. After the National Centre has been developed and consolidated, Regional/State Centres for ECCD Resources and Training will be set up in phases. The Regional/State Centres will focus on conducting in-service training workshops; developing resource rooms; providing demonstration services; and collaborating with field tests of educational materials and pilot projects.

5.7.5 Career ladders, personnel standards, certification and recertification

330. As noted above, career ladders will be established for each major ECCD field of service. They will enable trained paraprofessionals and volunteers to aspire to achieving the experience and training required to become junior, mid-level and senior professionals in selected fields. Personnel standards will be set for each type of professional

and paraprofessional role, and they will be linked with official requirements for certification. Certification will be required for professionals for the provision of 0 to 3 services, ECI services, preschool education and transition services, kindergarten and primary teaching as well as several professionals in health, nutrition, environmental sanitation and related protection fields, including social workers and psychologists.

331. A system of annual recertification for each major ECCD field will be established, noting the type of training and numbers of credits or hours required for recertification.

5.7.6 Pre-service training for ECCD professionals at Institutes of Education

332. A strong group of ECCD leaders and professionals will be created through the establishment of degrees in the Institutes of Education, initially at the Masters level and later at the Doctoral level for the following fields:

- Early childhood care and development (multisectoral approach to child development from preconception to 8 years);
- Early childhood education (nursery schools to preschools, 0 to 60 months, kindergartens, 60 to 72 months, and transition to early primary grades one to three), including inclusive education;
- Early childhood intervention (ECI) (services for children with developmental delays, malnutrition, disabilities, chronic illnesses and atypical behaviours) including the preparation of experts in special education. This training will be coordinated with the MoH and universities of medicine.

333. The ECI field will include physical, language and occupational therapies, paediatrics, nursing, special education, social work, educational psychology, and programme management. The ECI system will be developed through a full partnership among the MoH, MoE and DSW in collaboration with non-governmental, faith-based and community-based organisations, professional associations, foundations, higher education institutions and international development partners.

334. A special emphasis will be placed upon training specialists to work with the parents of children from 0 to 3 years of age. In turn, they will train ECCD trainers, parents, child caregivers, mother educators, community leaders, basic health staff, midwives, social workers, community health care providers and volunteers.

5.7.7 Colleges of Education

335. To upgrade and prepare many high-quality preschool and kindergarten teachers, all Colleges of Education will establish a two to four-year ECCD Track with a Diploma in ECCD, Preschool Education and Kindergarten. Once developed, the syllabus of courses for ECCD, preschool and kindergarten teacher training in the Colleges of Education will be submitted to the Department of Curriculum Development of the MoE for approval.

336. The ECCD and kindergarten Track will be developed in close collaboration with the Primary School Track especially because the similar educational methodologies will be used in both tracks. However, specialised and developmentally appropriate curricula, textbooks and educational materials will be used in each track.

337. Using the syllabus, a new curriculum, with textbooks and educational materials for the ECCD Track and the Kindergarten Year will be developed and/or selected and adapted.

338. The quality of model preschools, kindergarten classes and primary schools linked with Colleges of Education will be improved in order to use them for demonstrations, practice teaching, coaching, and mentoring.

339. Once the Colleges of Education have fully instituted their ECCD, Preschool Education and Kindergarten Diploma Programmes, they will work progressively with Township Assistant Education Officers, Cluster Heads and District Education Officers to ensure that all current ECCD, preschool and kindergarten teachers receive the in-service training on ECCD supervision and programme development that they will require.

5.7.8 ECCD in universities of medicine and nursing

340. Wherever possible, in collaboration with the MoH and the University Academic Bodies, ECCD syllabuses and courses will be developed and provided in universities of medicine, public health and nursing, including training institutes and workshops for midwives and auxiliary midwives.

341. Training in preconception education, health, immunisation and nutrition care will receive greater attention for pre-graduate studies in universities of medicine and in nursing and midwifery training schools. The training of physical therapists, occupational therapists, and speech therapists will be emphasised. The field of Developmental

Paediatrics will be considered for inclusion in universities of medicine. Doctors representing this new medical field would be of great assistance to ECCD and ECI services throughout Myanmar.

5.7.9 Training for social workers and child protection specialists in relevant universities

342. Attention will be given to expanding and improving the preparation of professions in the fields of social work, psychology, counselling and child protection. All universities that train these professionals will be considered for the possible expansion of their training programmes in these high-priority areas in order to ensure that enough specialists will become available to meet the needs of the MoSWRR and its partner institutions.

5.7.10 Training of trainers

343. Priority will be placed on upgrading the ECCD knowledge and abilities of national educators of the Institute of Education, Colleges of Education and training schools and universities under the Department of Medical Science. Leading professors of education, medicine, public health, nutrition, social work and psychology and other key fields will be selected for advanced ECCD, ECE and ECI training that will be held in Myanmar. Some professors will be provided regional and international training opportunities as well as invitations to participate in regional and international conferences in their fields.

5.7.11 Training of ethnic minorities

344. Because ECCD and ECI services must be provided in the mother tongue, all pre- and in-service training programmes will include a sufficient number of members of each minority ethnic group in Myanmar in order to ensure that all parents and young children will equitably receive culturally and linguistically-appropriate services. Through the collaboration of the MoE, DSW, MoH, MoBA and several universities including the University for the Development of the National Races of the Union (UDNR), administered by the MoBA, candidates from minority ethnic groups and border regions will be identified, selected and trained to provide ECCD and ECE services, including preschool and kindergarten classes, in their communities.

345. To achieve these training goals, proactive outreach activities will be conducted to identify a sufficient number of potential trainees from each main ethnic minority group. To the extent possible, initial practical training will be conducted in or close to

the students' communities. Such training promises to be more effective and to help retain newly trained persons in the community work for which they have been trained. The provision of stipends and adequate salaries also impact the maintenance of trained persons in community service. Remedial basic education programmes will be offered as needed, and scholarships will progressively be provided to help students pay for expenses, such as tuition fees, books, travel, accommodation and food.

5.7.12 Plan for additional training of uncertified preschool, kindergarten and primary school teachers

346. Once a certification system has been established, a plan will be developed for providing additional training for experienced, partially trained and uncertified teachers in community preschools, kindergartens and other ECCD establishments, including other non-governmental, faith-based and community-based education programmes.

347. Because many primary school teachers are being assigned to teach preschool classes without the requisite training in preschool-age developmental levels and teaching methodologies, special attention will be given to preparing them for preschool and kindergarten teaching. In addition, all primary school teachers will need to learn and observe effective preschool teaching methods in order to improve their teaching skills with kindergarten and primary school-age children.

348. ***A major emphasis will be placed on providing nationwide in-service ECCD training for the certification of primary school, kindergarten and pre-school teachers in child-centred, active learning methods, including the use of individual, small group and large group learning approaches as well as learning corners. Creative and critical thinking skills will be emphasised along with child self-regulation, well-balanced social and emotional development, and inclusive education techniques. Training in transition approaches and methods will also be included.***

5.7.13 In-service training

349. Annual plans for continuous in-service training in all major types of ECCD services will be developed and implemented. Training workshops will be provided mainly at the regional/state, district and township levels. Distance learning programmes will also be developed.

350. Current high-quality in-service training systems should be maintained and expanded in order to meet the strong demand for trained ECCD field service providers.



Several NGOs and associations provide short-term, month-long in-service training, and they should continue to receive support to improve their capacity to provide training services.

351. This training will be recognised, along with years of experience and performance reviews. However, additional training, certification and competency reviews will be required for field service providers to enter and rise in professional status. Experienced and competent paraprofessional field workers will be encouraged to secure additional formal education and/or training in order to pursue the diploma or degree they need to progress in their fields of endeavour.

5.7.14 Training of principals and head teachers

352. Extensive pre- and in-service training will be provided for school principals and head teachers in order to ensure strong support from the top for education reform at preschool, kindergarten and primary school levels.

353. The curriculum and materials used for training principals and head teachers will be assessed, and recommendations for improvement will be made. Based on this review, revised and new materials regarding preschool, kindergarten and primary school education will be developed for principals and head teachers, field tested, revised and produced for use in pre- and in-service training programmes. For current principals and head teachers, trainers of trainers will be prepared and nationwide in-service training workshops will be held in phases and on a regular basis.

5.7.15 Training of supervisors for ECCD, ECE and ECI services

354. Supervisors will provide continuous and scheduled in-service training for field staff members who work directly with parents and children. The supervisors of ECCD, ECE and ECI services will be trained to conduct three types of activities during regular scheduled site visits:

- (1) Supervisory activities and checklists;
- (2) In-service training sessions; and
- (3) Monitoring and evaluation activities.

355. Manuals and instruments will be prepared for the use of supervisors in conducting activities for supervision, in-service training, and monitoring and evaluation. They will be field tested, revised and printed for use in training workshops and in the field. Pre-service training and regular in-service training workshops including the training of trainers will be provided nationwide for supervisors of ECCD, ECE and ECI services.

5.7.16 Supervisors and teacher training for inclusive education

356. A training package on inclusive education will be prepared, field tested and produced for the pre- and in-service training of teachers, head teachers, supervisors and principals. The package will include new curricula, educational materials and methods. Subsequently, pre- and in-service teacher training will be provided to ensure pre-school, kindergarten and primary school teachers will be well prepared to conduct inclusive education. Teachers' aides will be trained. They will give additional attention and support to children who require it. Supervisors for inclusive education will be prepared at the university level, and they will help teachers deal with challenges as they arise. Upon request, relevant support services of selected non-governmental, faith-based and community-based organisations, professional associations and foundations will help teachers provide inclusive education. An advocacy campaign for parents and communities regarding "It is all about ability" will be planned and conducted at the time that educational personnel are trained to provide inclusive education.

5.7.17 Education for peace

357. Because of long-term, cyclical tensions experienced in Myanmar among ethnic groups, special attention will be given to training ECCD, ECE and ECI personnel in early childhood education for peace. The focus will be on developing behaviours, skills, attitudes and values conducive to creating inter-ethnic respect, friendship and positive communications throughout Myanmar. New curricula, educational materials and methods will be selected or developed, translated, adapted, field tested, produced and distributed in sufficient numbers for use in community centres, preschools, kindergartens and primary schools. Pre- and in-service training workshops will be provided each two years in all regions, sometimes in combination with other in-service training topics.

5.7.18 Training for disaster prevention and education in emergency preparedness

358. Because Myanmar is highly exposed to many types of cyclical natural disasters, special emphasis will be given to training supervisors, principals, head teachers, teachers and other ECCD personnel in disaster prevention and education as well as emergency preparedness. A training package, including curricula and educational materials, will be developed for use with children, youth and adult community members (MoSWRR, 2009a& 2010a). Special attention will be given to child protection, with an emphasis on serving displaced, separated and unaccompanied children.

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Objectives for Policy Strategy 8

Ensure all major ECCD services and systems are high in quality and fully accountable, supervise and monitor their personnel, and provide annual reports on service inputs, outputs and outcomes.

Policy Strategy 8 *ECCD system of accountability and quality assurance*

Establish a multisectoral ECCD management information system that is fully accountable and features processes for frequent service supervision, monitoring and evaluation, and annual reporting at all levels.

5.8.1 ECCD system of quality assurance, accountability and evaluation

359. Based on the ECCD Policy, the ECCD Strategic Plan, 2014-2018, will provide for an operational and costed implementation plan for an ECCD Management Information System (ECCD MIS) that will help to achieve quality assurance, programme accountability and evaluation. The plan will be reviewed widely. It will be included within the National ECCD Policy Implementation Institute.

360. The ECCD MIS will be established through collaboration and cooperation among all sectoral ministries, departments, national NGOs, INGOs, associations, foundations, CBOs, FBOs, UN agencies and other bilateral and multilateral international organisations.

361. The ECCD MIS will provide a nationwide database for children and ECCD services in Myanmar and will guide the internal and external monitoring and evaluation of all major ECCD services, including ECI services. It will be closely linked with the Central Statistical Organisation of MoNPED, the Educational Management Information System (EMIS) of MoE, and the Health Management Information System (HMIS) of MoH. The HMIS is in the process of being expanded and improved, including the use of an innovative Geographic Information System (MoH, 2012a). Formal interagency agreements will be established among the Central Statistical Organisation and the EMIS and HMIS for the sharing of pertinent data and systems.

362. In addition, systems for reporting, identifying and addressing issues such as stigma or discrimination and denial of services will be established at institutional, township, district, region/state and national levels. These systems will function independently, and they will not be managed by the system that administers each institution.

5.8.2 Contents of ECCD monitoring and evaluation

363. An ECCD Monitoring and Evaluation Manual will be prepared including a comprehensive listing of ECCD indicators for programme inputs, outputs and outcomes. This Manual will also provide key instruments and guides for instrument application and data reporting. Major ECCD services will gather data using established forms, and they will submit the forms to the National Policy Implementation Institute. The privacy of data regarding all persons will be guaranteed. Monitoring and Evaluation Reports will be prepared annually, and in some cases quarterly and monthly. Provisions for report submission and data analysis will be described in the Manual. A database and guidance for data analysis will be prepared, along with easy-to-use frameworks for regular reporting.

364. An initial list of ECCD monitoring and evaluation indicators will be provided in the ECCD Strategic Plan, along with measures and targets for each indicator. Additional indicators will be used according to the needs of the ECCD system and programmes.

5.8.3 National Child Tracking System

365. To ensure no child is “lost” to the ECCD service system, a part of the ECCD MIS will feature a National Child Tracking System. This system will be developed over time, and it will list each child from birth registration forward up to the age of 18 years (See section 5.2.4).

366. The National Child Tracking System will follow each child through his or her services for health, nutrition, education and protection, as they are used. The tracking system will include child outreach, identification, screening, enrolment, assessment, case management and follow-up.

367. Regulations will be developed regarding child and parental rights and consent with respect to privacy and the sharing of family information with services. All child and family information will be confidential. The data will be analysed on a continuous basis for purposes of programme planning, and annual summary reports will be issued.

5.8.4 Technical and managerial support for service quality

368. In addition to monitoring and evaluation, technical and managerial support for ECCD programme services will be offered through the National ECCD Policy Implementation Institute. As needed, specialised teams for quality assurance will be established to meet certain programme improvement goals.

369. To provide these services, national, ASEAN and international organisations and individuals will collaborate to offer in-service training as well as other forms of technical support. Training will also be offered for programme management and the decentralised supervision of ECCD services.

5.8.5 Applied ECCD research

370. A Fund for ECCD Research will be established in the National ECCD Policy Implementation Institute, and funds will be requested and secured from Government, international development partners and the private sector in order to provide annual support for a defined number of research grants.

371. Each year, a plan for conducting a limited number of ECCD research projects will be prepared and implemented. The National ECCD Policy Implementation Institute will be responsible for gathering ideas for research and establishing a Technical ECCD Research Committee. The Committee will work closely with other research groups, including the Departments of Medical Research and the Research and Development Division of the Department of Health Planning of the MoH (MoH, 2012a).

372. The ECCD Research Committee will issue an annual call for studies on specific themes, review proposals, and select projects that for funding. The Institute will oversee the research projects and decide upon publication and dissemination matters. To the extent possible, research results will be linked to policy and programme development, improvement and advocacy.

373. A major initial study will focus on identifying levels of child development in Myanmar. It will assess a representative, stratified random sample of children at various age bands, such as 9 to 12 months, 24 to 30 months, 36 to 42 months, and upon entry to kindergarten at 60 months of age. The results of this study will be used to target appropriate ECCD, ECE and ECI services to sub-regions that are found to have the greatest needs for improved child development.

Objectives for Policy Strategy 9

Ensure national, regional/state, district, township and community leaders understand the importance of ECCD services and parents are aware of their critical role in implementing the ECCD Policy and in improving the foundational development of their children, from birth to 8 years of age.

Policy Strategy 9 *Policy advocacy and communications*

Disseminate up-to-date, culturally appropriate and internationally recommended information on ECCD through visual, auditory and print media, with the goal of reaching all targeted beneficiaries, including leaders, service providers, caregivers, parents, teachers and communities.

5.9.1 Annual Plan for ECCD Policy Advocacy and Communication

374. The National ECCD Policy Implementation Institute will prepare Annual Plans for ECCD Policy Advocacy and Communication for the review and approval of the National ECCD Committee. The Annual Plans will include policy-related seminars, workshops and advocacy documents. ECCD policy advocacy events will be conducted at least quarterly to promote the full implementation of the ECCD Policy and Strategic Plan.

375. The Annual Plans will also include parent and community meetings and will use all media possible to support ECCD Policy implementation, programme development, and especially, parent education. Media used for communications will include radio, ethnic radio programmes, television, print media, Internet, dances, theatre, posters and banners.

376. Regarding communication for development, each year a minimum of 10 key messages will be prepared, broadcast or otherwise distributed to parents and citizens throughout Myanmar on selected topics, such as the following:

- Child and parental rights and responsibilities;
- Preconception, antenatal and postnatal education services;
- The importance of using skilled birth attendants;
- Birth registration and securing an official Birth Certificate;
- Preventive and primary health care, immunisations and home health care;

- Exclusive breastfeeding for 6 months and good complementary feeding thereafter;
- The reasons why young children need comprehensive ECCD services;
- Developmentally, culturally and linguistically appropriate communication for children;
- The importance of learning valuable parenting skills;
- Fathers' involvement in child development activities;
- Criteria for parents to assess ECCD service quality in order to make informed choices;
- Home and centre water, environmental sanitation, hygiene and safety messages;
- The importance of child-centred preschool education beginning at 3 years of age;
- Transition to child-centred, active learning classes in kindergartens at 5 years of age;
- Parental involvement in preschools, kindergartens and primary schools;
- Parental support and services for their school-age children;
- The importance of the early identification of children with disabilities;
- Introduction to ECI services and inclusive preschool education; and
- Prevention of child abuse, neglect and exploitation, and how to access child protection services.
- Why and how to be sensitive to issues related to children affected by HIV and AIDS

5.9.2 Initial ECCD policy advocacy activities

377. Policy advocacy will begin with the nationwide dissemination of the ECCD Policy and Strategic Plan to Government leaders at all levels and to governmental and non-governmental professionals in the fields of education, health, nutrition, environmental sanitation and protection. An explanatory booklet for parents will be provided to all ECCD services for distribution in each township. The full ECCD Policy and Strategic Plan will also be available online through the websites of the following ministries: MoH, MoE, MoSWRR, MoHA, MoI, MoL, MoNPED, MoBA and MoRA.

5.9.3 Annual ECCD Forums

378. In addition to policy advocacy seminars, workshops and documents, an Annual ECCD Forum will be planned and held with support from all ECCD Ministries and ECCD leaders of private sector, non-governmental, faith-based and community-based organisations, foundations, professional associations and higher education institutions.

379. The First Annual ECCD Forum will be convened upon the adoption of the ECCD Policy and Strategic Plan. The Forum will include public relations activities, training workshops and panels for community, township, district, regional/state and national ECCD experts and leaders.

5.9.4 National ECCD Network

380. As noted in section 5.4.18, ECCD professional networking will be emphasised. The existing ECCD Technical Working Group will become the National Network of ECCD Service Providers. At a minimum, the Network will hold quarterly gatherings to promote the full implementation of the ECCD Policy and Strategic Plans. A network of ECI service providers will also be developed once ECI services are instituted. It is anticipated that over time these networks will become national professional associations that will advocate for their fields, support their members, provide additional opportunities for in-service training, and enable the sharing of innovations, good practices and lessons learned.

5.9.5 Nationwide communications regarding ECCD

381. To ensure that all citizens of Myanmar may benefit from ECCD services and information, messages will be provided in the languages of all ethnic groups of Myanmar. Policy briefs will be issued along with Power Point presentations and other advocacy materials. Special attention will be given to involving ethnic groups and border regions currently lacking ECCD services in the preparation of communications activities. Members of ethnic groups will be invited to help plan, formulate, prepare and transmit these messages.

382. Ultimately, it is expected that these communications will raise the awareness of key national leaders, parents, teachers and responsible organisations and their personnel about the importance of providing accessible and high-quality ECCD services.

5.9.6 ECCD advocacy weeks and months

383. Annual Plans for ECCD Advocacy and Communication will include activities for ECCD advocacy weeks and months. These will feature the intensive transmission of key ECCD messages through television, radio, ethnic radio programmes and print media, with a focus on reaching under-served and targeted beneficiaries and all service providers. These messages will be designed to reinforce but not replace ECCD services. All information to be disseminated will be up-to-date, culturally appropriate and internationally acceptable.

Objectives for Policy Strategy 10

Implement the ECCD Policy thoroughly through establishing the National ECCD Committee, the National ECCD Policy Implementation Institute and a decentralised system for policy implementation, coordination, planning, budgeting and reporting at all levels.

Policy Strategy 10 *Organisation of the ECCD system*

Develop the National ECCD Committee, National ECCD Policy Implementation Institute and a decentralised system for the implementation and multisectoral coordination of this Policy, with an emphasis on supporting all communities, districts, townships and regions/states in developing ECCD committees, annual plans, budgets and reports.

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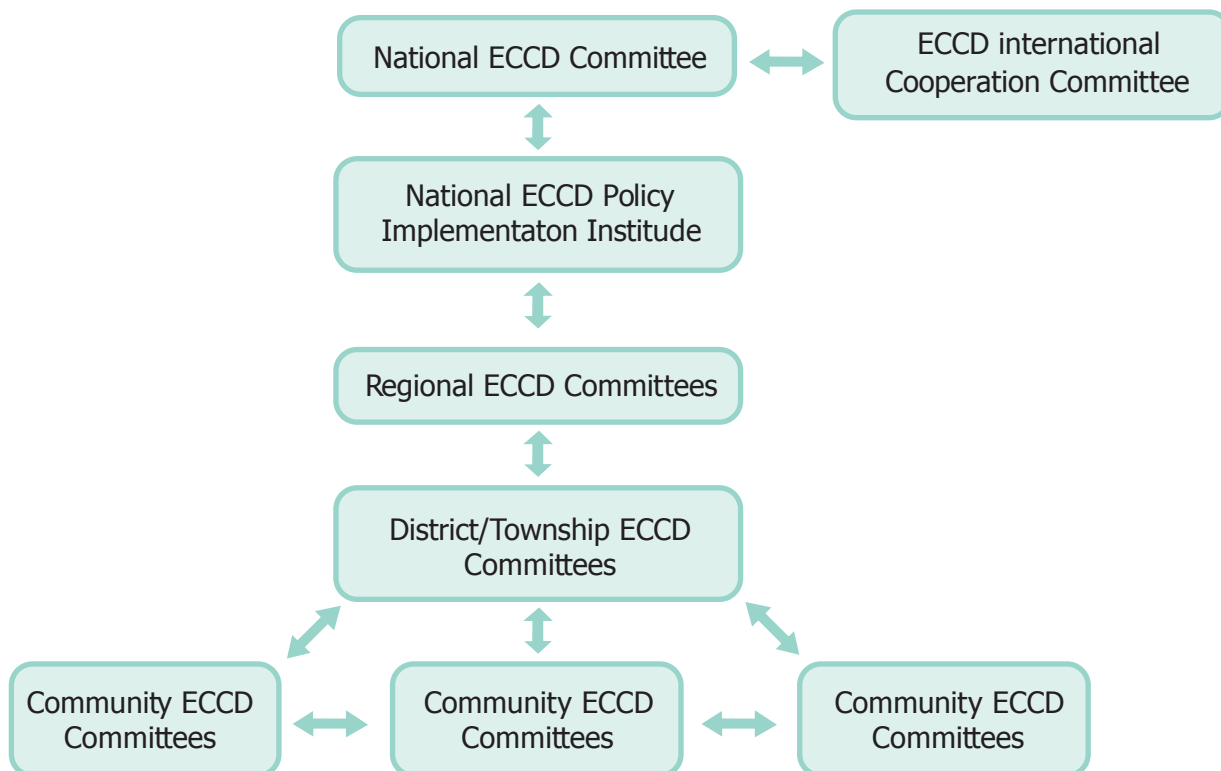
5.10.1 Organisational structure of the ECCD System

384. The ECCD System will include basic ECCD entities that will formulate and implement plans for comprehensive and culturally appropriate ECCD services at community, township, district, regional/state and national levels.

385. Strong coordination and collaboration will be established at all levels among governmental institutions, non-governmental, faith-based, community-based and private organisations, professional associations, foundations and institutions of higher education that provide or technically support ECCD services.

386. The organisational structure of the ECCD System is presented below.

Organisational Structure of the ECCD System of Myanmar



387. For each entity, terms of reference (TOR) will be prepared, reviewed and approved by the National ECCD Committee, including its own TOR. The TOR for each entity will be disseminated to all levels once they are approved. The ECCD System will include the following entities:

5.10.2 National ECCD Committee

388. The MoSWRR will establish the National ECCD Committee upon the adoption of the ECCD Policy. At a minimum, it will meet twice a year. The Chair of the National ECCD Committee will be the Minister of MoSWRR. The high-level members of the National ECCD Committee will include ministers, deputy ministers, director generals or deputy director generals of all relevant ministries, including the MoE, MoF, MoH, MoHA, MoI, MoL, MoNPED, MoBA, MoRA and MoSWRR, Union Attorney General’s office (UAGO) as well as selected representatives of ECCD non-governmental, faith-based and community-based organisations, professional associations, foundations, UN agencies and the private sector in Myanmar, including businesses, the media and ECCD private health and education services. Participating ministries, organisations and institutions will nominate committee members. Then, the MoSWRR will constitute the Committee, and will call and convene its meetings.



389. Technical persons or units from each participating ministry, organisation or institution will be designated to support each high-level representative on the National ECCD Committee.

390. In addition, each ministry with ECCD activities will establish a small ECCD Policy Implementation Section with its respective terms of reference to be the main contact point for all ECCD-related information and service coordination. The Section will have a minimum of a full-time director and a full-time assistant director. They will form an ECCD Committee composed of all ECCD-related staff members in each ministry. The Committee will meet regularly to ensure full policy implementation.

391. The National ECCD Committee will collaborate closely with National Committee on the Rights of the Child to help ensure child and maternal rights are fully achieved, and that the Committee places a strong emphasis on the needs of children from birth to 8 years of age.

392. The roles and responsibilities of the National ECCD Committee will include promoting ECCD services as a national priority; making decisions regarding the implementation of the ECCD Policy and Strategic Plan; reviewing and adopting 5-year Strategic Plans and Annual Operational Plans and budgets; directing collaboration for fundraising with international development partners; and forging interagency agreements for policy implementation.

393. The detailed roles and responsibilities of the National ECCD Committee and each of the following entities will address planning, implementation, coordination, monitoring and evaluation. Training manuals for the members of each entity will be developed and provided through training workshops (See Section 5.10.8). An Annex of the ECCD Strategic Plan will present a summary of the membership, roles and responsibilities of each entity.

5.10.3 ECCD International Cooperation Committee

394. The membership and general roles of the ECCD International Cooperation Committee are described in Chapter 7, National ECCD Coordination Plan with International Development Partners. The MoSWRR will establish and chair the ECCD International Cooperation Committee. Development partners will nominate their representatives, and the National ECCD Committee will constitute the ECCD International Cooperation Committee and will call and convene its meetings.

5.10.4 National ECCD Policy Implementation Institute

395. The MoSWRR will establish the National ECCD Policy Implementation Institute. In order to ensure strong multisectoral coordination, the Institute will be organisationally linked with the MoSWRR. The Institute will also work closely with the MoH, MoE, MoHA and MoBA as well as with other ministries. The Institute will be able to accept funds from governmental and non-governmental sources for the sole purpose of achieving the vision, mission, goals and objectives of the ECCD Policy.

396. Under the guidance of the National ECCD Committee, the National ECCD Policy Implementation Institute will be in charge of managing the implementation of the ECCD Policy. It will work closely with the ECCD Implementation Sections of each ministry and with other cooperating agencies.

397. The personnel of the Institute will be selected by a sub-group of the National ECCD Committee through a wide advertisement of positions followed by interviews of leading candidates. They will include a Lead Manager who will be an expert in ECCD planning and programme development, 1 specialist each in health, nutrition, education, child protection, and environmental sanitation, as needed. In addition, 2 experienced specialists in monitoring and evaluation, reporting and planning will be required. The Institute will begin with 7 full-time staff members, and more personnel may be added as needed in the future. Short-term consultants will be contracted for specific activities and projects. Initially, international support will be sought to help establish the Institute but over time the Government will assume all recurrent expenses.

398. The roles and responsibilities of the Institute will be to guide the implementation of the ECCD Policy; develop Annual National ECCD Operational Plans and present them to the National ECCD Committee; conduct specific activities noted in the ECCD Policy, Strategic Plan and Annual Operational Plans; guide fundraising and prepare budgets for the approval of the National ECCD Committee; design, prepare and implement the ECCD Management Information System for monitoring and evaluation; establish and coordinate the National Centre for ECCD Resources and Training and subsequently the Regional/State Centres for ECCD Resources and Training to ensure all needed educational resources regarding education, health, nutrition and protection and training manuals are developed, field tested, revised, translated, adapted, produced and distributed widely to meet regional/state, cultural and linguistic needs; collaborate with the Institutes of Education and Colleges of Education to develop formal ECCD courses at the diploma, bachelors and masters (and eventually doctoral) levels; coordinate with

universities to promote the creation of higher education partnerships with international universities and research institutes; provide certification and recertification for specific ECCD specialisations; develop and coordinate research on ECCD services and their impact on child development; and coordinate plans and activities for policy advocacy and communications.

5.10.5 Regional/State ECCD Committees

399. A Regional/State ECCD Committee will be established in each region/state. The Chair will be the Minister for Social Affairs at the regional/state level. The Secretary post will be designated in the Strategic Plan. Members will include representatives of each of the ministries listed above and all relevant regional/state non-governmental, faith-based and community-based organisations, regional universities, professional associations, foundations and other ECCD service providers, as well as leading representatives of the private sector who are committed to expanding and improving regional/state ECCD services. Regional and state institutions will nominate their candidates for membership on the Committee.

400. Regional/State ECCD Committees will collaborate closely with National, Regional/State and Township Committees on the Rights of the Child to help ensure child and maternal rights are fully achieved, and that the Committees place adequate emphasis on the needs of children from birth to 8 years of age.

401. Regional/State ECCD Committees will hold a minimum of one meeting per quarter. They will: oversee the implementation of the ECCD Policy in their region/state; provide reports on quarterly and annual achievements and the needs of ECCD services in their region/state; summarise Annual Township ECCD Plans and add technical input for the preparation of Annual Regional/State ECCD Plans; conduct fundraising activities; guide budgetary provision and financial reporting; strive to improve ECCD service quality while rapidly expanding services; ensure strong vertical and horizontal coordination at the regional/state, district, township and community levels; and oversee the functioning of the ECCD MIS monitoring and evaluation activities in their region/state.

5.10.6 District and Township ECCD Committees

402. Each district and township will form a District or Township ECCD Committee that will be chaired by the District or Township Administrator authorized by Regional/State Chief Minister, with the Staff Officer from MoSWRR as Secretary, once the township level of MoSWRR is established. These Committees will include members such as

the District or Township Development Committee, District or Township Education Officer, the MoSWRR Officer, ECCD Focal Points, Township CRC Leaders where they are present, and leaders of all ECCD services provided in the district or township. At a minimum, District and Township ECCD Committees will meet monthly, and more often as needed. Agencies at townships and districts levels will nominate their candidates for membership on the Committee.

403. District and Township ECCD Committees will: supervise and oversee the implementation of the ECCD Policy in their areas; provide reports on quarterly and annual achievements and needs of ECCD services in their district or township; summarise Annual ECCD Plans from each community and add technical input for the preparation of Annual District and Township ECCD Plans; promote the full achievement of child and parental rights in collaboration with Child Rights Committees in collaboration with the Township CRC Leader; conduct local fundraising activities; guide financial reporting; supervise, improve and expand ECCD services; ensure strong vertical and horizontal coordination at the district, township and community levels; and oversee the functioning of the ECCD MIS monitoring and evaluation activities in their district or township.

5.10.7 Community ECCD Committees

404. Each community will form a Community ECCD Committee with the Ward/Village Tract Administrator as Chair and the Principal of the nearby primary school as Secretary. The Committee will include people such as community leaders, heads of hamlets,



Photo by Myo Thame

Community ECCD committees help establish preschools and other ECCD services

representatives of CBOs, all local ECCD services, parents, caregivers, midwives, health care providers, principals, teachers, school health staff and others. At a minimum, they will meet monthly, and more often as needed. Agencies and groups at the community level will nominate their candidates for membership on the Committee.

405. Community ECCD Committees will: conduct community situation analyses on ECCD topics; oversee the implementation of the ECCD Policy in their community; promote universal participation in all ECCD activities; conduct regular meetings with parents and ECCD service providers; establish new ECCD services as needed; provide reports to the District and Township ECCD Committees on quarterly and annual achievements and needs of ECCD services in their community; provide to the Township an Annual Community ECCD Plan; conduct local fundraising activities; guide financial reporting; improve and expand ECCD services; share their activities with other communities, townships and districts; oversee the functioning and quality of all ECCD services, conduct ECCD MIS monitoring and evaluation activities in their community, and collect and submit data to their respective District and Township ECCD Committees.

5.10.8 ECCD entity manuals and training and advocacy workshops

406. The National ECCD Policy Implementation Institute will prepare operational manuals for each of the entities including: terms of reference; guidelines for the various activities under their roles and responsibilities; guidance for networking and instructions for ensuring strong vertical and horizontal sharing of information; ECCD policy advocacy modules, guidance for the provision of reports and plans; formats for preparing formal interagency agreements among ministries, non-governmental, faith-based, community-based and private organisations, foundations, professional associations, higher education institutions and international agencies; and other matters. The manuals will be updated each two years to meet evolving needs.

407. ECCD entity manuals will be used in annual training and advocacy workshops to prepare the members of the ECCD Committee and Committees at each level. The National ECCD Policy Implementation Institute will lead these training workshops. The Institute will prepare trainers of trainers and will depend upon each level to support training at the next level: regional/state Committees will help to train District and Township Committees, and they in turn will train Community ECCD Committees. Annual retraining of all regional/state, township/district and community committees will be essential because committee membership and guidelines will change over time.

5.10.9 Key ECCD roles of the Pyithu Hluttaw and Amyotha Hluttaw

408. The Pyithu Hluttaw and Amyotha Hluttaw will play very important roles in proposing bills and adopting legislation, as needed, to support the full implementation of this ECCD Policy. Parliamentary roles will include activities to (See: Engle, P; Nelson Garner, G. and Vargas-Barón, E., 2011):

- Promote and participate in ECCD policy planning;
- Advocate for the full implementation of the ECCD Policy and five-year Strategic Plans;
- Prepare and adopt ECCD legislation and normative instruments;
- Expand annual investment in ECCD;
- Promote the establishment and implementation of structures and systems for multisectoral coordination at all levels;
- Support the provision of integrated ECCD services in communities; and
- Ensure full accountability, transparency and oversight of ECCD and services.

409. As requirements are identified for new legislation in line with this ECCD Policy, the National ECCD Committee, with the support of the National ECCD Policy Implementation Institute, will encourage the following Parliamentary Committees to formulate, consider and enact needed legislation:

Pyithu Hluttaw

- Bill Committee
- Public Accounts Committee
- Government's Guarantees, Pledges and Undertakings Vetting Committee
- Citizen's Fundamental Rights, Democratic and Human Rights Committee
- Ethnic Races Affairs and Internal Peace Restoration Committee
- Projects and Finance Development Committee
- Sport, Culture and Public Relations Development Committee
- Health Enhancement Committee
- Education Enhancement Committee
- Judiciary and Legal Affairs Committee

- Reformation and Modernisation Vetting Committee
- Population and Social Development Committee

Amyotha Hluttaw

- Bill Committee
- Public Accounts Committee
- Government Guarantees, Pledges and Undertaking Vetting Committee
- Worker's Rights and Providing Protection Committee
- National Planning and Development Project Affairs Committee
- Education, Health and Culture Committee
- Fundamental Rights of the Citizens, Democracy and Human Rights Committee
- Relief and Victims Care Committee
- Rural Development and Poverty Reduction Committee
- National Races Affairs Committee
- Women and Child Affairs Committee
- Peace Implementation and Conflict Alleviation Committee
- Strategic Study and Research Committee

CHAPTER (6)

ECCD INVESTMENT PLAN



Photo by Dr. Emily Vargas-Barón

Chapter (6)

ECCD Investment Plan

6.1 Expanding national investment in ECCD

410. To achieve the goals and objectives of the ECCD Policy, Myanmar will rapidly expand its investments in ECCD activities and services, especially those provided by the Ministry of Social Welfare, Relief and Resettlement, Ministry of Education, Ministry of Health and Ministry of Border Affairs. Currently, these ministries are the major governmental supporters of ECCD services or activities. Other ministries that support specific ECCD services are the Ministry of Home Affairs, Ministry of National Planning and Economic Development, Ministry of Finance, Ministry of Immigration and Population, Ministry of Information, Ministry of Labour, Employment and Social Security, Ministry of Religious Affairs and the Ministry of Industry.

411. Many districts, townships and communities provide considerable financial and in-kind support for ECCD. Several of them have reached the maximum amount that they can provide for ECCD services. Several national and international NGOs, and a small number of development partners also make substantial contributions to ECCD. However, the budgets of these sources of financial support are inadequate to meet current and future ECCD service needs and to ensure the sustainability of the ECCD system. Therefore, expanded governmental investments will be essential for developing productive future citizens who will overcome the cycle of poverty and will help to achieve all major national strategic development goals.

6.2 National targets for ECCD support

412. ***Sectoral and overall governmental budgets for ECCD services and activities will be established and expanded until they achieve the target of at least 2 per cent of GDP devoted to ECCD by 2020. To achieve this target, it will be essential to greatly expand the percentage of the national budget devoted to education, health, nutrition, environmental sanitation, and social and child protection.***

413. Additional targets for major ECCD ministries are presented below. Budgets will be increased in incremental phases until the targets are reached. Specific annual budgets for meeting these investment objectives will be presented in successive ECCD Strategic Plan.



Ministry of Social Welfare, Relief and Resettlement, Department of Social Welfare

414. At present, the DSW budget for ECCD-related activities and services is 516,351,035 kyats, or roughly 10 per cent of the budget of MoSWRR. Much of what has been spent on ECCD services that are sponsored by DSW and has been provided by a wide variety of external international development partners, including UNICEF, WHO, UNESCO, some bilateral assistance, international and national NGOs, FBOs, associations and foundations. Communities and parents cover most the expenses for several ECCD services but they lack the resources to increase their financial and material commitments beyond current levels. The MoSWRR provides several essential educational services for children 0 to 3 years of age, with technical support from the MoE. Together, the MoSWRR and the MoE provide preschool education services for children 3 and 4 years of age. Both ministries will collaborate closely to expand their preschool services as rapidly as possible while maintaining a high quality of service provision.

415. Because of the DSW's critically important mandate to support parent education, Mother Circles, DSW-related preschools and many child protection services for young children and mothers, it is recommended that the current budget for ECCD in MoSWRR be rapidly expanded in line with projections that will be presented in the ECCD Strategic Plan.

416. ***Given the importance of expanding investment in young children, the MoSWRR will invest at least 28 per cent of its annual budget by 2020 in ECCD services including parent education, Mother Circles, preschool education and social and child protection services for children up to 5 years and their mothers.***

417. Close collaboration with the Government's new Social Protection initiative will be very important because ECCD is the essential foundation of social protection. As they become available, additional funds for ECCD services will be provided under the Social Protection umbrella.

418. In the future, conditional cash transfers, and in some instances, cash transfers may be provided to targeted groups of families living in poverty or suffering from specific situations. The ECCD Policy urges that all cash transfers established for families with children under 8 years of age have conditions requiring that parents use essential ECCD educational, developmental, health and nutrition services, including especially

parent education and support. Concurrently, it will be essential that sufficient funding be provided to ensure that needy families will be able to access DSW's ECCD services.

Ministry of Education

419. The amount and percentage of the 2012-2013 MoE budget devoted to ECCD services will be identified. Both national and international funds will be listed, noting the types of ECCD services that are supported. It appears that the annual percentage of the education budget currently devoted to ECCD services is far below expected education sector levels of from 10 per cent to 14 per cent.

420. ***The MoE will progressively increase the proportion of its budget for ECCD in order to achieve the target of providing 12 per cent of its budget for ECCD services by 2020.***

421. ***To achieve this target and provide the technical leadership and services outlined in this Policy, a separate MoE budget will be established for early and preschool education services for children from birth to 5 years of age and their parents.***

422. The MoE will use this budget to provide technical leadership support for child care and development services for parents and children from birth to 3 years of age and preschool education services. These activities will include: parent education; technical support with DSW for improving day care centres for the infants and toddlers of mothers who work outside of the home, from their early months to 3 years of age; support for home visiting services for children from birth to 3 years of age; collaboration with MoH and DSW to provide early childhood intervention (ECI) services; implementation and promotion of inclusive preschool education services for children 3 and 4 years of age; and provision of transition services from home and preschool to compulsory and inclusive kindergarten and primary school education, beginning at 5 years of age. In collaboration with DSW and MoH, the MoE will establish standards and regulations, and will oversee supervision, curricula, educational materials and methods for use in all day care centres, preschools, kindergartens and primary schools, as well as pre- and in-service training for the education sector.

423. Special attention will be given to funding culturally and linguistically appropriate nationwide parent education services, with an emphasis upon parents of children from birth to 36 months of age. The MoE will also ensure that all ECCD services are equitable and that children from all ethnic groups will be able to access culturally and linguisti-



cally appropriate and high-quality ECCD services. Children from 61-72 months (5 years of age) will enter kindergarten where they will receive high-quality child-centred education. Support will continue to be given to ensure good parent involvement and high-quality early learning in primary schools.

Ministry of Health

424. ***Overall, the MoH will seek to ensure at least 4 per cent - 5 per cent of GDP will be devoted to achieving universal health care, with a special emphasis on serving "the poor and vulnerable, especially women and children."*** (MoH, 2012a) No target date has been specified as yet.

425. ***Within the MoH budget and related health budgets, a major emphasis will be placed upon greatly expanding maternal, newborn and child health care.*** In this regard, a Maternal and Child Health Voucher Scheme will be piloted in 2012 (MoH, 2012a).

426. The proportions of the MoH budget from national and international sources for maternal, newborn and child health, nutrition, environmental sanitation and other ECCD-related activities and services will be identified. Priority will be placed on the expansion of the infrastructure of health services to ensure an adequate supply of quality maternal, newborn and child health, nutrition and environmental sanitation services, especially for all impoverished urban and rural communities.

6.3 Support for the National ECCD Policy Implementation Institute

427. The establishment of the National ECCD Policy Implementation Institute is critically important to achieving the full implementation of the ECCD Policy, Strategic Plan and Annual Action Plans. The ECCD Strategic Plan will present the basic core budget for the Institute.

428. This budget will be annually allocated to the National ECCD Policy Implementation Institute. It will cover the salaries and benefits of 7 or more professional staff members and essential costs for materials development, production and distribution, supplies, communications, travel, office equipment, furniture, communications and other items.

429. Additional support for the Institute will be secured each year from the *Myanmar Fund for ECCD* that will be established (see below) as well as from several international

partners, including United Nations agencies, bilateral and multilateral development partners, foundations and corporations.

6.4 Regional/state, district and township budgets for ECCD

430. The Government is developing a comprehensive decentralisation system, and ECCD services will fit into the future system. It is important to note that many regional/state offices, districts, townships and communities are already supporting ECCD services in the form of financial contributions for salaries, construction, maintenance, supplies and food. They also provide considerable volunteer support and in-kind contributions of building materials, equipment, supplies and food. Regions/states are also offering training and supervisory and networking services for ECCD programmes.

431. As detailed decentralisation plans are prepared, districts, townships and communities will be given additional budgetary support and guidance regarding how to provide complementary support from local human, financial and material resources. At that time, a minimum of 5 per cent of the annual regional/state, district and township budgets will be devoted to ECCD services. District, Township and Community ECCD Committees will manage these funds. They will also prepare and submit annual programme and financial reports regarding the use of these contributions and their impact on local ECCD services. These reports will be used to prepare annual programme plans and budgets at all levels.

6.5 Myanmar Fund for ECCD

432. In addition to annual governmental budgets, a **Myanmar Fund for ECCD** will be established in order to fully support new initiatives, services and activities under the 10 strategies presented in the ECCD Policy and Strategic Plan.

433. After conducting a feasibility plan to identify and secure sources of support for the Myanmar Fund for ECCD and to consider options for managing the Fund, funding will be sought from many types of sources. To establish the Myanmar Fund for ECCD, the Government will provide an initial grant of \$250,000 that will be complemented by an equal amount from international development partners. Support for the Fund will be sought from:

- International development partners;
- International businesses, corporations, and food, clothing and furniture stores;



- Payroll tax that national and international businesses contribute to child development, based on the total amount of salaries they pay each month (See Sub-Section 6.6 below);
- Extraction taxes on natural resources;
- Exportation taxes on factory goods;
- Excise taxes on tobacco and liquor;
- Donations from business associations, taxi, transport and other associations;
- Tax abatement on businesses for their support of ECCD services;
- Support from charitable organisations and individual benefactors;
- A new national lottery for ECCD services or a percentage of the income from the existing lottery; and
- Special annual fundraising activities, such as auctions, dinners, and other events.

6.6 Payroll tax for ECCD

434. A payroll tax of 3 per cent will be established on the total amount of salaries that international and national businesses pay each month to their personnel. It will be dedicated solely to ECCD services. This tax will be levied on payrolls of businesses. It will not be deducted from individual salaries. These taxes will be paid to a bank account dedicated solely for the Myanmar Fund for ECCD. The National ECCD Policy Implementation Institute will administer the Fund. It is important to note that a similar payroll tax provides most of the funding for ECCD services in Colombia (Vargas-Barón, 2006).

6.7 Support for ECCD centres and services

435. A system for providing financial and in-kind support for community-based ECCD Centres will be developed. Banks, insurance companies, car dealerships, stores, corporations and other businesses will be invited to provide long-term support for specific ECCD centres and services located in communities with high levels of needy young children.

6.8 International investment in ECCD

436. In addition to national investments in ECCD services and activities, international development partners will be invited to provide complementary support for key activities especially related to establishing the National ECCD Policy Implementation Institute, ECCD innovations, pilot programmes, materials development, training programmes,

research, training workshops, regional (ASEAN) and international training support, and monitoring and evaluation, including the development of the ECCD MIS.

UN Agencies and multilateral development partners

437. A number of United Nations and other international multilateral partners will be invited to begin or continue their support for ECCD services, including:

- Association of Southeast Asian Nations (ASEAN)
- Asian Development Bank
- European Commission
- European Union
- Food and Agricultural Organisation (FAO)
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Global Partnership for Education (formerly called the “Fast Track Initiative”)
- Joint United Nations Programme on HIV and AIDS (UNAIDS)
- International Labour Organisation (ILO)
- International Organisation on Migration (IOM)
- International Union against Tuberculosis and Lung Diseases (IUATLD)
- Southeast Asian Ministers of Education Organisation (SEAMEO)
- United Nations Development Programme (UNDP)
- United Nations Educational, Scientific and Cultural Organisation (UNESCO)
- United Nations Environment Programme (UNEP)
- United Nations Human Settlements Programme (UN-Habitat)
- United Nations Population Fund (UNFPA)
- United Nations Children’s Fund (UNICEF)
- World Bank
- World Food Programme (WFP)
- World Health Organisation (WHO)

Bilateral development partners

438. Several bilateral partners will be invited to support ECCD services that are presented in this ECCD Policy and the Strategic Plan, including:

- Australia
- Austria
- Belgium
- Canada
- China
- Denmark
- Germany
- Irish Aid
- Japan (MoFA and JICA)
- Korea
- Norway and Norwegian Association of the Disabled (NAD)
- The Netherlands
- Sweden
- Switzerland
- United Kingdom: Department for International Development (DfID)
- United States Agency for International Development(USAID)

International non-governmental organisations, faith-based organisations, community-based organisations, foundations and corporations

439. Several international NGOs and foundations have provided steadfast support for ECCD services, and more organisations will be included in the future. This list includes several national NGOs that routinely receive international support.

- CARITAS
- Action Contre la Faim (ACF)
- Adventist Development and Relief Agency (ADRA)
- Aide Medicale International (AMI)
- Asian Harm Reduction Network
- Association of Francosis-Xavier Bagnoud (AFXB)

- Association of Medical Doctors of Asia (AMDA)
- Association of Southeast Asian Nations (ASEAN)
- Burnet Institute Australia
- CARE Myanmar
- CARITAS
- Catholic Relief Services (CRS)
- Clinton Foundation, HIV and AIDS Initiative
- Christian Aid
- Cooperation and Svilu – ppo onlus (CESVI)
- Humanitarian Services International (HIS)
- Latter Day Saints Charities, USA
- Karuna Myanmar Social Services
- Kachin Baptist Convention
- Karen Baptist Convention
- The Leprosy Mission International (Myanmar)
- Malteser, Germany
- Marie Stopes International (MSI)
- Médecins du Monde (MDM)
- Médecins Sans Frontières (MSF)
- Merlin
- Metta Development Foundation (MDF)
- Myanmar Anti-Narcotics Association
- Myanmar Baptist Convention
- Myanmar Health Assistance Association
- Myanmar Maternal and Child Welfare Association
- Myanmar Nurses and Midwives Association
- Myanmar Red Cross Society
- Myanmar Women's Affairs Association
- Open Society Foundations (OSF)
- Oxfam
- Pact Myanmar

- Partners International Solidarity Organisation
- Plan International
- Population Services International (PSI)
- Progetto Continenti
- Pyinnya Tazaung Association
- Ratana Metta Organisation
- Red Cross Society
- Rotary International
- Save the Children
- Singapore International Foundation
- Summer Institute of Linguistics (SIL)
- SOS Children's Villages
- Terre des Hommes (TDH)
- Tearfund
- World Concern
- World Vision International
- Yinthway Foundation
- Young Women's Christian Association, and others

International higher education partnerships

440. Some foreign universities and institutes will also be invited to collaborate with universities of Myanmar to develop ECCD services. Every effort will be made to identify, foster, establish and support higher education partnerships for ECCD with the Institutes of Education and Colleges of Education, universities of nursing and medicine as well as with Yangon University, Mandalay University and other regional universities.

6.9 Annual ECCD Investment Plans

441. The ECCD Strategic Plan will include detailed projected budgets for the tasks of each activity and service for the years from 2014 to 2018 and for successive Strategic Plans. After 2015, cost studies and Annual Action Plans will be conducted and they will modify the projected general budget that will be presented in the Strategic Plan. However, the five-year ECCD Strategic Plans will continue to be the guiding documents for setting targets and measuring the actual levels of investments in ECCD for each five-year period.

442. Under the guidance of the National ECCD Committee and with the full collaboration of the ECCD International Cooperation Committee, the National ECCD Policy Implementation Institute will prepare Annual ECCD Action Plans that will include Annual ECCD Budgets and Investment Plans.

443. Annual ECCD Reports will report on inputs, outputs and outcomes, including the achievement of targets regarding investments and programme services.

444. Based on Annual ECCD Reports, Annual ECCD Investment Plans will seek to meet programme needs for service expansion and improvement, coordination, quality assurance, equity, and for developing new services and activities. These Plans will include all types of national and international support as well as financial, technical and material support arrayed by type of activity or service.

CHAPTER (7)

NATIONAL ECCD COORDINATION PLAN WITH INTERNATIONAL DEVELOPMENT PARTNERS



Chapter (7)

National ECCD Coordination Plan with International Development Partners

445. In order to ensure a high level of multisectoral and sectoral coordination occurs, it will be essential to develop a strong coordination mechanism among national and international development partners.

446. National ECCD entities will lead all planning with international development partners, including multilateral and bilateral organisations, INGOs and IFBOs, associations, and private sector foundations and corporate foundations. Scheduled meetings with international development partners will be held to ensure full participation and transparency with all partners. Areas for inter-agency agreements will be discussed and agreed upon by all relevant parties to form a “mosaic of support” for key ECCD services and to avoid unnecessary duplication or misunderstandings.

447. Under the leadership of the Chair of the National ECCD Committee, an ECCD International Cooperation Committee will be established. The Committee will develop Annual Plans for the Coordination of ECCD Investments among national and international development partners.

448. The National ECCD Committee will make an annual presentation to the ECCD International Cooperation Committee regarding priority areas for service support. Partners will be invited to provide complementary support for these services and activities.

449. The Annual Plan for the Coordination of ECCD Investments will feature a list of expected investments in ECCD strategies, activities and tasks that have been presented in ECCD Strategic Plans and Annual Action Plans.

450. Meetings of the ECCD International Cooperation Committee will be held at least twice a year. During the year, partners will work with the National ECCD Policy Implementation Institute and with specific ECCD services or activities. As appropriate, the Institute will assist with the development of formal interagency agreements for supporting services and activities. The Institute will also follow up to ensure that work proceeds according to plan, including programme monitoring and evaluation for quality assurance and fiscal and programme accountability. International partners will provide annual progress reports on their support for ECCD programmes to the National ECCD Committee.

CHAPTER (8)

CONCLUSION



Photo by Dr. Emily Vargas-Barón

Chapter (8)

Conclusion

451. To achieve the Vision, Mission, Goals and Objectives of the Myanmar Policy for ECCD, the Policy must be fully implemented. This will require a strong national commitment to expand financial investments in the nation's children and to fully support the National ECCD Policy Implementation Institute that will guide policy implementation, conduct a nationwide effort to improve and rapidly expand ECCD services in all sectors, and develop strong and continuous multisectoral planning and coordination.

452. Enduring national, ASEAN and other international partnerships for young children will be required to implement the ECCD Policy. Through partnerships and coordination for child development, national ECCD leaders will strengthen existing services and build new initiatives that will ensure all of Myanmar's children will be able to achieve their full potential and become productive citizens.



Photo by Aye Aye Yee

Consultation Workshop for ECCD Policy, Yangon, 2012

CHAPTER (9)

ANNEX



Photo by Myo Thame

Chapter (9)

Annex

Annex I

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Annex II

Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy (for HIV and AIDS)
ARV	Anti-Retrovirals
ASEAN	Association of Southeast Asian Nations
CBO	Community Based Organisation
CCT	Conditional Cash Transfers
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CESR	Comprehensive Education Sector Review
CFS	Child Friendly Schools
C-IMCI	Community Integrated Management of Childhood Illness
CPMIS	Child Protection Management Information System
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CRS	Catholic Relief Services
CSO	Central Statistical Organisation
CT	Cash Transfers
DEPT	Department of Education Planning and Training
DfID	Department for International Development (of the United Kingdom)
DMERB	Department of Myanmar Education Research Bureau
DoMR	Department of Medical Research
DSW	Department of Social Welfare
EC	European Commission
ECCD	Early Childhood Care and Development
ECCD MIS	Early Childhood Care and Development Management Information System

ECD	Early Childhood Development
ECI	Early Childhood Intervention
EFA	Education for All
EGRA	Early Grade Reading Assessment
EICC	ECCD International Cooperation Committee
EIS	Early Intervention Specialists
EMIS	Education Management Information System
EPI	Expanded Programme on Immunisation
EU	European Union
FAO	Food and Agricultural Organisation
FBO	Faith-Based Organisation
FDA	Food and Drug Administration
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCCD	Healthy Child Care and Development Package
HIV and AIDS	Human Immuno-Deficiency Virus and Acquired Immuno-Deficiency Syndrome
HMIS	Health Management Information System
ICT	Information and Communication Technologies
IFBO	International Faith-Based Organisation
IFSP	Individualised Family Service Plan
IIE	Institute of International Education
IMCI	Integrated Management of Childhood Illnesses
IMF	International Monetary Fund
INGO	International Non-Governmental Organisation
ITNS	Impregnated Treated Bed Nets
JICA	Japan International Cooperation Agency
KAP	Knowledge, Attitudes and Practices
MAPDRR	Myanmar Action Plan on Disaster Risk Reduction
MC	Mother Circle
MCC	Myanmar Council of Churches

MDF	Metta Development Foundation
MNCH	Maternal, Newborn and Child Health
MDEF	Multi-Donor Education Fund
MDF	Metta Development Foundation
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MMCWA	Myanmar Maternal and Child Welfare Association
MNTN	Myanmar Nutrition Technical Network
MoBA	Ministry of Border Affairs
MoC	Ministry of Culture
MoE	Ministry of Education
MoFA	Ministry of Foreign Affairs (of Japan, Belgium, others)
MoF	Ministry of Finance
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoI	Ministry of Information
MoIP	Ministry of Immigration and Population
MoJ	Ministry of Justice
MoL	Ministry of Labour, Employment and Social Security
MoNPED	Ministry of National Planning and Economic Development
MoRA	Ministry of Religious Affairs
MoSWRR	Ministry of Social Welfare, Relief and Resettlement
MRCS	Myanmar Red Cross Society
MSF	Médecins Sans Frontières
NAD	Norwegian Association of the Disabled
NAP	National AIDS Programme
NDC	National Documentation Centre
NGO	Non-Governmental Organisation

OSF	Open Society Foundations
OVC	Orphans and Vulnerable Children
PEM	Protein-Energy Malnutrition
PLHA	Persons Living with HIV & AIDS
PMCT	Preventing Mother-to-Child Transmission (of HIV infection)
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
SC	Save the Children
SCU	Supreme Court of the Union
SEAMEO	Southeast Asian Ministers of Education Organisation
SIL	Summer Institute of Linguistics
STI	Sexually Transmitted Infections
TBA	Traditional Birth Attendants
TOR	Terms of Reference
TCRC	Township Child Rights Committee
TDH	Terre des Hommes
UAGO	Union Attorney General's Office
UHC	Universal Health Coverage
UIS	UNESCO Institute of Statistics
UDNR	University for the Development of the National Races of the Union
UN	United Nations
UNAIDS	United Nations Agency for International Development
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Education, Scientific and Cultural Organisation
UN-Habitat	United Nations Human Settlements Programme
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WASH	Water and Sanitation and Hygiene
WFP	World Food Programme

WHO	World Health Organisation
WVI	World Vision International
YCDC	Yangon City Development Committee

Annex III

ECCD Consultation Workshops Schedule

Dr. Thein Lwin, National Consultant

From 7 to 31 July, 11 consultation workshops were prepared and conducted in a participatory manner in 11 locations: 4 at the state and regional levels, and 7 at the township level.

Table 1: Consultation Workshop Schedule

SN	Date	Place	Remarks
	17.7.2012	Yangon	<i>Preparation for consultation workshops, duty distribution among members of facilitators and discussion on purpose, objectives, activities to be carried out during consultation workshops</i>
1	18.7.2012	Yangon, Yangon Region	Opening speech was delivered by Dr. Myint Thein, Regional Minister, Yangon Region
2	20.7.2012	Mawlamyaing, Mon State	Opening speech was delivered by Dr. Toe Toe Aung, State Minister, Mon State
3	20.7.2012	Mandalay, Mandalay Region	Opening speech was delivered by U Aung Sann, Regional Minister, Mandalay Region
4	22.7.2012	Mon Ywar, Sagaing Region	Opening speech was delivered by Dr. Myint Thein, Regional Minister, Sagaing Region
5	22.7.2012	Than Byu Zayut, Mon State	Opening speech was delivered by U Ye Kyaw Naing, Township Administrator, General Administration Department, Than Byu Zayut Township
6	24.7.2012	Tha Hton, Mon State	Opening speech was delivered by U Tun Hlaing, State Minister, Mon State
7	24.7.2012	Kani, Sagaing Region	Opening speech was delivered by U Aung Tun Khaing, Deputy Director General, Department of Social Welfare, MoSWRR, Nay Pyi Taw
8	26.7.2012	Ye U, Sagaing Region	Opening speech was delivered by U Aung Kyaw Moe, Director, Department of Social Welfare, MoSWRR, Nay Pyi Taw
9	27.7.2012	Taung Gyi, Shan State	Opening speech was delivered by U Sat Aung Myat, Prime Minister, Shan State
10	29.7.2012	Ywar Ngan, Shan State	Opening speech was delivered by U Soe Naing Secretary of Danu Autonomous Region
11	31.7.2012	Pinalung, Shan State	Opening speech was delivered by U Soe Hlaing, Assistant Director, General Administration Department, Shan State

Participants

The following table presents the participants of 11 consultation workshops.

Table 2: Participants in 11 Consultation Workshops							
SN	Date	Place	State/Region	Departments / Organisations	M	F	T
1	18. 7.2012	Yangon	Yangon Region	30	19	42	61
2	20.7.2012	Mawlamyaing	Mon State	25	21	32	53
3	20.7.2012	Mandalay	Mandalay Region	21	21	30	51
4	22.7.2012	Thanbyuzayut	Mon State	20	18	37	55
5	22.7.2012	MonYwar	Sagaing Region	15	23	26	49
6	24.7.2012	Tha Hton	Mon State	25	30	25	55
7	24.7.2012	Kani	Sagaing Region	18	23	22	45
8	26.7.2012	Ye Oo	Sagaing Region	17	20	30	50
9	27.7.2012	Taung Gyi	Shan (S) State	24	25	36	61
10	29.7.2012	Ywar Ngan	Shan (S) State	20	26	27	53
11	31.7.2012	Pinlaung	Shan (S) State	19	19	31	50
Total				234	245	338	583



Photo by Khin Saw Nyunt

*Broad-based participation in policy development helps ensure policy implementation
Consultation Workshop for ECCD Policy, Monywa, 2012*

Annex IV

Multi Sector ECD Policy Development Steering Committee

Sr.	Name	Designation	Department	Ministry/ Organization
1.	U Soe Kyi	Director General	Department of Social Welfare	Ministry of Social Welfare Relief and Resettlement
2.	U Aung Tun Khaing	Deputy Director General	Department of Social Welfare	Ministry of Social Welfare Relief and Resettlement
3.	Daw Khin Mar Htwe	Director	Department of Educational Planning and Training	Ministry of Education
4.	Dr. Hla Myint	Director	Department of Health	Ministry of Health
5.	Dr. Mar Mar Swe	Director	Department of Health Planning	Ministry of Health
6.	U San Wai	Director	Progress of Border Areas and National Races Department	Ministry of Border Affairs
7.	U Aung Myo	Director	Education and Training Department,	Ministry of Border Affairs
8.	U Myint Swe	Director(a.i)	Information and Public Relations Department	Ministry of Information
9.	U Win Aung	Director	Myanma Radio Television	Ministry of Information
10.	Daw Swe Swe Naing	Director	General Administration Department	Ministry of Home Affairs
11.	Daw Tin Mar Htwe	Director	Department of Labour	Ministry of Labour, Employment and Social Security
12.	Daw Thway Thway Chit	Director	Department of Planning	Ministry of National Planning and Economic Development
13.	U Aung Myat Kyaw	Assistant Director	Budget Department	Ministry of Finance
14.	U Maung Au	Director	Department of population	Ministry of Immigration and Population
15.	Daw Myat Myat Kyaw	Director		Union Attorney General's Office
16.	Daw Thazin Nwe	Secretary		Myanmar Maternal and Child Welfare Association
17.	Dr. Aye Aye Yee	Education Specialist	Education	UNICEF
18.	U Aung Kyaw Moe	Director	Department of Social Welfare	Ministry of Social Welfare Relief and Resettlement
19.	Daw Khin May Nu	Deputy Director	Department of Social Welfare	Ministry of Social Welfare Relief and Resettlement

10 Ministries, the UAGO, 1 NGO and 1 UN

Photo by Dr. Emily Vargas-Barón



Multisectoral ECCD Policy Steering Committee

Annex V

Multi Sector ECD Policy Development Task Force

Sr.	Name	Designation	Department	Ministry/ Organizations
1.	U Aung Kyaw Moe	Director	Department of Social Welfare	Ministry of Social Welfare Relief and Resettlement
2.	Daw Khin May Nu	Deputy Director	Department of Social Welfare	Ministry of Social Welfare Relief and Resettlement
3.	Daw Aye Aye Mon Oo	Assistant Director	Department of Educational Planning and Training	Ministry of Education
4.	Daw Ni Ni San	Deputy Director	Department of Myanmar Education Research Bureau	Ministry of Education
5.	Dr. Myint Myint Than	Deputy Director	Department of Health	Ministry of Health
6.	U Ohn Myint	Deputy Director	Progress of Border Areas and National Races Department	Ministry of Border Affairs
7.	Daw Thi Lwin Myint	Assistant Director	Education and Training Department	Ministry of Border Affairs
8.	U Soe Myint	Staff Officer	Information and Public Relations Department	Ministry of Information
9.	Daw Nilar Than	Staff Officer	Myanma Radio Television	Ministry of Information
10.	U Zaw Zaw Oo	Assistant Director	General Administration Department	Ministry of Home Affairs
11.	Daw Yee Yee Cho	Assistant Director	Department of Labour	Ministry of Labour, Employment and Social Security
12.	Daw Thi Thi Mar	Deputy Director		Union Attorney General's Office
13.	Daw Cho Cho Mar	Assistant	Accounts Department	Myanmar Maternal and Child Welfare Association
14.	U Aye Myint Than Htay	Senior Program Advisor	Education	Save the Children
15.	Daw May Yu Aung	ECCD Specialist	ECD	World Vision International
16.	Daw Nwe Nwe Aung	Director	ECD	Yinthway Foundation
17.	U Thar Aung Kyaw	Program Manager	ECD	Pyinnya Tazaung Association
18.	Daw Ann Julie	Religious Education Director	Religious Education	Myanmar Baptist Convention
19.	Daw Lah Say Wah	Religious Education Director	ECCD Coordinator	Karen Baptist Convention
20.	Rev. Naw Bauk	Reverend	ECD	Kachin Baptist Convention
21.	Sister Elizabeth Chit Pon	Program Manager	ECD	Karuna Myanmar Social Services
22.	Daw Aye Aye Phyu	Project Coordinator		Metta Development Foundation

Multi Sector ECD Policy Development Task Force

Sr.	Name	Designation	Department	Ministry/ Organizations
23.	Daw Zin Mar Win	Project Officer		The Leprosy Mission International
24.	Daw Nang Kay Khaing Soe	Facilitator		Phoenix
25.	U Thein Swe	Project Manager		Ratana Metta Organization
26.	Dr. Ye Myint	Project Manager		Myanmar Red Cross Society
27.	Dr. Nyunt Nyunt Thane Dr. Chit Ko Ko	Child Protection Specialist Child Protection Officer	Child Protection section	UNICEF
28.	Dr. Pa Pa Win Htin	Health Officer (HIV)	HIV/AIDS section	UNICEF
29.	Dr. Ni Ni Lwin	Health Officer (Child Survival)	Health section	UNICEF
30.	Dr. Mya Than Tun	WASH Officer	WASH section	UNICEF
31.	Daw Khin Saw Nyunt	Education Officer	Education	UNICEF
32.	Daw Mya Marlar Soe	Assistant Director	Department of Social Welfare	Ministry of Social Welfare Relief and Resettlement

7 Ministries, 14 NGOs, UNICEF



Photo by Dr. Emily Vargas-Barón

Multisectoral ECCD Policy Task Force

