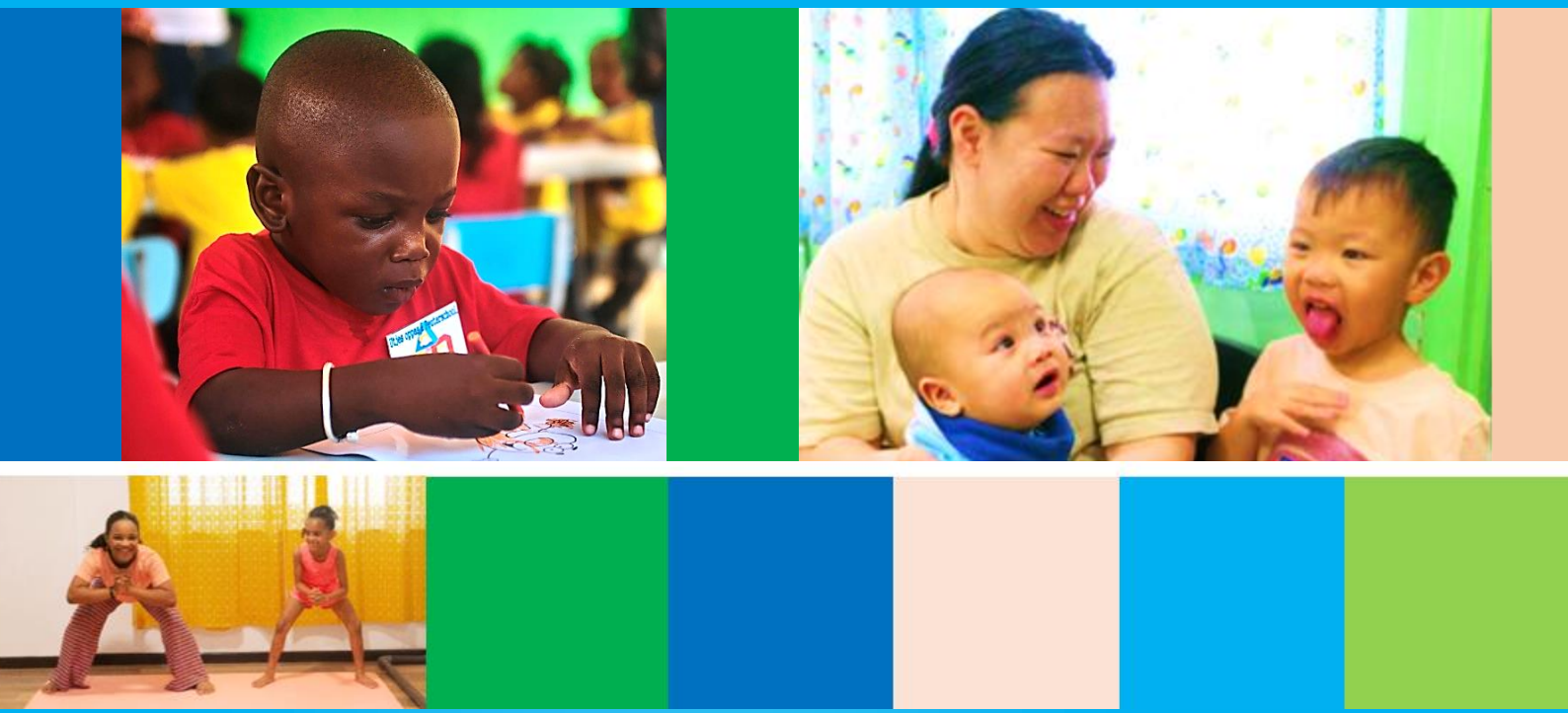# National Multisectoral Early Childhood Development (ECD) Policy

Republic of Suriname

2025 – 2035

National Multisectoral Early Childhood Development (ECD) Policy

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Ministry of Education Science and Culture

Ministry of Health

Ministry of Social Affairs and Housing

Ministry of Justice and Police

March, 2025

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Foreword

Early Childhood Development (ECD) is a fundamental pillar of any nation's growth and prosperity. The first eight years of a child's life, starting from conception, are a period of rapid development and are critical for laying the foundation for health, learning, and wellbeing throughout life. These early years shape a child's future capabilities, and investing in this phase ensures that our children in Suriname not only survive but thrive and reach their full potential. This National Early Childhood Development Policy represents a commitment to ensuring that every child in Suriname receives the nurturing care, education, and protection they deserve.

The purpose of this policy is to provide a comprehensive framework that will guide all stakeholders in creating an enabling environment for young children. This policy is built on five essential components of nurturing care: good health, adequate nutrition, early learning opportunities, safety and security and responsive caregiving. Each of these components is vital to the holistic development of children and forms the backbone of our nation's commitment to nurturing our youngest citizens.

The development of this policy involved extensive analysis of the current situation of early childhood development in our country. Key stakeholders, including government ministries, civil society, international partners, and community organizations, have contributed to this process. Their valuable input, gathered through consultations and collaborative efforts, has shaped a policy that reflects the needs of our children and the aspirations of our society.

This policy represents more than just a plan; it is a call to action for all sectors of society—government, families, communities, and the private sector—to work together to ensure that every child has access to the care, education, and resources they need to grow into healthy, capable, and productive adults. By implementing this policy, we are not only fulfilling our national and international obligations, but we are also making a smart investment in our future. This policy serves as a guiding document for the coordinated efforts needed to achieve our vision of a society where every child is supported to develop to their full potential. We must ensure that the necessary resources are mobilized, that the roles and responsibilities of all stakeholders are clear and that a robust system for monitoring, evaluation, and accountability is in place.

By investing in our children, we are investing in our country's future. Together, we can create a brighter and more equitable future where all children are given the opportunity to thrive.

The policy in Dutch was signed by the ministers of 4 ministries on March 17th, 2025.

[signed]   [Signed]

Prof. dr. Henry Ori   Drs. Amar Ramadhin
Ministry of Education, Science and Culture *Ministry of Health*

[signed]   [signed]

Ines Pané   Mr. Kenneth Johan Amoksi
Ministry of Social Affairs and Housing   *Ministry of Justice and Police*

Abbreviations

AAAQ	Availability, Accessibility, Acceptability, Quality
ABS	Algemeen Bureau voor de Statistiek (General Bureau of Statistics)
AWJ	Arbeid, Werkgelegenheid en Jeugdzaken (Labor, Employment and Youth Affairs)
BiBis	Buitenlandse Zaken, International Business and Internationale Samenwerking (Foreign Affairs, International Business and International Cooperation)
BiZa	Binnenlandse Zaken (Home Affairs)
CARICOM	Caribbean Community
CBO	Community Based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CiAP	Children in All Policies
COVID	Coronavirus disease
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DC	Districts Commissaris (Districts Commissioner)
DR	Districts Raad (District Council)
ECD	Early Childhood Development
e.g.	exempli gratia (for example)
EOT	Economische Zaken, Ondernemerschap en Technologie (Economic Affairs, Entrepreneurship and Technology)
etc.	etcetera
FP	Focal Point
F&P	Financien en Planning (Finance and Planning)
GBB	Grondbeleid en Bosbeheer (Land policy and forest management)
ICPD	International Conference on Population and Development

IKBeN	Integraal Kinderbeschermingsnetwerk in Suriname (Integrated Child Protection Network in Suriname)
HiAP	Health in All Policies
JusPol	Justitie en Politie (Justice and Police)
LVV	Landbouw, Veeteelt en Visserij (Agriculture, Animal Husbandry and Fishery)
MICS	Multiple Indicator Cluster Survey
NC	Nurturing Care
NGO	Non-Governmental Organization
NH	Natuurlijke Hulpbronnen (Natural Resources)
OW	Openbare Werken (Public Works)
PAHO	Pan American Health Organization
PHC	Primary Health Care
ROS	Regionale Ontwikkeling en Sport (Regional Development and Sports)
ROM	Ruimtelijke Ordening en Milieu (Spatial Planning and Environment)
RR	Regionale Raad (Regional Council)
SDG	Sustainable Development Goal
SOWC	State of the World's Children
SWOT	Strengths, Weaknesses, Opportunities, Threats
t.b.d.	to be decided
TCT	Transport, Communicatie en Toerisme (Transport, Communication and Tourism)
UNICEF	United Nations Children's Fund
USD	United States Dollar
U1	Under 1 year of age
U5	Under 5 years of age
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Executive Summary

Early childhood is defined as the period from birth to 8 years of age. Early childhood development starts from conception, onwards through this period of childhood. It is considered the most crucial phase in life, as the child's holistic development is determined and the foundation for the entire life is being created. Every child has the right to live, thrive and develop their full potential. The rights of the child are agreed upon in the United Nations and stated in the Convention on the Rights of the Child (CRC).

The characteristics and the conditions of the environment in which the child is born, grows, learns and lives determine the quality of his entire life course: a positive, supportive environment increases the opportunities for optimal development while a negative, damaging environment decreases these opportunities. The young child needs adequate nutrition, stimulation, care and protection for optimal physical, mental, intellectual, and spiritual growth and development. The ECD initiative explains and elaborates on these requirements and offers a framework for action on nurturing care.

A national ECD policy is an important enabling instrument to provide a clear direction for the various existing and future initiatives for ECD and ensure a comprehensive, integrated multi-sectoral and whole-of-society approach. Suriname, like all members of the United Nations, has political and legal national and international commitments to invest in their children, as well as moral and social obligations; this investment also has economic and social profits, while the costs of not acting are high.

A situation analysis was conducted, in which the current situation in the country regarding the structural and intermediary determinants of children's health and wellbeing are described and analyzed, as well as the existing policies, programs and services in support of ECD. These findings were validated through 3 days of consultation of stakeholders. A set of key national and international reference documents provide the context for this policy, and nurturing care is its' conceptual framework, that consists of five components: good health, adequate nutrition, early learning opportunities, safety & security and responsive caregiving. The effective services and interventions within each of these components are listed and the importance of the various spheres of influence in the environment is demonstrated.

The policy framework includes the vision, mission, guiding principles, core values and the overall goal, that is supported by 5 strategic areas, each with their objectives and priority actions. The conditions for implementation of the policy are the establishment of a coordinating mechanism; clear roles and responsibilities of each group of stakeholders; a plan for investment of the financial, human, institutional and material resources and a plan for monitoring, evaluation and accountability.

Investing in Early Childhood Development is a smart decision. *Successful societies invest in their children and young people, producing lifelong, intergenerational benefits for health, wellbeing, and the economy*[1] produces lifelong, intergenerational benefits for health, wellbeing, and the economy for the entire society.

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[1] www.thelancet.com Vol 397 May 1, 2021

1 Introduction

1.1 Background and Rationale

Early childhood can be considered the most crucial phase in life, as in this period the foundation for the entire life of every child is being created, and the child's holistic development is critically determined.

Early childhood is defined as the period from birth to 8 years of age[2]. Human development starts from conception, onwards through the years of childhood. The early childhood period encompasses several quite distinct phases: from 'conception to birth' and from 'birth to 3 years', with emphasis on the first 1,000 days (from conception to 24 months), followed by 3 to 6 years, or the age of school entry. The ECD definition also includes 6 to 8 years of age. These are not precise phases, but they are useful categories to ensure policy development and programming responses to the specific sensitive periods along the developmental trajectory.[3]

As stated in the United Nations Convention on the Rights of the Child (CRC), every child has the right to survive, thrive and develop to reach their full potential[4]. So, it is an obligation of the duty bearers to facilitate this development process. All countries that have ratified the Convention on the Rights of the Child are duty-bound to provide universal access to essential services for early survival, growth and development, with particular focus on protecting the most vulnerable children.[5]

Science underlines that while genes provide the blueprint for the brain, it is a child's environment that shapes brain development.[6] And this shaping occurs in a relatively short period of time – to establish the capacity to learn, adapt to change and develop psychological resilience. The quality of the environment in which children live is of crucial importance, as it influences the quality of the entire life course. Requirements for children to reach their full potential are a safe and secure environment, quality health services, adequate and balanced nutrition, pre-primary education opportunities and responsive care. These can support and stimulate the highest attainable development during the early years of life: Early Childhood

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[2] World Health Organization, United Nations Children's Fund, & World Bank Group (2018). Nurturing Care for Early Childhood Development: a Framework for Helping Children Survive and Thrive to Transform Health and Human Potential. WHO, Geneva.
[3] UNICEF's Programme Guidance for Early Childhood Development, page 13
[4] Convention on the Rights of the Child, article 6, page 3
[5] Early Childhood Development UNICEF Vision for Every Child, 2023, page 9
[6] Jack P. Shonkoff, et al., 'The Lifelong Effects of Early Childhood Adversity and Toxic Stress', Pediatrics, vol. 129, no. 1 January 2012, pp. 232-246; in UNICEF's Programme Guidance for Early Childhood Development, Programme Division 2017, page 10

Development (ECD). ECD is defined as a comprehensive approach to policies and programs for children from birth to eight years of age, their parents and caregivers.[7]

A national ECD policy is an important enabling instrument to provide a clear direction for the various existing and future initiatives for ECD. Suriname does not have a national policy yet, but there are various past and current efforts from multiple sectors to develop and/or implement ECD programs. These efforts need to be coordinated and managed to yield the most effective results. An ECD policy will ensure comprehensiveness, maintenance, expansion, quality improvement and facilitate an integrated approach of ECD. It will also enable alignment of sectoral policies and national development priorities to direct the provision of equitable, safe and inclusive early childhood programs and services to all children (0-8 years), with specific emphasis on the most disadvantaged and vulnerable, so they all have every opportunity to improve their educational and developmental outcomes[8].

The rationale for a national ECD policy is best explained with the arguments why countries should invest in ECD.

First, there are political and legal national and international commitments that constitute an obligation to act. The national constitution, the CRC, the CRPD, and the SDGs: development is a child's right!

Second, there are moral and social obligations for every nation to take care of their citizens and provide the best development opportunities they can offer. The youngest citizens need care, as they are unable to care for themselves. Nurturing care, as early as possible is essential, even before birth, as development starts at conception. And neuroscience provides compelling evidence that the early years are the critical period to shape brain development and function, making ECD the right and smart investment.[9]

Third, investing in ECD renders economic and social profits, because investing in children is investing in the future, when these children will be adolescents and adults who have a solid fundament and better chances to be stable, healthy and productive citizens. The entire country will benefit from this improved status, with better chances for a sustainable social and economic development. And investing in ECD is cost effective: For every $1 spent on early childhood development interventions, the return on investment can be as high as $13.[10]
ECD is also considered to be one of the most cost-effective ways to break the intergenerational poverty cycle. Improvement of child survival, growth and development in early childhood does not only improve school readiness and learning outcomes during the school-age years, but

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[7] UNICEF State of the World's Children 2001, page 17
[8] Terms of Reference for the development of a national ECD policy
[9] UNICEF'S Programme Guidance for Early Childhood Development, page 10
[10] Nurturing Care for Early Childhood Development. A Framework for helping children survive and throve to transform health and human potential, page 1

also improves productivity and earnings in adulthood. In addition, the financial strain on health, education, and child protection systems is reduced.[11]

Fourth, the <u>costs of not acting</u> are high. Calculations of the economic loss, both at the individual level as well as at the societal level show that the costs of inaction are significantly higher than the cost for acting and investing now. There is scientific evidence that children who do not reach their developmental potential are more likely to experience a downward economic pull as adults and being trapped in poverty. And for society, the costs for not addressing a health issue like stunting or not detecting developmental delays in learning in early years are several times more than the country's entire spending on health or education, respectively.[12] So, it is evident that investments in early childhood are one of the most cost-effective ways to achieve more sustainable growth, nationally.[13]

In conclusion, the case for investing in ECD is strongly and convincingly beneficial for everyone and for the entire country.

1.2 Development process

The methodology for the development of the ECD policy consisted of the following steps and products:

<u>An inception report</u>, containing a description of the methodology, an inventory of relevant ECD documents to support the conceptual framework of the policy, a stakeholder mapping, a detailed workplan and the tools to be used for consultations and policy development and a draft outline of the national ECD policy.

<u>A Situation Analysis</u> as an evidence base for the ECD policy, containing a comprehensive description and analysis of the current situation in Suriname, through:
A desk review of national publications on statistics, research results, evaluations and other evidence-based data sources to support the description of the structural determinants of ECD (the political, legal, economic, demographic, socio-cultural, ecological and technological dimensions), the intermediary determinants and their impact on the child development status. A mapping exercise of existing national policies, strategies, programs and services that (partly) cover and/or can be linked to ECD. A stakeholder consultation to verify and complement the findings, to identify key areas of progress, the strengths, opportunities, gaps and needs, to assess the quality of services and to discuss priority actions.

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[11] Early Childhood Development |UNICEF Vision for every child, page 8
[12] The Lancet: Advancing Early Childhood Development: from Science to Scale. An Executive Summary for The Lancet's Series page 6
[13] Early Childhood Development |UNICEF Vision for every child, page 8

A draft ECD policy, based on the Nurturing Care Framework for ECD and considering the findings of the Situation Analysis. The draft policy was presented in a second stakeholder consultation to gather feedback and suggestions, to discuss the expected/potential contribution of each entity involved and to acquire the commitment of the stakeholders for a successful implementation of the ECD policy.

A final draft ECD policy, with inclusion of the feedback and suggestions.
The development process was conducted under the technical guidance coordination of the Ministry of Education, Science and Culture and UNICEF, supported by a key intersectoral working group of representatives of the health, education, Justice and social protection sectors.

Q. Alvares, 2023

2 Context

The ECD policy will not be a stand-alone initiative but surrounded by a national and international environment. As one of the national policy documents, it will be linked to other official documents for national planning and development. This link works both ways: on the one hand the existing documents will contribute to the realization of ECD in Suriname, and on the other hand the new ECD policy will complement and contribute to the established development goals.

The ECD policy will also get input, guidance and inspiration from regional and global documents, consisting of conventions and treaties that are officially adopted by the country, and also referral instruments, such as standards and guidelines for ECD.

2.1 National planning and development documents

Multi-Annual Development Plan of the Republic Suriname 2022-2026
This is the main, and most important national planning document. It outlines the vision, direction, priorities and implementation of Government's planning for all sectors.

The details of this document are provided in Annex I-a.

Mutual contribution between the Multi-Annual Development Plan and the national ECD policy:
- The <u>vision</u> contains the realization of one's potential, taking the environment into account. Good governance will create many collaborations that ensure accelerated development.
- The central <u>values</u>: Justice, Inclusiveness, Freedom, Equality and Sustainability
- The <u>norms</u>: Good governance; Security of basic amenities, such as energy, water, food, health care and education; Greening and Green Growth.

The <u>strategic areas</u> with general relevance for ECD:
- Nature and Environment (the beneficial functions of ecosystems through environmental planning)
- Drinking water supply (providing good and affordable drinking water)
- Public Health (multisectoral approach of the Health in All Policies concept)
- Population policy (gender equality)

The <u>strategic areas</u> with specific relevance for an ECD issue:
- Social Protection (social services and social insurance): financial benefit for children; protection of people with disabilities, with special focus on the rural areas; supporting parents whose children have a disability, through "Community Based Rehabilitation"; the "Mi Sa Taki" (*in English: 'I will make myself heard'*) project on violence against children.
- Public Health: a structural shift from secondary and tertiary health care to primary health care
- Security: Domestic Violence awareness programs
- Education: Making a shift to distance education
- Spatial Planning: for optimal access to spaces and buildings, parks in residential areas and recreational spaces for young and old.

There is no specific content in the policy document on ECD and/or target on young children from 0 to 8 years. This is where the new ECD policy will contribute to the scope and impact of the national development goals.

National Population Policy 2021-2040

The National Population Policy of Suriname is the second main reference document for the ECD policy.

It is part of the national development policies and is incorporated in the national planning system, thus it will be supporting and promoting the realization of the national development goals, based on the four pillars of the national development plan, namely:
- Strengthening the development capacity;
- Promotion of the economic development and diversification;
- Promotion and strengthening of social progress; and
- Sustainable utilization and protection of the environment.

The details of this document are provided in Annex I-b.

Mutual contribution between the Population Policy and the national ECD policy:
The <u>guiding documents and links</u> to national and international commitments support the ECD policy.
At least 3 out of the 10 objectives have relevance for ECD:

- objective 7 on development and implementation of a youth policy, including physical and mental wellbeing; ensuring economic, social and health security; elimination of child labor; eradication of adolescent pregnancy
- objective 8 on reduction of maternal, infant and child mortality
- objective 10 on gender equality, protection of vulnerable groups and mitigation of the negative consequences of domestic violence

Although there is no specific content in the policy document on ECD and/or target on young children from 0 to 8 years, the above-mentioned objectives can easily be translated to also cover the ECD target population, thus enriching the scope and impact of the population policy.

Ministry of Public Health Policy Plan 2021-2025

The policy plan 2021-2025 of the Ministry of Public Health was developed within the period of the previous plan, the National Strategic Plan for Health and Welfare in Suriname 2019 – 2028. It is mentioned though, that the principles of the previous plan were included, as were all other relevant national plans.

The details of this document are provided in Annex I-c.

Mutual contribution between the Public Health Policy Plan and the national ECD policy:
- The vision, mission and principles focus on quality, accessibility and effectiveness.
- One of the two policy areas is on prevention and reduction of disease and mortality, with a focus on maternal, newborn and child health. The ECD policy is a useful addition to the planned activities of the Ministry of Health regarding maternal, newborn and child health.
- The experience with the HiAP approach may be helpful to implement a multisectoral, HiAP approach for ECD.

Policy memorandum on Development-oriented Education 2020-2023

(*in Dutch: Beleidsnota Ontwikkelingsgericht Onderwijs*)
Although the set deadline of this document already expired, it is still valid as a national reference document for the education sector.
The new educational system, discussed in this document is the Development-oriented Education.

The details of this document are provided in Annex I-d.

Mutual contribution between the Policy memorandum on Development-0riented Education and the national ECD policy:
- The new system recognizes and respects the rights of every child to get the opportunity to reach his/her full potential, as it emphasizes:

- The importance of respect for diversity and inequities caused by the structural determinants (economic, cultural, regional differences).
- The importance of the individual learning capabilities of each child and connecting the learning material to the unique developmental capacity.
- The new system, when successfully implemented, is an ideal follow-up on the efforts and achievements of the nurturing care components. And the ECD policy will build a strong foundation for the new education system by improving the development opportunities for children early on.

Multi-Annual Policy Plan of the Ministry of Justice and Police 2022-2026

(*in Dutch: Meerjaren Beleidsplan van het Ministerie van Justitie en Politie)*

The Ministry of Justice and Police is responsible for effective legal protection and adequate security for everyone in Suriname. Its designated bodies ensure the protection of human rights, including through effective law enforcement and the fight against crime. An important precondition for this is a legal framework that meets the aspirations of society and is a good reflection of international developments.

The details of this document are provided in Annex I-e.

Mutual contribution between the Policy Plan of the Ministry of Justice and Police and the national ECD policy:

- Law enforcement, protection of human rights, crime reduction and prevention, tackling violence and child abuse, legal protection and adequate security for everyone in the country (including children) are all very important aspects of the provision of a safe and secure environment to our young children, which is one of the nurturing care components.
- The Ministry operates within a legal framework that meets the aspirations of society, and adequately reflects international developments. This fact indicates the recognition of the importance of a true connection with society, both nationally and internationally, which is also a precondition for ECD.
- The departments that cover the area of child and youth policy, specifically the Office of Women and Children Policy and the Office for Family Law Affairs have the potential to contribute significantly to the nurturing components of ECD, as they are focused on the protection of the rights of children and safeguard their safety and security.
- Including ECD in the planning and implementation of activities of this ministry will broaden and enrich the scope and impact of its work.

National Action Plan for Children of the Ministry of Social Affairs and Housing 2019-2021

(*in Dutch: Nationaal Aktie Plan Kinderen*)

Suriname has been a Party State of the International Convention on the Rights of the Child (CRC) since 1993 and has therefore committed to comply with all the provisions included in the treaty. One of the obligations arising from the CRC, is to report periodically to the Committee on the Rights of the Child. After the review of this report, the committee provides a number of recommendations to the Party State on how matters can be handled differently or better with regard to the children's rights situation in the country. The National Action Plan was formulated based on such review. It differs from other policy plans because in addition to the recommendations of the UN Committee on the Rights of the Child of 2016, the Development Plan 2017 - 2021, the Sustainable Development Goals (SDGs) and the International Convention on the Rights of the Child (CRC) served as a starting point.

The details of this document are provided in Annex I-f.

Mutual contribution between the National Action Plan for Children and the national ECD policy:
- Although not explicitly ECD specific, this plan is a useful addition to the broader exchange of views regarding a feasible nation-wide (re)-introduction of ECD in Suriname.
- One of the sub-objectives covers the access to quality education, that is linked with SDG4 and CRC articles 28 and 29. And one of the strategic objectives in this area is on improvement of early childhood development within education.
- The existence of the Office of the Rights of the Child is also an asset for successful implementation of the new ECD policy.
- The plan of action that needs to be developed as a follow-up of this policy document can make good use the content of the National Action Plan for Children.

Following are national reference documents that are ECD specific.

Integral Policy Plan for Children and Adolescents: the action program 2012-2016

(*in Dutch: Integraal beleidsplan voor kinderen en adolescenten: het actieprogramma 2012-2016)*

The action program dates from March 2013 and was developed by the Presidential Working Group on Integrated Child and Youth Policy. Although the period has already passed for some time, this document is still included as a reference document, as it is the only and most comprehensive ECD specific document at national level.

The details of this document are provided in Annex I-g.

This is a valuable reference document for the national ECD policy, as the part dedicated to ECD includes an extensive description of the scope, the policy priorities, the areas for action, the challenges and the conditions for a successful implementation. This document is the evidence of previous efforts to introduce ECD in Suriname. Unfortunately, like many other good initiatives, there is no record of its successful implementation, with a continuous, structural and sustainable impact.

A critical review and update of the content of this action program of 2012-2016 can be a valuable contribution to the plan of action that is the necessary next step to implement this national ECD policy.

The Act on Residential Care Institutions (in Dutch: Wet Opvang Instellingen)14, and the Implementation Decree

(*in Dutch: het Uitvoeringsbesluit*)[15].

This Act contains rules for exploitation of the institutions for care of persons and its' Implementation decree describes the quality standards for Early Childhood Development; Care Institutions for Elderly Persons; Care institutions for persons with a disability; and General care institutions and institutions for residential childcare. All standards except the one for elderly persons are of importance for the ECD policy.

The details of this document are provided in Annex I-h.

Mutual contribution between the Act on Residential Care Institutions, the Implementation decree and the national ECD policy:

The very existence of the act and its implementation decree is a major achievement on the path to implement ECD in Suriname. The ECD policy needs a legal reference for the assessment of the quality of the programs, projects and services. Residential care institutions for children are one type of service delivery for ECD. This means that at least for this setting, the legal requirements are already in place. Each of the three documents supports the other two: the act is the legal fundament and reference for the decree and the policy; the decree provides the practical pathway for implementation of the act as well as the part of the policy that deals with institutional care; and the policy provides the broader scope of the rights of the target population to get the opportunities to reach their full developmental potential.

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[14] Published in the Government Gazette 2014, number 7 "Act containing rules for the operation of institutions for the care of persons" of 9 January 2014 (SB 2014, no.7)

[15] Published in the Government Gazette, 2017, number 8 "State Decree implementing Article 2 of the Act on Care Institutions (SB 2014, no.7). Decree on quality standards for reception institutions, 27 January 2017.

2.2 International agreements, standards and guidelines

Convention on the Rights of the Child (CRC)

With regard to the rights-based approach of ECD, the CRC can be considered the most important reference document. The rights and freedoms of every person, without distinction of any kind, are set forth, with special emphasis of entitlements of every child to receive care, protection and assistance, necessary for his growth and wellbeing. This is also the quintessence of ECD.
The details of this document are provided in Annex II-a.

Contribution of the Convention on the Rights of the Child to the national ECD policy:
The CRC is one of the most fundamental agreements that supports ECD. A rights-based approach is essential to safeguard the potential of every child to reach his/her full developmental potential.

United Nations Convention on the Rights of Persons with Disabilities (CRPD)16

The purpose of this convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The details of this document are provided in Annex II-b.

Contribution of the Convention on the Rights of Persons with Disabilities:
The CRPD is one of the most fundamental agreements that supports ECD. Besides the rights-based approach that is essential to safeguard the potential of every child to reach his/her full developmental potential, it is also necessary to emphasize the need to focus on persons with special needs, to safeguard the guiding principles of non-discrimination, inclusion and equity.

The Sustainable Development Goals (SDGs)

The SDGs, also known as the Global Goals, are part of the global development agenda. They were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet and ensure that by 2030 all people enjoy peace and prosperity. For the first time, ECD is included in the global development agenda, making it an international priority for the 21st century. SDG 4 has a specific target on ECD. Target 4.2.1 reads: "By 2030, ensure that all

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[16] United Nations General Assembly 61st session: A/61/611, 6 December 2006:
http://www.un.org/esa/socdev/enable/rights/convtexte.htm

girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education".[17]
The details of this document are provided in Annex II-c.

The SDGs are another international commitment that includes the obligation to strive for achievement of the goals and their targets, including optimal child's development. The goals are indivisible and interdependent, and they form the fundament for every national development planning and action. It can be concluded that all SDGs do have impact on children's opportunities to reach their full potential. On the long term: as they will become adults and will have to deal with the consequences of success or failure of achievement of these goals. And on mid- and short term: the caregivers have to deal with the consequences here and now, and this rubs off on their chances to survive, thrive and transform; and issues such as innovation and responsible consumption and production are currently relevant for children.

Global Strategy on Women's, Children's and Adolescents' Health 2016-2030

This strategy is key to support implementation of the Agenda for Sustainable Development, that includes the SDGs. It provides a strong foundation for ECD with its vision, objectives, action areas and key policies and interventions. The application of a life course and multisectoral approach is also a valuable reference for ECD.

The details of this document are provided in Annex II-d.

Contribution of the Global Strategy for Women's, Children's and Adolescents' Health to the national ECD policy:
- All aspects of the Global Strategy are line with what is also envisaged with ECD, as (young) children are part of the targeted population.
- The vision contains the realization of the rights to physical and mental health and wellbeing of every child, in every setting, and the opportunities to contribute to prosperous and sustainable societies.
- The objectives: Survive (end preventable deaths); Thrive (ensure health and wellbeing); Transform (expand enabling environments) concur with the ECD Nurturing Care objectives.
- The life-course and multisectoral approach is also recommended for ECD.
- The 9 action areas will all contribute to advancement of ECD.
- The key policies and interventions conducted by non-health sectors, with a focus on nutrition, education, water, clean air, sanitation, hygiene and infrastructure are all conducive to an enabling environment for the young child to grow and develop. And the same goes for the proposed cost-effective health interventions.

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[17] https://www.undp.org/sustainable-development-goals/quality-education accessed at 10 April 2024

- The paragraph on <u>individual potential</u> was fully quoted, because it strongly supports the ECD development rationale.

State of the World's Children (SOWC) 2001

The UNICEF SOWC 2001 edition is dedicated to ECD. Besides an extensive definition of ECD, the report contains information on the rights of the child (divided in three phases), the conditions for successful programmes and the rationale to care for the child through care for the mother. It also reports on the efforts of parents and other caregivers who are striving to protect the rights and meet the needs of their young children, despite adverse circumstances such as war, poverty and the HIV/AIDS epidemic.

The details of this document are provided in Annex II-e.

Contribution of the State of the World's Children 2001 edition to the national ECD policy:
This dedicated edition on ECD contains information that is not specifically time-bound. Even after 23 years, the facts that explain the benefits of early interventions and the disadvantages of non-action remain valid. The report makes a strong case for the benefits of ECD, with practical examples from various countries. The contributions of this report for the national ECD policy are:
- The ECD definition
- The listing of the rights of the child
- The influence of health condition of the mother on the unborn child
- The importance of early nutrition
- The contribution of the community for the child's wellbeing
- The beneficial effect of ECD on the development of the entire nation

2.3 Situation Analysis

The Situation Analysis is a necessary step in the development process of the ECD policy. It was conducted through:
- A desk review of data (demographic statistics, studies, assessments, evaluations etc.) to collect evidence for the description of the structural determinants of ECD (being the political, legal, economic, demographic, socio-cultural, ecological and technological dimensions), their impact on the intermediary determinants and on the situation of young children and their primary caregivers, and specifically for those in conditions of vulnerability. Also, data on the 5 Nurturing Care components.
- A desk review of existing national policies, strategies, programs and services that (partly) cover and/or can be linked to ECD.
- Stakeholder consultations to verify the findings, to complete the information on the content of the existing programs and services and to receive input for the ECD policy.

The findings are extensively reported in the Situation Analysis report that was conducted to prepare for the ECD policy development.[18]

2.3.1 Desk Review (incl. data per Nurturing Care component)

Key findings desk review on the determinants

The rights of the child are included in the national Constitution. Their rights are also safeguarded by national laws and regulations, and international agreements and conventions that can be linked to ECD. The political-legal determinant is of critical importance, as decisions that are made have consequences for all other structural factors.

The importance of a sound legal basis and measures contained in the ECD policy is also demonstrated, which provide direction to implementing agencies to achieve the (national) goals for children from 0 to 8 years old, with a view to the future (life-course approach).

Inequalities exist in several dimensions of the situation in Suriname: demographic, environmental and socio-cultural. The risk of unfair and preventable disparities that may arise from these differences, and the commitment to tackle the existing inequities are of major importance for upholding the rights and equal development opportunities of the young children in Suriname. Some examples of these risks are:

- The recent poverty and equity assessment reveals that people in the interior, a few ethnic groups and households with (many) children are especially disadvantaged. The poverty rates are unequally distributed, with percentages of 14 of the poor and 29 of the extreme poor living in the interior, while less than 10 percent of the population lives there. Expressed by ethnicity: poverty is markedly higher among the maroon and indigenous population groups.
- The lack of opportunities for educational development for children living in the interior maintains an unfair disadvantage for these children.
- The distribution of the ECD target population between the urban, rural and interior districts: while the distribution of the total population is ±65% urban, ±20% rural and ±14% interior, the distribution of the ECD target population is 60% (urban), 18% (rural) and 21.5% (interior). This means that there are more children in the three interior districts than in the five rural districts. This fact is important when considering equity in opportunities for ECD.
- The current social assistance programs do not adequately reach those who need it most. Historically disadvantaged groups are not especially well covered by the main social assistance programs.
- Access to technology is best for those living in the urban area, belonging to the richest quintile or those with the highest educational level. This includes possessing a mobile

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[18] National Early Childhood Development (ECD) policy 2025; Situation Analysis, E. van Kanten (consultant)

phone and using the internet, which gradually decreases for the rural areas and even more for households in the interior.

The data on the nurturing care components show considerable disparities in place of residence (urban ↔ rural), economic status (richest quintile ↔ poorest quintile) and education level of the mother (higher level ↔ primary level), and consequently unequal opportunities for our children to reach their full development potential. An overview of the data on each Nurturing Care component is provided in Annex III.

The structural factors influence the scope that people (think they) have to obtain/manage resources that should help to improve their own situation and that of their children, in particular the physical living environment/material conditions; the social environment/psychosocial conditions and the lifestyle/behavior factors.

Additional measures are necessary for children who are at a disadvantage due to one or more conditions of vulnerability.

Key findings desk review on mapping of policies, programs, projects and services:
- There are no (recent) stand-alone policies that have ECD as a main focus, and ECD is incidentally or not at all mentioned in the national development documents. There is a lack of alignment between policies that contain ECD components, and they do not have a multi-sectoral approach.
- The programs and services that implement ECD components do not use the Nurturing Care Framework as a reference.
- ECD standards were already introduced, as part of the Act on Care Institutions (*in Dutch: Wet Opvanginstellingen*).

2.3.2 Stakeholder consultation
Key findings on stakeholder consultation:
ECD was already introduced in Suriname: ECD standards are part of the Act on Care Institutions (Wet Opvanginstellingen), and currently there are several activities that (directly or indirectly) support ECD.
The stakeholders are aware of the importance of ECD and the benefits and possibilities of a multisectoral, whole-of-government and a whole-of-society approach, despite the lack of essential resources (finances, materials, trained staff etc.) which is a main obstacle for a successful and continuous implementation of ECD.

Key outcomes of the SWOT exercise
The stakeholders completed a SWOT-analysis. While some items may not correspond with each other or even seem contradictory, both perspectives can be valid depending on the context, and still provides an overview of strengths, opportunities, weaknesses, and threats in the sector occur in practice.

The Strengths and Opportunities mentioned by the stakeholders can roughly be categorized as follows:

Resources/Capacity

Availability of literature; Opportunities for fundraising and submission of project proposals; Opportunities for training and expansion of expertise; Opportunities to use modern media for child-friendly awareness campaigns via social media.

Awareness/Support

Recognition of the importance of ECD; Networking at local, national and international level; National and international support.

Collaboration/Coordination

ECD coordination by the Ministry of Education, Science and Culture; Recognition of the potential contribution of stakeholders; Good collaboration; Assignment of Focal Points at various organizations; Reintroduction of screening of children of 3 years of age.

The Weaknesses and Threats mentioned by the stakeholders can roughly be categorized as follows:

Resources/Capacity

Lack of staff/experts; Lack of finances, facilities, material; Lack of quality (the care does not meet standards); Low salary; Brain drain; Insufficient financial access for parents; Adequate nutrition is not affordable; Inadequate health care; Decrease in quality of education; Insufficient training and placement opportunities; Socio-economic situation; Insufficient physical access for the different target groups (geographical barrier).

Awareness/Support

Mind shift needed regarding the importance of ECD within education (for children 0-3 years); Lack of cooperation and communication in the field of ECD; Bureaucracy; Resistance to change and innovations; Insufficient acceptability of services (cultural barrier); Politics; Discrimination.

Collaboration/Coordination

No ECD policy; No national approach; Competition between the public andprivate sector; Risk of relapse or discontinuity.

Key priorities identified are:

- Identify relevant laws and regulations, e.g. the Act on Care institutions and the Implementation decree.
- Establish an ECD Supervisory Board to monitor compliance and to ensure frequent communication between the stakeholders.
- Assign clear roles and responsibilities to each of the stakeholders.
- Re-activate and strengthen the collaboration between ministries, e.g.
  - Ministry of Health and Ministry of Social Affairs regarding child nutrition.
  - Ministry of Health and Ministry of Regional Development to support with health promotion in the rural and interior areas.
  - Ministry of Natural Resources and Ministry of Education on WASH at schools.
  - Ministry of Health and Ministry of Education on the school health program.
- Strengthen a good relationship between the government and NGOs.

3 Conceptual Framework

3.1 Definition of ECD

There are several descriptions of ECD taking the perspective of a process, approached and interventions to child development.

Some refer to the child's development process:
Early childhood development refers to the cognitive, physical, language, temperament, socio-emotional, and motor *development* of children from conception to 8 years of age.[19]

Some refer to the approach to support the child's development process:
The acronym ECD refers to a comprehensive *approach* to policies and programmes for children from birth to eight years of age, their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential. The approach promotes and protects the rights of the young child to survival, growth and development.[20]

And some refer to the interventions:
ECD encompasses the stimulation, nurturing and cognitive *programmes* that children between the ages of birth and eight years are exposed to, and which are suitable for the child's age and stage of development.[21]

A closer look at the ECD definition learns that ECD can be divided in three parts: (a) the 'early childhood' period of life, (b) what constitutes 'development' and (c) how development occurs.[22]
When: The early childhood period encompasses several quite distinct phases: from 'conception to birth' and from 'birth to 3 years', with emphasis on the first 1,000 days (from conception to 24 months), followed by the 'preschool and pre-primary years (3 years to 5 or 6 years, or the age of school entry).
What: Development is an outcome. It is the continuous process of acquiring skills and abilities during this age period – across the domains of cognition, language, motor, social and emotional development – which helps us to think, solve problems, communicate, express our

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[19] World Health Organization and the United Nations Children's Fund (UNICEF), 2022. Nurturing Care Handbook, part 1, page 26
[20] UNICEF State of the World's Children 2001, page 17
[21] Early Childhood Policy, Government of St. Lucia, page 4
[22] UNICEF Programme Guidance for ECD, page 13

emotions and form relationships. The development of skills in these domains is an integrated and interdependent process, that sets the foundation for success throughout the life course. *How:* Development is the result of the interaction between the environment and the child. The key aspect of this environment is 'nurturing care', which consists of a core set of interrelated components, including behaviors, attitudes, and knowledge about caregiving (e.g., health, hygiene care and good nutrition); stimulation (e.g., talking, singing and playing); responsiveness (e.g., early bonding, secure attachment, trust and sensitive communication); and safety (e.g., routines, protection from accidents, violence, abuse, neglect, harm, environmental pollution and access to clean water, sanitation and hygiene (WASH)).

The environment consists of various settings and various persons: in the first 3 years of life the physical living environment of the child will be the home, the home of someone who occasionally or regularly cares for the child in the mother's absence or the nursery, and the neighborhood. The interaction will be with the parents, or other primary caregivers, the siblings, family and friends of the family. The settings will expand when the child reaches the school age, e.g. with the school, the public playground, the homes of friends from school. The social-cultural environment includes (but is not limited to) both the residential and the relational contacts and will also expand with each year of age. The environment also consists of various layers that significantly influence the opportunities and the outcome of the child's development, even when there is no direct interaction between the child and these environmental determinants.

3.2 The Causal Analysis

The influences of the structural and intermediary determinants on the outcomes of the child's development were extensively described in the situation analysis, the summary of which is presented as part of the context in the previous chapter. Positive status and/or dynamics of these determinants provide a better chance for positive outcomes; negative status and/or dynamics on the other hand, have greater risks for negative outcomes. As these determinants are interrelated (and interdependent) and also influence each other, it is not always easy to clearly see the immediate and underlying causes of an outcome.

To understand the pathways of the various levels of influence on the child's development opportunities, UNICEF developed a causal analysis, providing conceptual clarity on the immediate, underlying and enabling determinants of early childhood development. The figure below shows the pathway: the enabling determinants (Resources, Norms and Governance) influence the underlying determinants (Policies, Programmes and Practices), and these influence the immediate determinants (Nutrition, Stimulation, Care and Protection), causing the child development outcomes. The availability, accessibility, acceptability, quantity and quality of these enabling determinants highly influence the outcome, which can be positive, negative or anywhere in between.

Figure 1: Pathway of the levels of influence
Source: ECD UNICEF Vision for Every Child, page 15

And the following figure contains a description of the determinants and outcomes and shows the vertical and horizontal interconnectedness of the determinants, resulting in optimal short- and long-term outcomes regarding optimal survival, growth, learning, health, economic and social growth and development in early childhood. The causal analysis is formulated in a positive narrative:
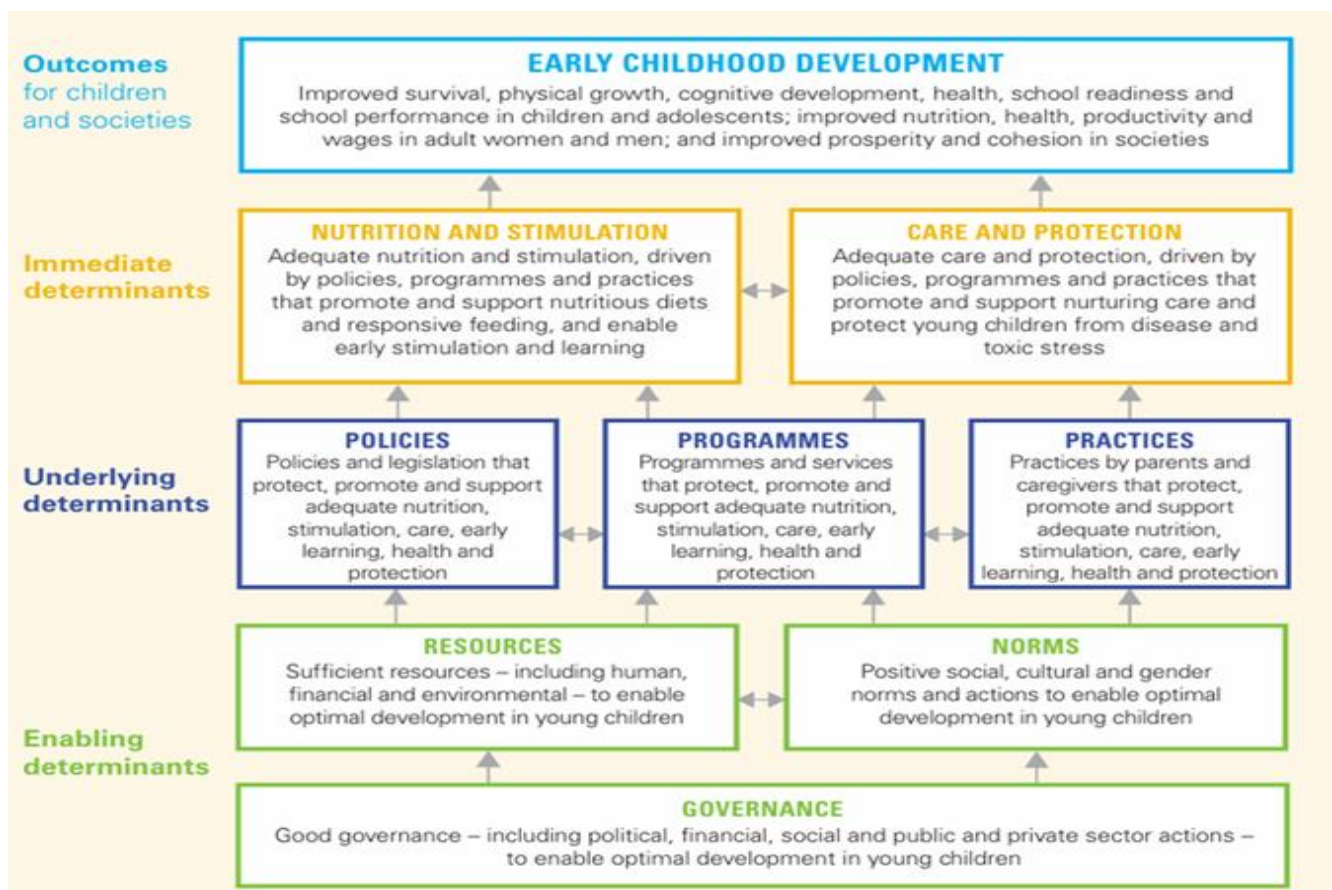

Figure 2: Causal Analysis of optimal ECD
Source: ECD UNICEF Vision for Every Child, page 15

The situation analysis focused on the structural determinants: political-legal, demographic, social-cultural, economic, ecologic and technologic in nature. Governance is part of the political-legal area. Good governance needs resources (human, financial and environmental)

and norms (part of the socio-cultural area) to realize the policies, programmes and practices, all in support of the obligation to respect and fulfill the rights of the child. This is done by supporting the primary caregivers to provide care, protection, nutrition and stimulation to the young children through nurturing care, with the envisaged outcome of healthy, happy and well-developed children, who are ready to become adolescents and adults in a prosperous and productive society.

The enabling determinants will be described in the section on the conditions for a successful implementation of the ECD policy (which is an underlying determinant). The existing and newly developed programmes and practices should be based on the policy. The following section is on the optimal support to the caregivers.

3.3 The Nurturing Care Framework

Knowing that the quality of care highly determines the outcome of the child's development, it is self-evident that we should strive for the best possible care. Nurturing care is the best possible care. It refers to the enabling conditions created by the underlying determinants (public policies, programmes and services) for communities and caregivers to ensure that the children in their care can enjoy good health and adequate nutrition, and are protected from risks, threats and adversities. These enabling conditions also give young children the best opportunities for early learning, through interactions that are responsive and emotionally supportive.[23]

There is scientific evidence that the most rapid brain growth and development happens during the first 1,000 days of life. The child's brain develops at a speed of more than one million new neural connections per second: a pace never again repeated. This development provides the foundation for lifelong physical, cognitive, emotional and social functioning, and is stimulated by the child's interaction with the environment. Based on this evidence, the Nurturing Care Framework was developed to describe the five interrelated and indivisible conditions of nurturing care that children's bodies and brains require for optimal growth and development: [24]

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[23] Nurturing Care for Early Childhood Development. A Framework for helping children survive and thrive to transform health and human potential, page 2

[24] Nurturing Care for Early Childhood Development. A Framework for helping children survive and thrive to transform health and human potential, page 6

Figure 3:Components of Nurturing Care

The 5 Nurturing Care components are:
- Good Health
- Adequate Nutrition
- Safety and Security
- Early Learning Opportunities
- Responsive Caregiving

Nutrition

- Nutrition and stimulation interact with each other. affecting how the body and brain absorb and use nutrients and influencing children's growth and development.
- Good nutrition in early childhood improves child survival, body growth. brain architecture, cognitive development and school readiness.

Health

- Toxic stress in early childhood affects the body's immune and metabolic systems. increasing the risk of heart disease. diabetes. substance abuse and depression in later life.
- Children who are protected against childhood illnesses. such as diarrhoea, are more likely to grow and develop to their full potential.

Child protection

- Violence. abuse, neglect and traumatic experiences in early life lead to toxic stress. causing the body to produce high levels of cortisol. which disrupts brain development.
- Children who live in contexts free from conflict, climatic crises and pollution are more likely to experience optimal growth. brain development, and physical and mental health.

Learning

- Children's brain development suffers when they do not benefit from playful and stimulating learning interactions in early life.
- The benefits of play-based learning and early childhood education yield broad dividends that last a lifetime.

Parenting

- The cognitive. physical, social and emotional development of children in early life can be negatively affected by a lack nurturing and stimulating care from parents and caregivers.
- Nurturing care can offset the effects of adversity and can improve brain function throughout life. even affecting future generations.

Figuur 4: Key Evidence from Neuroscience
Source: ECD UNICEF Vision for Every Child, page 9

Following is a description of the content of each of the Nurturing Care components in more detail:[25]

Good health

Refers to the health and well-being of *both* children and caregivers, because the physical and mental health of the caregiver affects their ability to provide nurturing care for the child. Young children need caregivers to monitor how they are, physically and emotionally, respond

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[25] Nurturing Care Handbook, part 1, pages 6 and 7, and A closer look at the nurturing care components

affectionately and well to their daily needs, get the right treatment when they are ill and make sure they get enough physical activity and sleep.

Adequate nutrition

Refers to maternal and child nutrition, because the nutritional status of the mother during pregnancy affects her health and wellbeing and that of her unborn child. After birth, the mother's nutritional status affects her ability to provide adequate care to her young child. From birth to six months old, babies flourish on exclusive breastfeeding. After that, they need complementary foods, diverse and often, containing the micronutrients to support their rapidly growing bodies and brains.

Safety and security

Safe and secure environments for children include secure access to nutritious food and clean water and sanitation, clean air and safe spaces to play. They also need protection from physical, mental, and emotional punishment, stress, abuse and/or neglect and from environmental risks.

The biggest risks to children are extreme poverty, financial hardship, air pollution, toxic chemicals, unsafe play environments, harsh punishment, and violence. Social and child protection services are critical, securing financial and other support for the most vulnerable households. Other services and community networks also help to prevent and detect maltreatment and create safe communities.

Opportunities for early learning

Refers to any opportunity for the baby, toddler or child to interact with a person, place, or object in their environment. Recognizes that every interaction is contributing to the child's brain development and laying the foundation for later learning.

Learning begins at conception, and as soon as babies are born, they begin to acquire skills socially, through their interactions with other people, like smiling and eye contact, talking and singing. Early learning opportunities that support children's knowledge, curiosity, imagination and creativity, include a wide range of experiences such as playing with everyday objects like cups and pots, or reading a book, naming things and talking about them. Young children also need to be engaged in activities that encourage them to move their bodies, activate their five senses, hear and use language, and explore.

Responsive caregiving

Refers to the ability of the parent/caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Responsive caregiving means observing and responding to children's movements, gestures, sounds and verbal requests. This not only protects children against injury and adversity, but also builds an emotional bond, trust and social relationships. These social interactions enrich their learning, as they stimulate connections in the brain.

Responsive caregiving is the foundational component, because it enables responsive caregivers to be better at providing the other four components. Responsive caregiving interacts with all other components and is essential for achieving good health, adequate nutrition, security and safety and early learning. It includes responsive feeding, which is especially important for low-weight or sick infants.

There are ECD services and interventions, that are not only basic in nature, but that have also proven to be effective. Figure 5 depicts these services and interventions within each of the nurturing care components. They highlight the importance of a multi-sectoral approach, for both young children and their caregivers.

Figuur 5: Effective services and interventions
Source: UNICEF global resource guide on public finance for children in Early Childhood Development

3.4 The importance of the environment

The environment in which the child is born, grows, learns and lives is a crucial determinant of ECD. The child's development is a result of his/her interaction with this environment. The

characteristics and the conditions of the environment to which the child is exposed literally "sculpt" the developing brain[26].

The interaction that occurs between individual characteristics (genetic and physiologic) and experiences and exposures drawn from the environment are basic to the development of the child. There are genetically programmed periods in the brain, when the child is disproportionally sensitive to the influence of the environment. This brain development influences, and is influenced by cognitive, social and emotional functions; so, the child's growth is not simply a matter of the internal laws of biology, but there is a process of "biological embedding", when the early experiences become solidified and influence his health and development over the long-term.[27]

There are several layers or spheres of influence, as depicted below.

Figure 6: Enabling Environments for Nurturing Care

Source: Nurturing Care for Early Childhood Development: a framework for helping children survive and thrive to transform health and human potential, page 17

Each sphere of influence has its own characteristics and determining factors: caregivers and other household members are the primary intimate circle of influence, the second layer consists of the residential and relational community, followed by the services that are provided (and accessible), and the outer layer is formed by the policies, implemented and/or supervised by the government at the macro-level. The highest national level (government) is also

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[26] Early Child Development: A Powerful Equalizer. Final Report for the World Health Organization's Commission on the Social Determinants of Health, page 7
[27] Early Child Development: A Powerful Equalizer. Final Report for the World Health Organization's Commission on the Social Determinants of Health, page 17

influenced by international and global forces. The environment determines the outcome of the child's development: a positive, supportive environment increases the opportunities for reaching his full potential; a negative, damaging environment decreases the opportunities for optimal development.

However, the child also has a transactional relationship and an intensive interaction with the environment. This means that it is not a simple one-way stream of influence, as he also influences his environment.

The 5 strategic lines of action, suggested in the Nurturing Care Framework are:
1. Lead and Invest
2. Focus on Families and Communities
3. Strengthen services
4. Monitor progress
5. Scale up and Innovate

The analysis of the situation in Suriname revealed that the country does not have a rich experience in a whole-of-government and whole-of-society approach. To enhance the impact for children, community engagement initiatives can benefit from shifting their focus from primarily explaining or seeking approval for specific activities to actively addressing broader social issues, such as Early Childhood Development (ECD). There is also a need to strengthen the capacity of both the service providers and the caregivers. Effective communication between stakeholders is crucial for keeping involvement, compassion and willingness to take action.

The proposed strategic action areas for the national ECD policy for Suriname are therefore in line with these findings:
• Leadership and management;
• Capacity strengthening;
• Supportive environments;
• Community engagement;
• Communication.

4 Policy Framework

4.1 Vision, Mission, Core values, Guiding principles

The national policy on ECD is guided by the following vision, mission, core values and guiding principles:

Vision

The rights of all children in Suriname, from pre-birth to 8 years old, are respected, guaranteed, protected and promoted and they receive full support from those around them to reach their full development potential through nurturing care.

Mission

To ensure that all children can enjoy good health and wellbeing and have equal opportunities to reach their full potential in a loving, safe and supportive environment, through a coordinated multisectoral whole-of-government and whole-of-society approach, that guarantees observance of their rights, in equity and social justice.

Core Values

Equity, Solidarity, Inclusion, Respect

Guiding Principles:

Rights-based

Based on the Convention on the Rights of the Child (CRC), our young children are rights holders to survive, thrive and develop to reach their full potential[28]. It is an obligation of the duty bearers to facilitate this development process.

Equity-focused

Social justice and equality are emphasized in the Suriname Constitution and in international human rights treaties. This means that every child, without discrimination, should have equal access to quality ECD services and opportunities to survive, thrive and transform. And that their primary caregivers should be supported to provide nurturing care. The policy should

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[28] Convention of the Rights of the Child, article 6, page 3

therefore structurally address inequities, including those based on gender, socio-economic status and/or physical, mental or social capacities.

Child-centered and Family focused

Our children deserve the best, and every child is unique. A child-centered focus aims to provide services that are adapted to the developmental stages and fit their needs and interests. Family-focused aims to support the family environment with nurturing capacities and parenting skills to create the best opportunities to survive thrive and transform. A loving, supportive and well-functioning family, who puts their health and wellbeing first and who prioritizes their needs and safety, is the most conducive environment.

Context-specific

The structural and intermediary determinants create many interacting spheres of influence, which makes a context-specific approach necessary. The ECD policy should demonstrate respect for diversity, and for national and local cultural norms, beliefs and value systems.

Social inclusive

"Leave No One Behind" is the slogan of the SDGs. It is based, among other things, on the fundamental principles of the United Nations Charter and promises to act explicitly and purposefully to equalize those left behind to draw with those who have made more progress. To achieve this, discrimination and exclusion will have to be ended, and the (avoidable) inequalities and vulnerabilities at all levels (between individuals, groups and communities) that underlie this will have to be reduced, with special emphasis on those children in conditions of vulnerability.

4.2 Goal, Strategic Areas, Objectives, Priority Actions

Goal

To provide optimal support to young children and their caregivers for a healthy, happy and safe life with a rich spectrum of opportunities to achieve and enjoy their full potential, as individuals, families and community members, and to contribute to the positive development of our nation.

In line with the Nurturing Care Framework the 5 components are:
- Good Health
- Adequate Nutrition
- Early Learning Opportunities
- Responsive Caregiving
- Safety and Security

Strategic Areas

The strategic areas[29] are designed to facilitate an optimal achievement of these focus areas at the national and local level. These are:
1. Leadership and management
2. Capacity strengthening
3. Supportive environments
4. Community engagement
5. Communication

Objectives and Priority Actions (for each strategic area)

1.Leadership and management (mainly addressing policymakers)

Objective 1: LEAD – Enable the national implementation and effective governance of ECD through strong, accountable and transparent leadership and through intersectoral collaboration.

Priority actions:
- Establish and institutionalize a structural multisectoral ECD system
- Demonstrate, establish and maintain the link of the ECD with national and all relevant sector planning policies
- Ensure ECD planning and implementation are evidence-based
- Address the social determinants of children's health and wellbeing
- Advocate for "Children in All Policies" (CiAP), making ECD a priority in national development planning and ensuring inclusion in the national research agenda

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[29] The original strategic lines of action mentioned in the Nurturing Care Handbook are: Lead and Invest; Focus on Families and Communities; Strengthen services; Monitor progress; Scale up and Innovate

- Enhance equal access by children with special needs to ECD services

Objective 2: MANAGE - Create and maintain institutional mechanisms to effectively manage, coordinate, monitor and evaluate the national implementation of ECD.

Priority actions:
- Establish an ECD information system to collect data on quality and coverage of interventions for all 5 Nurturing Care components and enhance evidence-based planning of services (research for innovation)
- Develop and implement quality assurance standards and guidelines for effective and efficient ECD service delivery (AAAQ)[30]
- Ensure a continuous mobilization of resources for investment in expansion and sustainability (institutional, financial, human, material)
- Establish and maintain a structural monitoring and evaluation system, that includes accountability of all stakeholders through uniform reporting systems

2.Capacity strengthening (→mainly addressing service providers and caregivers)
Objective 1: SERVICES - Strengthen the capacity of all key sectors involved to incorporate ECD into their planning, programming and service delivery.

Priority actions:
- Ensure the provision of three-level support (universal, targeted, indicated) through a coordinated and holistic approach
- Support the key sectors in their maintenance, innovation and scaling-up of ECD services
- Strengthen the capacity of the frontline workers to become a professionalized ECD workforce that provides accessible, acceptable and effective quality ECD services, using the Nurturing Care Framework
- Support the health sector in the provision of quality physical and mental health services for children
- Support the social and education sector to provide age-appropriate (early) learning services and supplies
- Support the child protection sector to provide ECD quality standards for residential care and day care centers, and maintain these standards through regular monitoring, assessment and supervision.

Objective 2: CAREGIVERS - Support the primary caregivers to increase their knowledge, skills and resources to provide nurturing care.

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[30] AAAQ is a Human Rights based instrument, developed to support realization of economic, social and cultural rights, such as the right to health, education, food, water & sanitation, and ECD! The acronym AAAQ stands for Availability, Accessibility, Acceptability and Quality.

Responsive caregiving is about the parent or caregiver's ability to notice, understand and respond to their child's signals appropriately and at the right time. This is the fundamental component, because it enables responsive caregivers to be better at providing the other four components.

Priority actions:

- Increase positive parenting and responsive caregiving of caregivers by providing them with education/skills and information on key targeted ECD issues, using practical examples of simple and feasible actions they can undertake to create a positive environment for their children (and to stimulate behavior change).
- Increase awareness of the importance to "care for caregivers" by creating opportunities to receive support from service providers and/or other caregivers and exchange experiences.

3.Supportive environments (→mainly addressing service providers and caregivers)

Objective: Create safe, reliable and supportive environments for equitable access to ECD services and to enable nurturing care, with emphasis on children and caregivers with special needs and in conditions of vulnerability.

Priority actions:

- Create safe, child-friendly public facilities/settings to enable the population's access to ECD services and to enjoy the benefits of the nurturing care components
- Address adverse situations of discrimination, inequities and exclusion
- Provide opportunities for children to freely express and celebrate their creative talents
- Support the social protection sectors (Social Affairs, Justice & Police) to strengthen measures to prevent, identify, report and respond to all forms of child abuse and violence, including Domestic Violence.
- Support the social protection sectors to provide financial and material support to children in vulnerable conditions and their families.
- Enhance the availability of safe pre- and after school ECD childcare in support of the working families.
- Build solid and trustworthy partnerships with and between stakeholders to encourage their involvement in creating supportive environments within their circle of influence.

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4. Community Engagement (mainly addressing civil society, NGOs, communities)

Objective: Establish an active and meaningful engagement and participation of residential and relational communities to promote and support ECD nationwide, with sustainable interventions appropriate to the local context.

Priority actions:
- Establish a consultation and participation mechanism for community participation, especially when concerning their own community
- Document and share good practices to encourage mutual learning between communities
- Provide logistical, material and financial support for small scale projects with promising impact
- Advocate for a Whole-of-Society approach by providing practical examples of ECD interventions for each of the civil society stakeholders (business community, NGOs and CBOs)
- Engage the members of Parliament and the members of Districts- and Resort Councils as advocates for community engagement

5. Communication (→mainly addressing policymakers, service providers, civil society)

Objective: Develop and implement a communication strategy, using relevant media channels and platforms appropriate for the target audiences, to provide and receive information and feedback and to implement a whole-of- society approach, thus enhancing an engaged and empowered population.

Priority actions:
- Enable an informed and empowered population through equitable access to accurate health information and strategies with a specific focus on equity, diversity and inclusion, by using all modern and relevant social media platforms, communication channels and educational forums.
- Establish regular two-way communication with specific target population groups, using media tools that are appropriate per target group considering their physical, cultural and social environment.
- Establish a partnership with the professional media workers to help strengthen the public communication about the importance of ECD, including the Nurturing Care Framework components.
- Increase the reach and frequency of communication on ECD to cover all 10 districts.

5 Conditions for Implementation of the policy

5.1 Structural requirements

Early childhood development is key to human development, and human development is in the interests of everyone in society. For a good start in life, children need good health, adequate nutrition, opportunities and stimulation to grow and develop their physical, intellectual and psychosocial potential, in a loving, caring, clean and safe environment: they need nurturing care.

Given its profound impact, providing a good start in life and fulfilling the rights of the child to develop to their full potential cannot be assigned to just one sector, or one ministry.[31] ECD requires a multisectoral, Whole-of-Government and Whole-of-Society approach.

All stakeholders have a role to play. The community and the primary caregivers are important for their role in providing nurturing care in a safe environment. The government and the private sector are expected to demonstrate their commitment by aligning their policies, programmes and services to achieve the vision, mission, goals and objectives as formulated in the national ECD policy. But there is a risk: supporting the primary caregivers with the appropriate programmes and services spans over multiple sectors, so it easily slips between the dividing lines of several (government) entities: (Quote)"*Seen as the responsibility of many, providing services for children under the age of three becomes the responsibility of no one*" (Unquote)[32].

To ensure active and meaningful participation of all stakeholders (government, private sector, civil society, NGOs and local communities) there is a need to create and maintain a structure to manage and coordinate the contributions of all stakeholders, and to achieve synergy and impact.

A coordinating mechanism is necessary for a continued and sustainable implementation of ECD, nationwide. Because the government should take the lead to implement the ECD policy, this coordinating mechanism will be created, operated and maintained by the government.

Realizing a Whole-of-Government approach, all 17 Ministries will have to be involved and take up their share of responsibility and contribution. In line with the nurturing care components, four ministries can be identified as "key":

- Education, Science and Culture

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[31] Nurturing Care for ECD. A Framework for helping children survive and thrive to transform health and human potential, page 36

[32] State of the World's Children 2001, page 13

- Public Health
- Social Affairs and Public Housing
- Justice and Police

And realizing a Whole-of-Society approach requires a network and a structured two-way communication with the non-government entities, who have a meaningful contribution to the achievement of ECD objectives in the country.

A practical and workable structure offers the best chance of success. The following structure can be considered:

An ECD Focal Points platform, with representatives of all 17 ministries. Appointment of ECD Focal Points is a way of working that has already proven its effectiveness. In the past, this concept was applied with the Health in All Policies approach, and also with Gender mainstreaming in Suriname.

The platform is divided in 4 clusters of all 17 ministries (3 clusters consisting of 4 ministries, and one consisting of 5 ministries).

As the 4 key ministries will take the lead in the implementation of the policy, they will also lead the 4 clusters. At these ministries 2 Focal Points will be appointed:
- one who will primarily be responsible for the ECD activities within their own ministry (internally) as well as for the collaboration with the other ministries, thus covering the "whole-of-government" approach;
- one who will primarily be responsible for the involvement of all non-government entities (private sector, NGO's, community organizations), thus covering the "whole-of-society" approach.

These 2 persons will operate as a team and support each other in implementation of the ECD Plan of Action. The other ministries (13 as of 2024), appoint at least 1 Focal Point (preferably also a second person who will serve as a back-up). Each cluster of the platform is jointly led by the team of two Focal Points of each of the 4 key ministries, who have the same level of accountability.

The platform is supervised and managed by an ECD policy coordination team, that consists of representatives at management level of each of the 4 key ministries. All members of the platform will be trained in ECD concepts and in application of the policy framework.
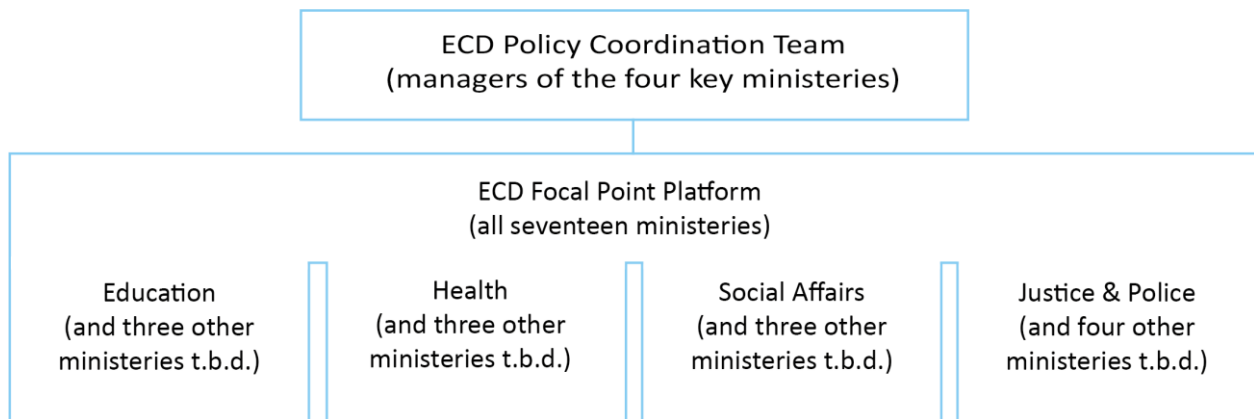
Figure 7: ECD Policy Coordination Team

5.1.1 Tasks of the ECD Policy Coordination Team

The ECD policy coordination team will assume responsibility for the overall coordination, including the following tasks:

- Act as the central point of contact and the main responsible entity for management and accountability of the progress in the implementation of the policy
- Provide guidance to the ECD Focal Points platform, via the cluster heads of the 4 key ministries
- Develop a Plan of Action with clear and feasible objectives on short, medium and long term (in consultation and with input from the ECD FP Platform members)
- Mobilize financial resources
- Facilitate a functional cross-sectoral collaboration and synergy between policy areas, to keep the integration of the ECD policy within the national development planning
- Keep financial records and other administrative files to document proceedings
- Arrange for a regular reporting to the national high-level decision makers

The team will benefit from an up-front agreement to rotate leadership and management tasks e.g. every year or two.

5.1.2 Tasks of the ECD Focal Point platform

The ECD Focal Point platform will be responsible for the implementation of the ECD policy. The members will have the following tasks:

- Represent their own ministry in the ECD FP platform
- Promote ECD internally (within the own ministry), advocating and demonstrating the advantage of ECD for children as well as for the whole of society
- Promote ECD externally (with special focus on their own, non-governmental sector)
- Implement or coordinate the implementation of the activities as formulated in the Plan of Action
- Discuss and decide on the content of the public communication messages on ECD
- Support mobilization of financial, human and material resources for the ECD budget

- Meet on a regular basis to guarantee appropriate communication within the platform and to prepare a report per sector, using a uniform reporting template

The leaders of each of the 4 clusters additionally need to:
- Meet regularly to exchange information, to discuss and collect the sector reports and prepare a joint report on the proceedings (whole-of-government and whole-of society) to submit to the ECD policy coordination team, using a reporting template.
- Assume responsibility for the practical alignment of interventions.

The following section details the roles and responsibilities of each of the stakeholders.

5.2 Stakeholders roles and responsibilities

5.2.1 Government

HEALTH

The health sector will take the lead in performing tasks related to the Nurturing Care components "Good Health" and "Adequate Nutrition", and also contribute to the other components, especially "Responsive Caregiving". The health sector already provides a regular package of services concerning Maternal & Child Health, Nutrition, and Environmental Inspection. The listing below are the *additional* tasks to support and promote ECD:

a) Prepare a strategic plan of action for integrated ECD services, with focus on the health, nutrition components, derived from the national ECD policy
b) Integrate the ECD nurturing care components into the regular Primary Health Care programs
c) Expand the screening of U5 with counseling services to discuss the (individual) possibilities of parents and family members to provide nurturing care and mental health support to their children
d) Establish community-based health programs with active involvement of local leaders
e) Conduct training for health professionals in PHC clinics in ECD and nurturing care
f) Monitor health and nutrition trends using ECD indicators
g) Partner with the social protection sector to provide specialized health and nutrition services for children with special needs (developmental difficulties and disabilities)

EDUCATION

The Ministry of Education, Science and Culture initiated the process for ECD policy development, and they will take the lead in performing tasks related to the Nurturing Care component "Early Learning Opportunities". The ECD unit of the ministry will assume responsibility for planning and implementation of the following tasks to support and promote ECD:

a) Prepare a strategic plan of action for integrated ECD services, with focus on early learning opportunities, derived from the national ECD policy

b) Expand the ECD unit to cover all nurturing care components
c) Collaborate with other departments at the Ministry of Education to expand their regular programs to include ECD-relevant components (e.g. a formal pre-primary school program, with standards, a curriculum, learning materials and facilities; inspection of public and private (pre-)primary schools; inclusion of a pre-primary school curriculum at the teacher training colleges; educational sessions aired by the school radio etc.)
d) Facilitate safe learning environments with meaningful participation of parents
e) Promotion of physical activity on (pre-)primary schools
f) Partner with the social protection sector to provide educational services in early learning settings for children with special needs (developmental difficulties and disabilities)

SOCIAL PROTECTION

Social Protection services are provided by the Ministry of Social Affairs and Housing. These include material and financial support to persons and families who are in vulnerable conditions (e.g. the poor, the marginalized, persons with special needs). The Ministry of Social Affairs and Housing also manages the implementation of the CRC through the "Bureau Rechten van het Kind" (Child Rights Bureau).

Together with the Ministry of Justice and Police, this ministry will take the lead in performing tasks related to the Nurturing Care component "Safety and Security". A package of regular social protection services is already provided. The listing below are the additional tasks to support and promote ECD:
a) Prepare a strategic plan of action for integrated ECD services, with focus on safety and security, derived from the national ECD policy
b) Strengthen the Child Rights Bureau and install a specific ECD unit within this department
c) Develop an ECD program to provide appropriate care and development of children with special needs (developmental difficulties and disabilities), to be implemented in partnership with the Ministry of Health and the Ministry of Education, Science and Culture
d) Advocate for childcare facilities with ECD standards in the workplace, including facilities for pregnant and lactating mothers
e) Strengthen and intensify the family support and parenting programs
f) Strengthen and professionalize the training for persons working in day care centers and children's homes
g) Strengthen the inspectorate for all government and private day-care centers and children's homes to meet legal operational requirements (permits) and the ECD standards
h) Promote community-based training for caregivers on ECD nurturing care practices
i) Partner with the Ministry of Spatial Planning and Environment and the Ministry of Regional Development and Sports to establish safe child-friendly public recreation areas in all districts

LEGAL PROTECTION

Legal Protection is provided the Ministry of Justice and Police (Overseeing the laws and regulations for safety and security for every citizen and providing legal support and security for persons and families who need incidental or continuous protection). Together with the Ministry of Social Affairs and Housing, this ministry will take the lead in performing tasks related to the Nurturing Care component "Safety and Security". A package of regular legal protection services is already provided. The listing below are the additional tasks to support and promote ECD:

a) Prepare a strategic plan of action for integrated ECD services, with focus on safety and security, derived from the national ECD policy
b) Promote ECD training of professionals working in social protection (prosecutors, judges, police, social workers) with focus on safety and security issues
c) Strengthen and expand the hotlines (reporting points) for violence against children
d) Strengthen the Office for Family Law Affairs (Bureau voor Familierechtelijke Zaken) to include ECD values, principles and standards in the case evaluation and referral systems
e) Review and evaluate laws that legally protect children on their effectiveness, and propose additional laws or regulations to close gaps in the law if needed
f) Promote public awareness of Human Rights, and in particular Children's Rights

Contribution of other government entities:

A Whole-of-Government approach requires involvement, at least commitment, from all other government entities. The potential contribution of each of these entities is listed below. The entities that can provide direct support to the key ministries are mentioned first.

Public sector entities	Sur. acronym	Main Tasks/Contribution	Contribution to NC component
Finance and Planning	F&P	Allocate funds for the ECD program in the budgets of all participating ministries.	Overall
Members of Parliament		Produce and enact legislation that supports ECD Advocacy for ECD as a Whole-of Government and Whole-of-Society approach Screen government budget on inclusion of ECD before approval	Overall
Districts and Resort councils	DR & RR	Facilitate communication with civil society	Overall
Agriculture, Livestock and Fishery	LVV	Support the Ministry of Health to promote and provide access to adequate nutrition: school gardens, control of toxic elements in food (pesticides in fruits and vegetables, hormones in livestock and mercury in fish)	Good Health Adequate Nutrition Safety and Security
Natural Resources	NH	Supply of safe drinking water and energy nationwide Raise community awareness of the importance of responsible water use and management	Good Health Safety and Security
Economic Affairs, Entrepreneurship and Technological Innovation	EOT	Regulations re import and/or local production of harmful products	Good Health Adequate nutrition Safety and Security
Regional Development and Sports	ROS	Reaching communities in all rural and interior districts through local government network (DC's) Public sports and recreation spaces	Overall
Spatial Planning and Environment	ROM	Risk reduction of effects of climate change, clean residential living environment,	Safety and Security

Public sector entities	Sur. acronym	Main Tasks/Contribution	Contribution to NC component
		urban planning with safe recreational spaces	
Transport, Communication and Tourism	TCT	Provide affordable public transport for school youth and pregnant women Provide access to the internet for educational purposes	Safety and Security
Labour, Employment and Youth Affairs	AWJ	Youth development policy Adolescent pregnancy prevention Entitlements for parental leave and for childcare for working parents	Good Health Responsive caregiving Safety and security
Home Affairs	BiZa	Awareness of ECD importance among all government officials, promotion of child-friendly working conditions (maternal & paternal leave, breastfeeding) Advocate for gender mainstreaming	Good Health Responsive caregiving
Public Works	OW	Build roads, with walking and cycling spaces that offer dedicated transit, safe mobility and physical activity for young children and their caregivers	Safety and Security
Foreign Affairs, International Business & International Cooperation	BiBis	Facilitate the mobilization of local and international organizations to support the ECD program Promote collaboration between national stakeholders and international development partners.	Overall
Defence	--	Ensure that all military activities take place far away from young children Help establish safe public spaces as a contribution to the community	Safety and Security

Public sector entities	Sur. acronym	Main Tasks/Contribution	Contribution to NC component
Land policy & Forest management	GBB	When allocating land for industrial purposes, ensure that they are not harmful to residents of nearby residential areas, and when allocating land for residential purposes, ensure that the environment is safe for young children	Safety and Security Good Health

5.2.2 Private sector

The private sector consists of a wide variety and levels of businesses, from small enterprises to multinational companies, and with very different business areas. As they operate in the country, they have more or less influence on the society, which implies that they all have obligations and responsibilities, to their employees and to the society as a whole. For ECD, they have the following responsibilities:

a) Support the Whole-of-Society approach by first and foremost respect and protect the rights of the child, and by meaningfully participating in actions that are beneficial to the child's holistic development.

b) Contribute to the efforts that are aimed at nurturing care (good health, healthy food, a safe and clean environment, stimulation of early learning) and refrain from marketing products that are harmful for children.

c) Facilitate their employees, who are parents or want to become parents, with measures to fulfil their caregivers' role as best as possible, e.g. with entitlements for parental leave and for childcare, and promote incentives for flexible work arrangements

d) Establish ECD day care centers at the workplace or nearby, if possible, jointly with other companies, and if needed.

e) Be aware of potential harmful consequences of business actions/products and act to prevent these.

f) Promote ECD as a priority issue within and outside of the business community.

g) Prioritize children's development in line with ECD standards in the choices for corporate responsibility projects.

There are also ECD service providers in the private (commercial) sector. In addition to the above responsibilities, these service provers have the following tasks:

- Provide licensed ECD services according to the standards and guidelines for nurturing care, and as established by the responsible government entity.
- Continuously maintain and control the application of quality standards for nurturing care.
- Use the specialized expertise to advance and innovate ECD interventions, with special focus on additional needs of children in conditions of vulnerability.

5.2.3 Civil Society/Non-Governmental Organizations/Communities

The Whole-of-Society approach requires an active engagement of all communities, everywhere in the country, because our children are living everywhere in the country. There should be a nation-wide awareness of the importance of ECD. The practical contribution to its successful implementation will be local, and usually bound to the residential and/or relational limits. Civil society, non-profit NGOs and community members have the following responsibilities related to ECD:

a) Support the parents/caregivers to meet the holistic developmental needs of the children and to respect their rights, as well as the local socio-cultural context
b) Help to keep the living environment safe and clean
c) Be pro-active and act as a role model (individually, and as a community)
d) Strive for internal capacity strengthening to enable interventions at the community level that are appropriate, feasible and according to ECD standards and the rights of the child.
e) Demand to have a voice and to (meaningfully) participate in decision-making on ECD and interventions that concern their own community
f) Demand, but also provide accountability and transparency in ECD project implementation
g) In an organized context, give priority to the nurturing components for children in striving to achieve the objectives of the organization, e.g. a religious congregation can promote children's social and mental wellbeing, and provide voluntary childcare services; a sports club can provide special space, material and trainers for the young children, etc.
h) Establish safe and child-friendly and safe community-based recreation centers
i) Mobilize resources (financial, material, human) to support ECD in their community

5.2.4 Families, parents and other caregivers

These individuals are the primary contacts with young children, our target population. They are therefore of utmost importance to put ECD in practice on a daily basis and provide the best possible opportunity for the child to survive, thrive and transform, and to reach their full developmental potential. As duty bearers, family members, and especially the parents, have the obligation to respect and protect their child's rights, and provide nurturing care, acknowledging the importance to all 5 components for optimal development. Of all 5 components, responsive caregiving[33] is the one component that families and caregivers can realize best. Starting from before birth, they have the following responsibilities:

a) Providing adequate physical and emotional care for the pregnant woman, such as nutritious food and enough rest

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[33] Responsive caregiving is the caregiver's ability to notice, understand and respond to the child's signals appropriately and at the right time. This is the fundamental component, because it enables better provision of the other four components. (Nurturing Care Handbook, part 1, page 7)

b) Ensure that the child's basic needs are met, with regards to food, shelter and emotional care
c) Ensure a safe and hygienic living environment, conducive to health and to prevent harm and illness
d) Create an enjoyable environment with educational materials and safe toys, to stimulate learning and exploration skills
e) Be alert and responsive to the child's needs, and provide psychosocial care to promote a harmonious development of social and mental skills
f) Introduce and maintain routines and rules, to develop autonomy, social skills and moral values

5.2.5 International development partners

The country's international development partners are from the region, from another continent or at a global level, with a diversity of focus areas, specialties and objectives. They include organizations requiring membership (Caricom, United Nations), international financial institutions, donor governments and development agencies organizations. The country has a political-legal agreement with these partners that structures and arranges the kind and level of development aid. In case of ECD, the development partners will most likely provide financial, material, and technical support to the national authorities and non-governmental partners. Their contribution will be:

a) to support the process of ECD policy development and implementation
b) to support capacity strengthening at management and service delivery level
c) to support monitoring, evaluation and accountability, which is also a requirement for reporting to the funding agency.

5.3 Investment Plan

The policy framework presented the goal, objectives and priority actions for the ECD policy. The goal will be achieved through the objectives, and these will be achieved through the actions. Besides an implementation plan, there is also a need for a plan for investment, mobilization and allocation of resources (financial, institutional, human and material), seeing that all the planned interventions will require input of one or more of these resources. Implementation can only be guaranteed, if the input is guaranteed, not only on short term with the direct investments, but also on the mid- and longer term. ECD is not a project, it is a programme, and it will need to support not only the young children of today to reach their full potential, but all the young children that will be born, grow and develop in the years ahead. Investing in ECD is the best possible social investment for the country, so it is clear that ECD earns to be prioritized. An investment plan for ECD is absolutely necessary!

Theoretically, the whole-of-government and a whole-of-society approach assumes participation from literally each and every one. Planning the inputs of ECD interventions, and monitoring the outputs, outcomes and impact, need to consider the various contributions of

non-governmental stakeholders, the diversity in types of services and in services providers, as well as the diverse sources of funding.

In practice, ECD will be led by the government, so the task to lead and manage will be with the government. This includes coordination and monitoring of the implementation, for which resources need to be mobilized, allocated and accounted for. A sound management system with measurable inputs is a must, because what cannot be measured cannot be effectively managed!

The type and quantity of resource(s) needed; the implementers; and the timeframe (short-, medium- and long-term) are all aspects that need to be considered. The investment plan will inevitably need financial resources, because institutional, human and material (and even in-kind) contributions will also have a cost and need to be included in the budget. This is the case for public financing, and for the contributions from the private sector, many of which will be expressed through the provision of services, that need to be monitored and accounted for.

ECD services can be budgeted and financed according to the following three categories:[34]

Sector-specific ECD services: are within the sector boundaries; funded and administered within the respective sector budget and used independently from other sectors; this category of services requires a relatively low need for ECD-specific budget coordination in national budgeting.

Add-on (or top-up) ECD services: are delivered through sector platforms. These services can be implemented by more than one sector (e.g. providing early learning opportunities) so they are not exclusively considered within the boundaries of one given sector, but included within the budgets of all sectors involved. Because these usually rely on existing staffing for delivery, sector ministries may be reluctant to take them on without being able to budget for additional costs, especially when the sector system is chronically under-funded.

Combined ECD services: involve multiple services, that are not necessarily integrated, but rather coordinated for better alignment of results. In case of integration of services, the funds are more likely a combination of earmarked revenue and pooled funds from multiple sources, including through designated budget lines within sector budgets.

Public investment

Public financing will be the main source of funding. Including ECD in the budget shows political commitment! Budget coordination will be challenging. A multi-sectoral approach requires a multi-sectoral, integrated framework, while designated ECD-budget lines would be the best way to identify and keep track of expenditures in the overall budget data. Quantifying the resource input is also difficult, as some resources will not exclusively be used for ECD (e.g. the institutional facilities), and separation of the expenditures might be difficult.

The budgeting options should be in accordance with the rules and regulations of the Ministry of Finance and Planning. For a comprehensive set of ECD interventions, it seems ideal to have a joint financial management system, for combined-services. However, for public financing in

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[34]UNICEF Global resource guide on public finance for children in Early Childhood Development: Partners Edition, page 23 and page 65

Suriname there is no possibility to jointly request, administer and use finances for combined services. <u>Add-on services</u> will most likely have to use the already available budget, as requesting additional funds will not be easy within the limitations of the national overall public budget. This may trigger each ministry to explore options for a more efficient and effective use of funds. <u>Sector-specific services</u>, with sector-specific funding, is the option that is most likely to be used for implementation of ECD. But it also poses the risk of unfunded service gaps, or of fragmented or overlapping expenditures.

Applying the following principles may also enhance public financing for ECD:[35]
- Build on what's already out there.
- Build on what already goes well.
- Introduce a distinct set of budget information and processes.

In case ECD is not yet explicitly included in the budget, there might be financing obstacles to address, such as lower budget priority, or insufficient and inequitable budget allocations. The following core actions are recommended:
1. Effective budget advocacy: convincing evidence and language will help to better align budget priorities with ECD policy priorities.
2. Support sector budget planning and formulation for ECD services within the national budget process.
3. Promote budget coordination across sectors and levels of government may help to pool multiple sources of financing, with the additional benefit of helping identify gaps, segmentation or overlaps in spending.

In Suriname, the planning cycle for the next year budget starts as early as the first trimester and ends with approval of the budget by parliament in the last trimester of the preceding year. The planning of investments needs to take this budgeting cycle into account. Currently the government budget is suffering from the consequences of the difficult economic situation and has serious deficits in the available budget. So, for the short term, it will be more realistic to look for options of a more efficient, effective and equitable allocation of the funds that are currently available. However, this policy will guide ECD implementation in the country for at least the next 10 years. In future, the macro-economic development may change for the better, e.g. with the revenues of the upcoming oil- and gas industry. Planning for progressive additional investment for the mid- and longer term is realistic and needed. A gradual increase of e.g. 10% of the previous budget is recommended.

<u>Private investment</u>
The private sector can contribute to ECD with all types of resources, varying from in-house institutional improvements to facilitate its own employees to provide nurturing care, through deploying staff and materials for internal and/or external interventions that benefits ECD, to invest by funding. For managing the whole-of-society approach these contributions should be

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[35] UNICEF Global resource guide on public finance for children in Early Childhood Development: Partners Edition, page 39

registered, and also be coordinated. This could be the task of the Focal Points of the four key ministries, who are primarily responsible for implementing the "whole-of-society" approach. Private funding is also an option for joined programming and implementation. Administratively it will have to be completely separate from the public budget, but it provides the option for establishment of an ECD fund, adopting (and adapting if necessary) the third option of combined, integrated services: funded by a combination of earmarked revenue and pooled funds from multiple sources, and administered and used jointly.

Investment of community members, including parents
A whole-of-society approach requires a contribution from civil society, including residential and relational communities and the family circle. Unlike the investments from the public and private sector, not all resources that are mobilized and/or provided by civil society are expressed through service provision and cannot all be costed. Taking care of a safe and clean living environment for the children of the community is an example of an investment in ECD, that also benefits the adult community members and may be realized through voluntary contributing time and/or materials. Helping to monitor the effectiveness and efficiency of certain interventions is another example of possible non-financial civil society contribution. The family members, especially the parents, who are considered as primary and central in promoting and safeguarding the nurturing environment of their children, are also supposed to invest in ECD.

Investments in the required resources will be linked to achievement of the goal of this policy, through the 5 strategic areas: Leadership and management; Capacity strengthening; Supportive environments; Community engagement; Communication.

For each of the areas the four main types of resources (financial, institutional, human and material) are considered, with the caveat that the financial resource in most cases is also needed to implement the other resource types, and that in practice the investments cannot be strictly separated.

Table 2: Overview of the strategic areas and objectives (for investment plan)

Objectives	Type of resource(s)	Investment expected from
LEADERSHIP AND MANAGEMENT		
Enable the national implementation and effective governance of ECD through strong, accountable and transparent leadership and through intersectoral collaboration	Financial Institutional Human Material	Government Private sector Civil society Caregivers Int. dev. Partners*
Create and maintain institutional mechanisms to effectively manage, coordinate, monitor and evaluate the national implementation of ECD	Financial Institutional Human Material	Government Private sector Civil society Caregivers Int. dev. Partners

Objectives	Type of resource(s)	Investment expected from
CAPACITY STRENGTHENING		
Strengthen the capacity of all key sectors involved to incorporate ECD into their planning, programming and service delivery	Financial Institutional Human Material	Government Private sector Civil society Caregivers Int. dev. partners
Support the primary caregivers to increase their knowledge, skills and resources to provide nurturing care	Financial Institutional Human Material	Government Private sector Civil society Caregivers Int. dev. partners
SUPPORTIVE ENVIRONMENTS		
Create safe, reliable and supportive environments for equitable access to ECD services and to enable nurturing care, with emphasis on children and caregivers with special needs and in conditions of vulnerability	Financial Institutional Human Material	Government Private sector Civil society Caregivers Int. dev. partners
COMMUNITY ENGAGEMENT		
Establish an active and meaningful engagement and participation of residential and relational communities to promote and support ECD nationwide, with sustainable interventions appropriate to the local context	Financial Institutional Human Material	Government Private sector Civil society Caregivers Int. dev. partners
COMMUNICATION		
Develop and implement a communication strategy, using relevant media channels and platforms appropriate for the target audiences, to provide and receive information and feedback and to implement a whole-of- society approach, thus enhancing an engaged and empowered population.	Financial Institutional Human Material	Government Private sector Civil society Caregivers Int. dev. partners

*International Development Partners

Costing is an important part of the planning process, because the decisions for implementation of the policy needs to be based on quantification of the necessary inputs. The popular sayings "If it is not quantified it cannot be measured" and "if it is not included in the budget, it does not exist" are both true. Costing helps budget formulation by providing a basis for the budget inputs.[36] The fundamental question is *"how much will it cost the government to implement the ECD policy?"*. To find out, usually three steps need to be taken:

- ECD programmes, including the necessary inputs are identified and described
- The costs for each input are estimated
- The overall costs are added up and the unit cost per child id calculated.
- Costing is also helpful to provide evidence that is needed for advocacy.

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[36] UNICEF Global resource guide on public finance for children in Early Childhood Development: Partners Edition, page 84

There are four costing options, according to the following concepts:[37]
- Actual cost, based on actual spending
- Normative cost, based on what is needed to reach a certain level of coverage and quality
- Actual funding from all sources (government, user fees, in-kind contributions, subsidies and donations); comparing actual funding with actual spending can indicate "leakage"
- Normative net cost, that is calculated by comparing b (the normative cost) with c (the actual available funding) so the required level of funding can be indicated

In the case of Suriname, only option b can be applied, because there is currently no specific information on the actual spending available (option a), nor on the actual funding on ECD of the whole-of-government (option c, which also exclude option d). In this policy document it is only possible to roughly estimate the normative cost. This estimate may be used to specify the interventions, that will be elaborated in the implementation plan that needs to follow up on the policy.

The normative costs for all 5 nurturing care components will be captured when implementing the 5 strategic areas. For illustrative purposes, the costs for incorporating two interventions in existing health and nutrition services, gives an idea of the costing of at least part of the nurturing care services. The following calculation is provided in the Lancet series on ECD on this issue: "The estimated average additional investment needed is half a dollar per capita in the year 2030, ranging from USD 0.2 in low-income countries to USD 0.7 in upper middle-income countries. This represents an additional 10 percent over published estimates for a comprehensive set of women's and children's health and nutrition services."[38] This estimate was based on the calculation of the high returns on investment in women's and children's health, demonstrated by the Global Investment Framework that was used for health systems strengthening and six packages. Two of these packages concern maternal & newborn health and child health, that directly benefit nurturing care. Nutrition was treated as a cross-cutting theme.[39] It was found an increase of the health expenditure with USD 5 per person per year (up to 2035 in 74 high-burden countries), could yield up to 9 times that value in economic and social benefits.

Applying this cost estimate for the two interventions to Suriname, an upper middle-income country, the calculation is as follows:
The estimated total mid-year population was 616,500 in 2021[40]. The normative cost of USD 0.7 per capita in one year (ref. the Lancet model in the previous paragraph) for the two interventions within health and nutrition amounts to 616,500 * 0.7 = USD 431,550.
The beneficiaries are the ECD target population group of 0-8 years of age. The estimated mid-year population group of children 0-9 years was 108,200 (55,100 male and 53,100 female),

[37] UNICEF Global resource guide on public finance for children in Early Childhood Development: Partners Edition, page 86
[38] Advancing Early Childhood Development: from Science to Scale An Executive Summary for The Lancet's Series, October 2016, page 6
[39] Stenberg K, Axelson H, Sheehan P, et al. Advancing social and economic development by investing in women's and children's health: A new global investment framework. Lancet 2014; 383: 1333–54.
[40] ABS Demographic data 2018-2021, February 2023

which is 17.5% of the total population.[41] . The normative cost per child is calculated to be USD 431,550 / 108,200 = USD 3.9 per year.

If this calculation would be equally applied to all ministries, the average contribution of each of the 17 ministries would be USD 431,550 / 17 = USD 25,326. However, a modality for the internal division within the government is probably more realistic, and could e.g. distinguish several levels of involvement, linked to several levels of contribution.

The following suggested division could serve as an illustration:
- the main level consists of the four key ministries (Education, Science & Culture; Health; Justice & Police and Social Affairs & Housing) contributing with the largest amount, e.g. 40%, followed by
- the first level of six supporting ministries (Labour, Employment & Youth Affairs; Regional Development & Sports; Spatial Planning & Environment; Economic Affairs, Entrepreneurship and Technological Innovation; Home Affairs; Agriculture, Livestock and Fishing) contributing e.g. 40%, followed by
- the second level of three supporting ministries (Transport, Communication & Tourism; Public Works; Natural Resources) contributing 15% and
- the third level of three supporting ministries (Foreign Affairs, International Business & International Cooperation; Land policy & Forest management; Defense) also contributing 5%
- with the overall support and supervision of the Ministry of Finance & Planning.

This calculation is summarized in the following matrix:

Table 3: Proposed distribution of the budget per ministry for ECD

Ministeries	Percentages of the total amount	Contribution per level (USD)	Contribution per ministry (USD)
Key ministries (4x) MinOWC, VG, SoZaVo, JusPol	40%	172.620	43.155
1st level of support ministries (6x) AWJ, ROS, ROM, EOT, BiZa, LVV	40%	172.620	28.770
2nd level of support ministries (3x) TCT, OW, NH	15%	64.732,50	21.577,50
3rd level of support ministries (3x) BiBis, GBB, Defence	5%	21.577,50	7.192,50
TOTAL AMOUNT		431.550,00	

Another recommendation to calculate normative costs is for governments to reserve 25% of their recurrent pre-primary budgets for non-salary costs such as learning and teaching

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[41] ABS Demographic data 2018-2021, February 2023. Although the mid-year estimate is from 0-9 years, the total number can still be used, because ECD starts from conception (so the number of children of 9 years old can theoretically be substituted by the number of pre-births).

materials, teacher training, curriculum development and quality assurance mechanisms to ensure that funds are available for quality assurance and better implementation.[42] This should be covered by the strategic area on capacity strengthening, in the implementation plan.

Funding is needed to cover the costs of the investments. Funding can be aimed at the supply-side or at the demand-side.[43] Supply-side funding refers to availability of funding to the service providers to increase the quantity or the quality of their provision (e.g. resource grants, staff salary subsidy or staff training). Demand-side funding refers to making funds directly available to beneficiaries (in the case of nurturing care these are the parents (e.g. grants, vouchers or reduced fees for childcare, tax reduction, or general child or family allowances to support their child's upbringing).
Because we will use sector-specific budgeting, the decision for either one of these funding strategies should be taken within each sector.

5.4 Monitoring, Evaluation and Accountability

To assess the effective implementation of the ECD policy, it is necessary to put a system in place for regular, systematic and objective monitoring and evaluation, that will enhance accountability.
First, a definition of these concepts:
- <u>Monitoring</u> is the process of systematically collecting, analyzing and using information.[44]
- <u>Evaluation</u> is a thorough and methodical procedure that involves gathering and analyzing evidence to determine the efficacy of a certain program, policy, or initiative.[45]
- <u>Accountability</u> is an obligation or willingness to accept responsibility or to account for one's actions.[46]

The vision, mission, goal, objectives and priority actions are described in the policy framework. These represent the envisaged achievements (or products) for a successful implementation of ECD in the country. The information that is gathered is needed to assess the effectiveness of the products, but also to assess the process(es) that lead to these results. Indicators need to be formulated to be able to measure both processes and products.

There are three levels of monitoring:[47]
- Population monitoring
- Individual child's development monitoring

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[42] UNICEF Global resource guide on public finance for children in Early Childhood Development, page 48
[43] International Association for the Evaluation of Educational Achievement (IEA) Early Childhood Policies and Systems in Eight Countries: Findings from IEA's Early Childhood Education Study, page 58
[44] WHO and UNICEF (2022) Nurturing Care Handbook, Strategic Action 4, Monitor Progress, page 2
[45] https://dictionary.com
[46] https://merriam-webster.com
[47] WHO and UNICEF (2022) Nurturing Care Handbook, Strategic Action 4, Monitor Progress, page 4

- Implementation monitoring
- Each of these levels need different tools, but together they generate information for monitoring the implementation of ECD at the national level.

Population monitoring measures demographic characteristics at a specific point in time, to inform policy implementation with regard to coverage and quality of the interventions. Disaggregation by one or more determinants (e.g. residential area) is possible. Data is collected from population-level surveys (e.g. the MICS), censuses or administrative databases. For ECD, this tool may be used to assess the health and development status of the ECD target population (demand-side), but also the coverage of nurturing care interventions (supply-side) as well as the determinants that either protect or threaten children's development.

Monitoring of individual children's development is usually conducted during delivery of services, e.g. in an U5 clinic. It is an excellent opportunity to keep track of the physical development of the individual child; it enables early detection of developmental risks; and because it also tracks access and participation of individual children in ECD service delivery, it is an important way to apply the core principles of equity and inclusion. There is one major condition that needs to be met, which is the fact that these services need to be available, accessible and acceptable. To assess these conditions, and the adequacy, efficiency and quality of the offered services, the AAAQ instrument may be used.

Implementation monitoring serves to assess the different components of the ECD program. The most important directing document is this policy, with all the strategic areas. A set of indicators should be produced (and agreed upon), for all planned inputs, outputs, outcomes and for the envisaged impact. The details will be included in the implementation plan that will be developed as the next step. The national ECD policy is context specific, and so is the plan for implementation, including its part for monitoring and evaluation, specifically the input and output indicators. The outcome indicators can be linked to the universally applied nurturing care objectives and the SDG indicator framework.

The results of the monitoring sessions provide the main evidence base for evaluation of the policy. Through a thorough analysis, performance progress and effectiveness can be assessed. Based on these results decisions can be made for quality improvement, such as an adjustment of existing program interventions, introduction of new interventions, discontinuation of interventions that have little or no effect, and scaling up of successful interventions.
Both monitoring and evaluation should be performed across all sectors and reported through a uniform M&E system that is managed by the ECD coordinating mechanism.

Accountability is the responsibility of each of the implementing partners within and outside of the government. This demonstrates their accepted obligation to account for their actions to contribute to a successful implementation of ECD in Suriname.

In conclusion: investing in the children through Early Childhood Development produces lifelong, intergenerational benefits for health, wellbeing and the economy for the entire society.

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Annexes

Annex I: National planning and development documents
Annex I-a: Multi-Annual Development Plan 2022-2026 of the Republic Suriname

The <u>vision</u> presented is: "In 2050, Suriname will have a just society in which its values are realized. Everyone can decide freely within the system of law and justice about the realization of his / her own potential while taking into account the sustainability of the environment. With a rich and eventful past, a vibrant culture, and a natural wealth, every resident (regardless of gender, ethnicity, etc.) has self-confidence, responsibility and respect, and is proud of a life and country that offers prosperity and well-being. Through good governance (founded on law and democracy), trust is built (and the positive image of our country is improved and strengthened), creating many (national and international) collaborations that ensure accelerated development"

The <u>values</u> that are central to the plan are: • Justice • Inclusiveness • Freedom • Equality • Sustainability

The <u>norms</u> that are valued are: • Good Governance • Security of energy, water, food, health care, education, communication, social amenities • Employment opportunities • Value Addition • Greening and Green Growth • International and local connections • Recognition of land rights • Innovation • Export Orientation

The <u>policy areas</u> are categorized in 4 themes: 1. Economy; 2. Socio-cultural dimension; 3. Spatial planning and environment; 4. Governance.

From the 28 strategic areas, the following 8 may be of relevance to ECD:

A6.7 Nature and Environment (page 51)
A6.20 Drinking water supply (page 113)
A6.22 Social Protection (page 120)
A6.23 Security (page 125)

A6.24 Public Health (page 130)
A6.25 Education (page 136)
A6.27 Spatial Planning (page 147)
A6.28 Population Policy (page 155)

These strategic areas were reviewed to find ECD relevance.

<u>1. Nature and Environment</u>
The objective of environmental planning is to maintain the beneficial functions of ecosystems, thereby enabling sustainable socio-economic development. Suriname faces the following environmental issues: climate change, pollution, waste management, deforestation and use of toxic substances such as mercury. Some strengths are the net oxygen producing and net carbon dioxide absorbing land, low absolute greenhouse gas emissions and the existence of an environmental framework law. Some weaknesses are the inadequate waste management and disposal and insufficient measures for recycling, re-use, repurpose and a low level of environmental awareness. The adoption of a Nature Protection Act is one of the strategic action items.

2. Drinking water supply

Providing the population with good and affordable drinking water is in the interest of both public health and the socio-economic development of the country. Suriname faces the following constraints with respect to sustainable and integrated water management: the lack of drinking water in various regions of the country, risks due to flooding during heavy rains and shortages of irrigation water for the agricultural sector during dry seasons. Besides these effects of climate change, the challenges to the quality of water are: water pollution due to inadequate wastewater treatment, the use of pesticides and contamination from gold mining activities. On the other hand, one of the strengths identified are the huge reserves of mineral and surface water in Suriname. The mineral water supply is sufficient for 900 years, at current levels of consumption.

3. Social Protection

Social protection (social services and social insurance) focuses on supporting vulnerable individuals and groups in society. In the past 5 years there was an increase of 11.2% of the total number of children who are eligible for General Child Benefit (AKB). No differentiation according to the different types of disabilities is one of the weaknesses, and so is the lack of social inclusion: it is stated that the current social safety net programs are not sufficiently responsive to the needs and behaviors of all groups.

Two of the strategic action items are:

Prevention and protection of people with disabilities through preventive and educational programs, where the causes for physical, visual and psychological impairment are examined, especially focused on the rural area since the number of people with disabilities in the interior is quite high. Supporting parents whose children have a disability, through networking with NGOs and private organizations that are working with the target group in a targeted way, i.e. "Community Based Rehabilitation".

Implement the "Mi Sa Taki" (freely translated: 'I will make myself heard') project, a nationwide approach spread over years to counter violence against children. This approach includes targeting families separately and has been thoroughly tested against Surinamese practice.

4. Security

Security is seen as an important prerequisite for prosperity and well-being, and attention is given to crime control, fire safety, traffic safety and cross-border crime. Legal Certainty is a specific component of the Security policy area, namely the guarantee that the judiciary is bound by rules of law. One of the strategic action items is domestic violence: awareness programs will be provided by networks and there will be greater involvement of all parties (e.g. government, NGOs) to provide assistance to victims of domestic violence.

5. Public Health

In line with the 3rd SDG, health security has been set as a standard in this development plan. Factors that affect health, are summarized in four categories: 1. Biological factors 2. Health care facilities 3. Lifestyle and 4. Environment. And the full care cycle consists of: 1) Prevention 2) Diagnostics 3) Treatment and 4) Rehabilitation. The loss of productive life years due to unhealthy lifestyles and premature deaths is identified as a threat. Two of the strategic action items, relevant in this context are:

Resume the Health in all Policies program, ensuring that the preventive health approach is reflected in the policy formulation and implementation of all ministries.

A structural shift from secondary and tertiary health care to primary health care, where in addition to prevention, early identification of diseases is important for professional guidance.

6. Education

Like most others sectors, the education sector has some points of concern. It is stated that the system is not geared to serving the multiethnic, multicultural and multilingual society. Also, the MICS 2018 data showed that only 29.7% and 12.3% of pupils in kindergarten B and 1st grade of primary school, respectively, had the minimum skills for reading and mathematics. One of the strategic action items is: making a shift to distance education, after the experience of the COVID-19 pandemic and competition from institutions from abroad. Advantages are: opportunity to incorporating extra-curricular activities, letting children enjoy education and solve the problem of costliness of providing traditional education in the interior. One of the weaknesses indicated is: insufficient capacity within the educational organization to plan and implement evidence-based educational policies.

7. Spatial Planning

It is recognized that efforts must be made to plan and use the living space in such a way as to guarantee optimal use of public areas such as gardens, squares, school grounds and playgrounds. Due to the lack of or inadequate registration of the public lands and the lack of relevant data it is a challenge to plan the spatial use (for living, working, recreation, production etc.) There is increasing urbanization, as for young people there are more opportunities in the city in terms of education, employment and recreation.

The Spatial Planning Act provides a framework for the physical planning, including optimal access to public spaces and buildings, neighborhood and nature parks in residential areas for young and old, recreational spaces in village communities for young and old, and sports and recreational activities in city and district.

8. Population policy

The items discussed are: Migration, Ageing, Labor Market development and Gender.

The Gender Policy from the Ministry of Home Affairs focuses on a number of priority areas, among which • Labor, income and poverty reduction • Education, upbringing and training • Health care • Gender-based violence. And with reference to article 8 of the Suriname Constitution the gender policy states that "No one shall be discriminated against on the basis of their birth, sex, race, language, religion, origin, education, political opinion, economic position or social circumstances or any other status." And article 35 of the Constitution states that men and women are equal before the law.

ANNEX I-b: National Population Policy 2021-2040

The policy is guided by the Universal Declaration of Human Rights and the national aspirations as contained in the Constitution. It is based on international commitments such as the Programme of Action of the 1994 ICPD; the Montevideo Consensus on Population and Development; and the Nairobi Statement on ICPD25. It is also guided by the provisions of the international and regional conventions

to which it is a signatory[48] and by international and regional agreements and programmes of actions it subscribes to and supports.[49]

The National Population Policy presents its guiding principles, vision, strategies and 10 objectives. These objectives are based on national aspirations and reflect the international SDGs.[50] The vision of the National Population Policy is derived from the country's international commitments and national priorities and will contribute to the continuous national efforts to improve the quality of life of the inhabitants of Suriname through the systematic integration of population dynamics in the planning of people-centered rights-based sustainable development activities and their execution.

The policy concentrates on the size, composition and distribution of the population over the national territory, as well as on its components namely: fertility, mortality, emigration and immigration. However, as developmental activities might influence the environment and the population and its characteristics and wellbeing, these linkages will be recognized and acknowledged for further actions but are outside the scope of the population policy.

There are 10 objectives of the National Population Policy (only those relevant for ECD are fully quoted):
1. On the integration of population dynamics in the national development planning system.
2. On a national population planning database.
3. On a vital and civil registration system.
4. On a data collection programme of population statistics (with periodic censuses and household surveys)
5. On a migration policy (immigration and emigration) within the national development policies and planning.
6. On a national policy for the ageing population,
7. Establish and implement a comprehensive national rights-based youth policy promoting individual physical and mental well-being; ensuring their economic, social and health security, with special attention to those living in precarious conditions; by promoting and facilitating post-primary school education, especially technical and vocational education; eliminate child-labour; reduce unemployment and enhance employment through skill
improvement and re-training programmes; and to eradicate adolescent pregnancy.
8. Accelerate the further reduction in the maternal, infant and child mortality through the full integration of the principals of the Programme of Action of the 1994 International Conference on Population and Development (ICPD) and its successors, including the Montevideo consensus on population and development and the Nairobi Statement on ICPD25: Accelerating the Promise, in national health and social welfare policies, programmes and projects.

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[48] such as: The Convention on the Elimination of Racial Discrimination (CERD); The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); The Convention on the Rights of the Child (CRC); The Convention on the Rights of Persons with Disabilities (CRPD); The Paris Agreement; and The Inter-American Convention on Prevention, Punishment and Eradication of Violence against Women (Convention of Belem do Para).
[49] such as: the resolution on Transforming our world: the 2030 Agenda for Sustainable Development; the 1995 Beijing Declaration and Platform for Action of the Fourth World Conference on Women and its subsequent reviews and modifications; the Political declaration and Madrid international plan of action of the Second World Assembly on Ageing 2002 and its subsequent reviews and appraisals. the Revised Treaty of Chaguaramas, establishing the Caribbean Community, including the CARICOM Single Market and Economy.
[50] National Population Policy Republic of Suriname 2021 – 2040, Paramaribo, Suriname February, 2021, Annex 1, page 15

9. On policies and procedures to mitigate and control the harmful effects of industrial and developmental activities on the environment, and directly or indirectly on the health and wellbeing of communities.

10. Ensure that the promotion of gender equality is an integral part of all developmental policies and activities of the nation, taking special care to protect vulnerable groups of persons, especially women and young girls, by providing integrated, timely and effective protection mechanisms to mitigate and negate harmful consequences of domestic and sexual violence.

ANNEX I-c: Ministry of Public Health Policy Plan 2021-2025

The vision is: "Guaranteed access to quality care"

The mission is to "achieve an integrated and sustainable system of high-quality and effective healthcare, which is accessible to everyone on Surinamese territory and a continuous increase in health benefits for the entire population, achieved through local and international partnerships"

And the principles are: Integrated, Quality, Effective, Accessible, Durable and Affordable

Seven key objectives are identified as priority areas:

1. Primary care; 2. Secondary care; 3. Tertiary care; 4. Restructuring of healthcare based on an assessment of the entire healthcare system; 5. Structural change at the Ministry of Health; 6. COVID-19 policy and management; 7. Quality

There are two policy areas:

1. Prevention and reduction of disease and mortality
2. Availability and accessibility of quality healthcare for the entire population

Part of the 1st policy area is to decrease maternal and child mortality, with the following interventions planned:

1. Develop and implement national guidelines and protocols for maternal and neonatal care to provide care for safe pregnancies and deliveries and for newborns;
2. Implementation of perinatal information system. Better statistics on perinatal morbidity and mortality will help to reduce the risk of infant mortality
3. Integrated Management of Pregnancy and Childbirth protocols for all primary care outpatient clinics.
4. Integrated Management of Childhood Illness protocols for all primary care outpatient clinics;
5. Implementing the 'Code of Marketing for Breastfeeding Substitutes;
6. Development of a national Breastfeeding policy

Re-introduction of the Health in All Policies (HIAP) approach is also mentioned. It was successfully introduced some years ago to address the social determinants of health, health inequalities and the SDG health agenda. Twelve policy measures were formulated by an intersectoral body, consisting of major sectors of government, non-governmental organizations and the private sector. Several ministries, including Regional Development, Agriculture and Economic Affairs, included budget lines for intersectoral cooperation on health issues.

ANNEX I-d: Policy memorandum on Development-oriented Education

A new education vision was developed because the current system does not sufficiently focus on learning and achieving a balance between knowledge, skills, competencies and attitude that are desired to acquire relevant skills for the future (i.e. for the labor market). The new system is focused on development of pupils, teachers and on creating the educational infrastructure and administrative structures (including school leaders, directors and the substantive revision of education). It is the opposite of the curriculum year class system; it is based on the principle that pupils differ individually; children are not the same, nor do they learn the same and develop in the same way. These differences are not only neurological, but also economic, cultural, psychological, regional (city, district, interior) and educational. This diversity forms the basis for the Development-Oriented Education. The educational material offered is not determined by the subject matter, but by the needs, motivation, level, pace and development pattern of the pupil. These needs are placed in a framework of competencies that students must develop as citizens of a free democratic society. The system is designed in such a way that every pupil can experience and continue his/her own development without interruption.

The document describes the consequences for all groups involved: the pupils, the teachers, the school leaders and the department of curriculum development of the Ministry of Education, Science and Culture. And elaborates on the necessary actions to be taken.

ANNEX I-e: Multi-annual Policy Plan of the Ministry of Justice and Police 2022-2026

The Ministry of Justice and Police is responsible for effective legal protection and adequate security for everyone in Suriname. Its designated bodies ensure the protection of human rights, including through effective law enforcement and the fight against crime. An important precondition for this is a legal framework that meets the aspirations of society and is a good reflection of international developments.

The mission of the Ministry of Justice and Police is:
Guaranteeing optimal protection of the rule of law and rule of law principles, by guaranteeing effective Law Enforcement and Legal Protection and guaranteeing security for the entire society on the entire territory of the Republic of Suriname.

Based on its mission, the main goals are:
- Guaranteeing adequate and efficient compliance with human rights by the bodies established for that purpose;
- Adequate and efficient enforcement of integral safety through effective law enforcement, preventive crime control, setting safety standards and monitoring compliance with them.

To improve the effectiveness and efficiency of the Ministry through restructuring, privatization and improvement of earning capacity.

The policy focuses on:
- Reduction and prevention of juvenile and other types of crime;
- Re-integration of crime convicts;
- Establishing the Child Protection Council;
- Tackling child abuse;
- Tackling violence
- Partnership with NGOs, Civil Society and donor organizations
- Gender mainstreaming

Early Childhood Development is not a specific focus/policy area at the Ministry of Justice and Police. However, the policy plan includes a specific area of Child and Youth Policy and Gender. There are various departments within the Ministry that are involved in the implementation of this policy. ECD can be included in the actions by these departments, especially when it comes to safety and security. This includes awareness programs and protection of children against violence.

The following three departments are involved in the implementation of youth policy (thus with relevance for ECD):

1. The Office of Women and Children Policy (BVK) (Het Bureau Vrouwen- en Kinderbeleid)
The BVK is directly accountable to the Minister and had the following job description[51]:
1. Developing policy in the field of women and children;
2. Developing an action plan for women and children policy for the benefit of the Ministry of Justice and Police;
3. Coordinating the women and children policy in all relevant departments within the Ministry of Justice and Police;
4. Intensive cooperation with all Non-Governmental Organizations that have women and children as target groups;
5. The point of contact for women and children's issues within the Ministry of Justice and Police;
6. Coordinating the treaty obligations to the extent applicable within the Ministry of Justice and Police;
7. Ensuring the implementation of the specific focuses of the sector analysis, such as domestic violence;
8. Participating in national and international seminars;
9. Organizing training for the target groups;
10. Organizing awareness programs (nationally)

In practice, the Office of Women and Children Policy not only coordinates women's and children's policy, as included in the objective and task, but also the gender and youth policy within the Ministry of Justice and Police. The office operates on a project basis.

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[51] This job description is included in the Official Gazette of the Republic of Suriname 2008 no. 137

2. The Office for Family Law Affairs (BuFaZ) (Bureau voor Familierechtelijke Zaken)
The Office for Family Law Affairs (BuFaZ), previously known as the Guardianship Council, is part of the department of Legal Affairs, and deals with minors (aged 0 to 21 years) throughout Suriname who, for whatever reason, are in trouble.

Mission: To guarantee the highest interests of children living in Suriname. This is done on the basis of the International Convention on the Rights of the Child.

Vision: Good and adequate cooperation with internal and external chain partners; to further develop child protection in Suriname and raise awareness to expand this.

The duties of the Office for Family Law Affairs are the following:[52]
- Promote youth protection;
- Promote cooperation and good understanding between all government and private institutions in the field of youth protection;
- Provide advice to judges if requested;
- Care of all minors who require this special care in addition to or instead of parental care;
- Detect cases, eligible for youth protection measures, as mentioned in the Civil Code, and to demand application of those measures, if required (such as exemptions/expulsion from parental authority and guardianship, provisional entrustment, supervision, out-of-home placement)
- Ensure that every minor in Suriname is under the authority of parents or guardian with a supervising guardian, possibly a temporary guardian, and that authority is exercised;
- Care of the children temporarily entrusted to the Office and, on the instructions of the subdistrict court judge, supervision of the manner in which the supervision and out-of-home placement are carried out;
- Encourage parents to fulfill their maintenance obligations towards their minor children and to take such measures to this end, in particular the initiation of legal proceedings, insofar as the law authorizes the Office to do so;
- Collection and remittance of maintenance amounts for minors of the person liable for maintenance to the person who actually cares for the minor, insofar as this is assigned to this Office.

3. The Youth Affairs Department of the Suriname Police Force (Afdeling Jeugdzaken van het Korps Politie Suriname)
The Youth Affairs department is part of the Judicial Service structure of the Suriname Police Force, and consists of a number of sub-departments, including the Youth Cell House, the Youth Transit Center (Opa Doeli), the Reporting and Investigative service and Social services.

The main tasks are:
to record reports committed by and with young people aged 0-17 years
to detect and investigate all criminal offenses committed by young suspects
to detect and investigate criminal cases in which adult suspects committed an offense against the target group.
The Youth Cell House is where young people aged 12-17 who have been guilty of a serious criminal offense are detained, if the interests of the investigation so require. The total cell capacity is 72, of which 60 for boys and 12 for girls.

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[52] The duties of this office are included in the Official Gazette of 28 December 1983 no. 127, Article 328b paragraph 2 of the Civil Code

In addition to the above-mentioned departments, the Public Prosecution Service and the Trafficking in Persons working group also carry out projects related to children and young people.

ANNEX I-f: National Action Plan for Children of the Ministry of Social Affairs and Housing 2019-2021

The National Action Plan for Children was formulated on behalf of the Office of the Rights of the Child of the Ministry of Social Affairs and Housing with support from UNICEF to serve as a guideline for policy activities to be implemented for children in the recommended period.

Goal:
Facilitating a coordinated and integrated implementation of legislation, policies and programs aimed at creating optimal development opportunities for all children in Suriname.

Objectives:
a. Encourage the involvement of all government and non-government actors in the planning and effective implementation of a coherent and coordinated set of priority actions aimed at the optimal development of all children in Suriname.
b. Stimulating cooperation between government and non-government actors for optimal use of the available human and financial resources necessary for the implementation of the priority actions.
c. Provide guidelines for monitoring and evaluating the process of changing/improving the situation of children through the identification of collectively established priority areas, strategic goals, actions, results and related indicators.

PRIORITY AREAS
The relationship between the National Action Plan for Children, the Sustainable Development Goals (SDGs) and the International Convention on the Rights of Children (CRC) is the framework in which a coordinated and integrated approach and the integration of a gender perspective will be used to achieve the goal of realizing the rights of every child, especially children in vulnerable positions.

To achieve this ultimate goal, 5 major sub-goals have been distinguished, following the UNICEF approach, namely:
1. Every child survives and is healthy
2. Every child receives quality education
3. Every child is protected from violence and exploitation
4. Every child lives in a safe and clean environment
5. Every child has equal opportunities in life

In line with the 5 major sub-goals, 7 priority areas have been identified for Suriname, each of which is aimed at achieving multiple strategic goals:
1. Strengthen coordination and a supportive legal, policy and financing environment
2. Improve health
3. Increasing access to quality education
4. Strengthening the family, shelter and alternative care
5. Prevention and reduction of violence against children

6. Improving the situation of children in vulnerable positions
7. Protection and conservation of the environment

ANNEX I-g: Integral Policy Plan for Children and Adolescents: the action program 2012-2016

The policy is holistic and rights-based and aimed at achieving sustainable development. Attention is paid to gender aspects and social inequality. Children's rights are cross-cutting and therefore a multi-sectoral approach is necessary. Government agencies, as well as NGOs, are indispensable partners in the process of planning and implementing policies, and international and regional organizations are partners in institutional strengthening, capacity building and financing of policy initiatives.

The general goal of the integrated child and youth policy guarantees all children and adolescents in Suriname (0-21 years) optimal development opportunities and protection, so that they can grow to become competent adults who participate adequately in an increasingly globalizing world.

Five dimensions are distinguished, each with a ministry as the driving force
Early Childhood Development (0-9 years)
Adolescents (10-21 years)
Vulnerable children
Combating violence
Development opportunities

For each policy dimension, actions were formulated for the sub-areas of prevention, protection, guidance, rehabilitation and participation, taking into account the socio-economic and cultural context of the child and adolescent in their own living area.

In this review of the document, the policy dimension of Adolescents is not included. The policy dimensions relating to vulnerable children and combating violence each address specific actions for children in vulnerable situations. And the policy dimension relating to development opportunities complements the goal of ECD.

An overview of the goals, descriptions, the target groups, the policy priorities and the identified challenges and conditions of the policy dimensions on ECD, Vulnerable Children, Combating Violence and Development Opportunities in the 5 sub-areas of prevention, protection, guidance, rehabilitation and participation is provided below.

Policy dimension ECD
Goal: Guaranteeing the development of children in the age group 0 - 9 years, so that every child has the opportunity in those first years of life to develop all the skills to successfully complete primary education and develop into an adult in the subsequent period, who can participate productively in society and in the world.

Description of target group. The period 0 -9 years is divided into the following phases:
• Childbirth

• The first year of life
• The young toddler years (1-3 years)
• The toddler years (4-5 years)
• Lower primary school (6-9 yrs.)

The policy is not only aimed at children but also at educators and other caregivers ('duty bearers').

Focus areas for action are:
- laws and regulations
- information and education
- capacity strengthening of service providers
- quality control
- integration of services

Policy priorities:
Prenatal care, childbirth, parenting support, registration and monitoring of the development of infants and young toddlers (Under-3 clinics), reducing child mortality, prevention of malnutrition, HIV infection, developmental delays, among others.

Policy dimension Vulnerable children
Goal: Minimize social inequality, marginalization and discrimination by paying specific attention to this target group and optimizing their opportunities for participation.

Description of target group:
The vulnerable group includes children who grow up without parents; not with their own parents or in dysfunctional families; live in poverty; have a disability or a chronic condition; have no permanent place of residence (including migrants); have to work; are victims of violence; or living in homes or boarding schools.

Policy priorities:
Decentralization of services for this target group so that care becomes accessible and opportunities for rehabilitation are increased; expansion and capacity strengthening of service providers, optimization of mental health care (crisis care and guidance), establishment of the Children's Ombudsman Office (complaints office). In addition, research and legislation and regulations are priorities.

Policy dimension Combating violence
Goal: Every child will live a dignified existence, free from violence, abuse, neglect, oppression, exploitation and discrimination, through the provision of laws and regulations, and medical and social services accessible to the target group that enable protection, prevention, guidance, rehabilitation and participation.

Description of the concept of "violence":
This concerns all forms of violence and exploitation, namely: Physical violence, Emotional or mental violence, Sexual violence, Neglect (physical and emotional), Domestic violence, Economic violence (child labor; sexual exploitation; drugs), Child trafficking, child pornography and child prostitution.

Policy priorities:
Legislation and regulations, capacity strengthening of service providers, crisis care and professional guidance and rehabilitation options for victims, creation of a central reporting point and coordination of assistance. In the context of prevention: family coaching and parental guidance (parental support), information and education and the realization of a code of conduct for the media. Special interrogation studios for victims and expansion of the corps of Neighborhood Managers.

Policy dimension Development opportunities
Goal: Providing guarantees and ensuring that all children and adolescents in the city, district and inland are offered sufficient opportunities to participate fully in society in terms of education and work.

Description of the concept "Development opportunities"
The child becomes more broadly formed and is better able to take advantage of the opportunities offered in different areas. This can be achieved if the education policy pays more attention in the curricula to human rights, women's and children's rights, language, norms and values, national values, heroes, products and resources, peace, friendship and tolerance, appreciation for the environment, culture and sports.
Decentralization of these opportunities is necessary.

Policy priorities:
Developing and implementing information programs about development opportunities and signals of bottlenecks, taking into account the language, culture, level, etc. of the target groups. Developing and offering programs for guiding parents/guardians of children and adolescents who need a second chance.

ANNEX I-h: The Act on Residential Care Institutions and the Implementation Decree

The official titles of the two documents are:
Act of 9 January 2014, containing rules on the operation of institutions for providing residential care for persons (Residential Care Institutions Act) – Wet van 9 januari 2014, houdende regels inzake het exploiteren van instellingen voor opvang van personen.
and
State Decree of 27 January 2017, in implementation of Article 2 of the Act on Residential Care Institutions (Shelter Institutions Act) (S.B. 2014 no. 7) (Decree on Quality Standards for Shelter Institutions) - Staatsbesluit van 27 januari 2017, ter uitvoering van artikel 2 van de Wet Opvanginstellingen (S.B. 2014 no. 7) (Besluit Kwaliteitsstandaarden Opvanginstellingen).

This Act contains rules for exploitation of the institutions for care of persons, and its Implementation decree describes the quality standards for:
Early Childhood Development (ECD standards)
Care Institutions for Elderly Persons
Care institutions for persons with a disability
General care institutions and institutions for residential childcare

The standards sub a, c and d are of importance for the ECD policy. The section on care institutions for elderly persons will not be considered in this context.

Sub a. The section on ECD standards consists of 8 chapters, with 63 articles, describing the requirements for:
the registration of the institution;
the staff: expertise, suitability and work rules;
matters relating to healthcare and services, including equal opportunities and the protection and physical care of children;
quality care and stimulation of children between 0 and 4 years old;
stimulation and education of children between 4 and 8 years old;
administrative matters such as personnel data and insurance;
health, safety and the physical environment

In particular, the matters relating to healthcare and services; protection and physical care of children; health, safety and the physical environment; involvement of parents; quality care and stimulation of children between 0 and 4 years old and stimulation and education of children between 4 and 8 years old are of interest to ECD.

Sub c. This section is for all persons with a disability, including children. It contains 20 articles, regarding registration, staff and physical environment, and the rules for care of the persons in their care, including health and safety; medical requirements, and food requirements.
In particular the matters concerning the rules for care of the persons in their care, including health and safety; medical requirements and food requirements are of interest to ECD.

Sub d. This section consists of 4 chapters, with 24 articles, describing general requirements, specific requirements of the facility, health and safety and physical environment.
The matters concerning health and safety, and the physical environment are of interest to ECD.

Annex II: International agreements, standards and guidelines
Annex II-a: United Nations Convention on the Rights of the Child (CRC)

The convention consists of:
A Preamble
Part I: articles 1 – 41 that contain the rights of the child.
Part II and Part III that contain the obligation of the States to disseminate the information of the CRC and an explanation of the administrative structure (that includes the States, the United Nations and a Committee on the Rights of the Child), as well as tasks that are put in place to implement the CRC.

In the Preamble it is stated, among others, that:
in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, it is proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status;
childhood is entitled to special care and assistance;
the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community;
the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding;
"the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth", as indicated in the Declaration of the Rights of the Child;
due account is taken of the importance of the traditions and cultural values of each people for the protection and harmonious development of the child.

Following is an overview of selected articles from the CRC, that have a strong link with ECD, and an indication of the Nurturing Care component that is supported by the article. This overview does not pretend to be complete. It is meant to give an idea of the mutual support between the CRC and ECD.

CRC article	Content	Link with ECD principles and Nurturing Care components
02	Non-discrimination	Equity, Inclusion
03	Best interest of the child shall be a primary consideration	Well-being
05	Family guidance for the development of the child, in a manner consistent with his/her evolving capacities	Responsive Caregiving
06	The right to life, and ensure to the maximum extent possible the survival and development of the child	Health, Nutrition, Early Learning, Safety and Security
18	Child-rearing responsibility of parents, with appropriate assistance from the State, e.g. child-care services for working parents	Responsive Caregiving, Safety and Security
19	Protection from violence	Safety and Security
20	Special protection and assistance provided by the State to children without families	Safety and Security

CRC article	Content	Link with ECD principles and Nurturing Care components
23	Children with disabilities should enjoy a full and decent life, have effective access to education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development	Inclusion, Health, Responsive Caregiving
24	Health, water, food, environment: enjoyment of the highest attainable standard of health, provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution	Health, Nutrition, Safety and Security
25	Care, protection or treatment of his/her physical or mental health during placement away from home	Health, Safety and Security
26	Social and economic help, recognizing the right to benefit from social security, including social insurance	Safety and Security
27	Food, clothing, a safe home: the right to a standard of living that is adequate for the child's physical, mental, spiritual, moral and social development; State should support to provide food, clothing and a safe home	Health, Nutrition, Early Learning, Safety and Security
28	Access to education	Early Learning
29	Aims of Education: education shall be directed to development of personalities, talent and abilities; respect for human rights and freedoms, culture, other persons and for the natural environment.	Early Learning, Well-being
31	The right to rest, play, and participate in cultural life and artistic activity	Well-being
32	Protection from economic exploitation and harmful work	Safety and Security
34	Protection from sexual abuse	Safety and Security
35	Prevention of sale and trafficking	Safety and Security
36	Protection from all forms of exploitation	Safety and Security

Annex II-b: United Nations Convention on the Rights of Persons with Disabilities (CRPD)

The CRPD consists of a preamble of 25 considerations and 50 articles.

Articles on Definitions, General Principles and General Obligations, Equality and Non-discrimination, Awareness raising, Accessibility, precede the more specific articles.

Two specific target groups are highlighted: Women and Children with disabilities. Articles 10 to 29 contain an elaboration of the rights of all persons with disabilities. Articles 30 to 50 contain the administrative and legal procedures.

The following articles are selected for reference in the ECD policy context.

Article   7: Children with disabilities

Article 16: Freedom from exploitation, violence and abuse

Article 23: Respect for home and the family

Article 24: Education

Article 25: Health

Article 28: Adequate standard of living and social protection.

The parts of the content of the CRPD that concern the ECD target population of 0-8 years of age, and fit well in the Nurturing Care components are included below:

Article 7: Children with disabilities

1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.

3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

Article 16: Freedom from exploitation, violence and abuse

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.

3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.

4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any

form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Article 23: Respect for home and the family

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that: [(a) ....; (b) ....;](c) Persons with disabilities, including children, retain their fertility on an equal basis with others.

2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.

3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.

5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

Article 24: Education

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life-long learning directed to: (a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity; (b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential; (c) Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States Parties shall ensure that: (a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability (b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live; (c) Reasonable accommodation of the individual's requirements is provided; (d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education; (e) Effective

individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including: (a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring; (b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community; (c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

[5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning...........]

Article 25: Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender- sensitive, including health-related rehabilitation. In particular, States Parties shall: (a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes; (b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons; (c) Provide these health services as close as possible to people's own communities, including in rural areas; (d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care; (e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner; (f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Article 28: Adequate standard of living and social protection

1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.

2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures: (a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs; (b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes; (c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care; (d) To ensure access by persons with disabilities to public housing programmes; [(e) To ensure equal access by persons with disabilities to retirement benefits and programmes.

Annex II-c: The Sustainable Development Goals (SDGs)

The SDGs are integrated and their outcomes influence each other.[53] The 17 SDGs are:

SDG 1: No Poverty
SDG 2: Zero Hunger
SDG 3: Good Health and Wellbeing
SDG 4: Quality Education
SDG 5: Gender Equality
SDG 6: Clean Water and Sanitation
SDG 7: Renewable Energy*
SDG 8: Good Jobs and Economic Growth*
SDG 9: Industry, Innovation and Infrastructure*
SDG 10: Reduced Inequalities
SDG 11: Sustainable Cities and Communities
SDG 12 Responsible Consumption and Production*
SDG 13: Climate Action
SDG 14: Life below water*
SDG 15: Life on Land*
SDG 16: Peace, Justice and Strong Institutions
SDG 17: Partnerships for the Goals

Almost all of the 17 SDGs can be linked to ECD, as their outcomes will affect the health and wellbeing of our children. At least 4 SDGs contain targets that address key outcomes to realize young children's developmental potential,[54] covering 4 of the 5 Nurturing Care components, in nutrition (SDG 2), health (SDG 3), education (SDG 4), and protection (SDG16).
These targets are:

Target 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons;

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births;

Target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education;

Target 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children

The following SDGs have a direct link to ECD[55]:

SDG1: Eradicate poverty - ECD interventions increase adult productivity and income, and reduce inequities

SDG 2: End hunger, achieve food security and improved nutrition - ECD interventions to promote nurturing care help to improve young children's growth and development.

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[53] https://www.undp.org/sustainable-development-goals
[54] UNICEF's Programme Guidance for Early Childhood Development; UNICEF Programme Division 2017, page 11
[55] Early Childhood Peace Consortium at
https://ecdpeace.org/work-content/2030-sustainable-development-goals accessed at 16 April 2024

<u>SDG 3</u>: Ensure healthy lives and promote well-being - Supporting ECD increases quality of home care practices, protects against stress, and reduces risks of chronic disease and improves mental health in adulthood.

<u>SDG 4</u>: Ensure inclusive and equitable quality education and promote lifelong learning - ECD: *Early stimulation increases duration of schooling, school performance, and adult income.*

<u>SDG 5</u>: Achieve gender equality - ECD interventions improve motivation and opportunities for learning for girls, so that they can benefit equally from schooling and enter the job market.

<u>SDG 10</u>: Reduce inequality in and among countries - Early childhood stimulation and food supplementation will enable children living in extreme poverty, to attain outcomes closer to more affluent peers.

<u>SDG 16</u>: Promote peaceful and inclusive societies for sustainable development - ECD: Children who are well nourished and secure have enhanced coping strategies, even in conditions of severe adversity. In the absence of nurturing care there is a high likelihood that an increasing number of children across the globe will be exposed to violence in their homes and communities. This can have adverse transgenerational consequences leading to a vicious cycle – as parenting begets parenting.

<u>SDG 17</u>: Strengthen the means of implementation - ECD interventions have the potential to strengthen coordination across sectors to achieve common health, social, and economic goals, and to bring together civil society and governmental partners.

SDGs 6, 11 and 13 are also relevant for ECD, as they concern the quality of the living environment of children:

- Goal 6 on clean water and sanitation
- Goal 11 on sustainable cities and communities
- Goal 13 on climate action

In summary, 11 out of 17 SDGs have relevance for ECD. The SDGs that are not mentioned are:
7 (Renewable Energy) 8 (Good Jobs and Economic Growth) 9 (Industry, Innovation and Infrastructure) 12 (Responsible Consumption and Production) 14 (Life below water) 15 (Life on Land).

Annex II-d: The Global Strategy on Women's, Children's and Adolescents' Health

The Global Strategy for Women's, Children's and Adolescents' Health was developed as a follow-up on the Global Strategy 2010-2015 and is presented as key to support implementation of the Agenda for Sustainable Development (including the SDGs). The ECD target population is included in the strategy.

The <u>vision</u> is:
"By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies."

The three overarching <u>objectives</u> are:
Survive - End preventable deaths: no woman, child or adolescent should face a greater risk of preventable death because of where they live or who they are
Thrive - Ensure health and well-being: enable women, children and adolescents to enjoy good health and
Transform - Expand enabling environments: women, children and adolescents can play a full role in contributing to transformative change in societies and sustainable development, so they can realize their rights to the highest attainable standards of health and well-being. This, in turn, will deliver enormous social, demographic and economic benefits.

The following action areas are identified:

Country leadership	6. Multisector action
Financing for health	7. Humanitarian and fragile settings
Health system resilience	8. Research and innovation
Individual potential	9. Accountability for results, resources and right
Community engagement	

The Global Strategy adopts a life-course approach, and an integrated, multisectoral approach.
- The life-course approach aims for the highest attainable standards of health and well-being (physical, mental and social), because a person's health at each stage of life affects health at other stages and also has cumulative effects for the next generation.
- The integrated and multisector approach recognizes that health-enhancing factors, such as nutrition, education, water, clean air, sanitation, hygiene and infrastructure are essential to achieving the SDGs. Government leadership is required to ensure progress and collaboration across sectors, and also collaborate with stakeholders across societies and sectors to create an enabling environment for health and well-being. The multisectoral approach is illustrated with a list of key policies and interventions of various sectors:
- Finance; Legal protection; Social protection; Education; Gender; Water and Sanitation; Agriculture and Nutrition; Environment and Energy; Labor and Trade; Infrastructure, Information and Communication technologies and Transport.

The following cost-effective health interventions yield high returns on investments:
- Modern Contraceptives and good quality of care for pregnant women and newborns
- Good quality of care at childbirth

- Immunization
- Breastfeeding and Nutrition
- Early Childhood Development - Enabling children to develop their physical, cognitive, language and socioemotional potential, particularly in the three first years of life, has rates of return of 7-10% across the life course through better education, health, sociability, economic outcomes and reduced crime.
- Expand opportunities for adolescents and young people

Necessary conditions to get these high returns are:
- ensure access to all essential interventions and supplies across the life course
- strengthen health systems and
- address all major determinants of health

The section on Individual potential states that: (Quote):

"Women, children and adolescents are potentially the most powerful agents for improving their own health and achieving prosperous and sustainable societies. They can also pass this health and social capital on to future generations. But they cannot fulfil this crucial role unless country leaders and societies uphold human rights, ensure access to essential commodities, services and information, and expand opportunities for social, economic and political participation.

Everyone is born with a unique biological potential for health and then acquires potential from education, skills and life experience. Environmental factors in early development can influence later health. Individuals at all ages draw on their biological and acquired potential to meet individual, social and environmental demands on their health and well-being. Having the right resources and opportunities can help people make informed choices about their health.

A child's brain and other systems develop most rapidly through the first three years of life, so investments in early development are essential to promote the physical, mental and social development that shape each individual's present and future health (………..)" (Unquote)

Annex II-e: State of the World's Children (SOWC)

ECD Definition[56]

The acronym ECD refers to a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential. The approach promotes and protects the rights of the young child to survival, growth and development.

The need to highlight this topic is that even though the very earliest years of a child's life is a critical time, as it influences how the rest of childhood and adolescence unfolds, this period is usually neglected in the policies, programmes and budgets of countries.

A summary of the information provided in this document is provided below.

The case for governments investing in the earliest years of childhood, before the age of three, is made: a) brain development is most malleable and b) rights are most vulnerable.

Early childhood development programmes are not only beneficial for children, their parents and caregivers, but also for the progress of nations as a whole. Attention to the youngest children is most needed where it is most difficult to guarantee. It can even act as an effective antidote to cycles of violence, conflict, poverty and HIV/AIDS. It is the only responsible choice to make great effort to protect children's rights and to do right by the children. With support from community networks, investment in ECD pays off in the long run. Community-based services that meet the needs of infants and young children are vital to ECD and they should include attention to health, nutrition, education and water and environmental sanitation in homes and communities.

The rights of young children, divided in 3 age categories, are listed[57]

Very young children (0-3 years):

• Protection from physical danger • Adequate nutrition and health care • Appropriate immunizations • An adult with whom to form an attachment • An adult who can understand and respond to their signals • Things to look at, touch, hear, smell, taste • Opportunities to explore their world • Appropriate language stimulation • Support in acquiring new motor, language and thinking skills • A chance to develop some independence • Help in learning how to control their own behaviour • Opportunities to begin to learn to care for themselves • Daily opportunities to play with a variety of objects

Pre-school aged children, all of the above, plus: • Opportunities to develop fine motor skills • Encouragement of language through talking, being read to, singing • Activities that will develop a sense of mastery • Opportunities to learn cooperation, helping, sharing • Experimentation with pre-writing and pre-reading skills • Hands-on exploration for learning through action • Opportunities for taking responsibility and making choices • Encouragement to develop self-control, cooperation and persistence in completing projects • Support for their sense of self-worth • Opportunities for self-expression • Encouragement of creativity

Children in the early primary grades, all of the above, plus:

• Support in acquiring additional motor, language and thinking skills • Additional opportunities to develop independence • Opportunities to become self-reliant in their personal care • Opportunities to develop a wide variety of skills • Support for the further development of language through talking,

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[56] The State of the World's Children 2001, page 17
[57] Adapted from Coordinators' Notebook: An international resource for early childhood development, The Consultative Group on Early Childhood Care and Development, No. 21, 1997, p. 7, in The State of the World's Children 2001, page 16

reading, singing • Activities that will further develop a sense of mastery of a variety of skills and concepts • Opportunities to learn cooperation and to help others • Hands-on manipulation of objects that support learning • Support in the development of self-control and persistence in completing projects • Support for their pride in their accomplishments • Motivation for and reinforcement of academic achievement

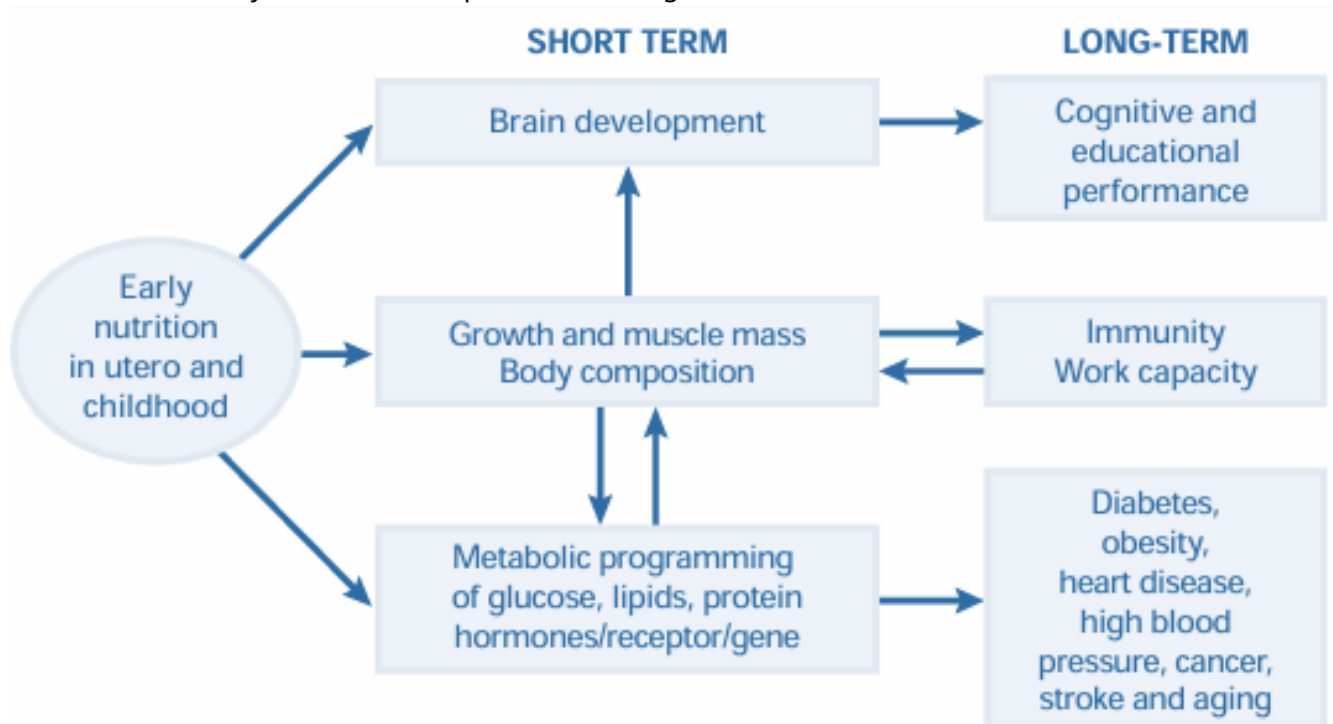The benefits of early nutrition are explained in this figure[58]

Figure 1 1: The short-term and long-term effects of early nutrition

The need to care for the health of women is expressed by "Caring for children = caring for women".[59] The physical and emotional condition of women influences their pregnancies and their babies' development.

Poor prenatal care and malnutrition in mothers have been linked to low birthweight, hearing problems, learning difficulties, spina bifida and brain damage in children. Infants born to underweight mothers are more likely to develop certain diseases and conditions later as adults, such as diabetes, cardiovascular disease and obesity.
Not only the physical and emotional condition of the mother influences the opportunities for the child to reach his/her full potential, but also her literacy rate. This is shown in the figure below:

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[58] The State of the World's Children 2001, page 20
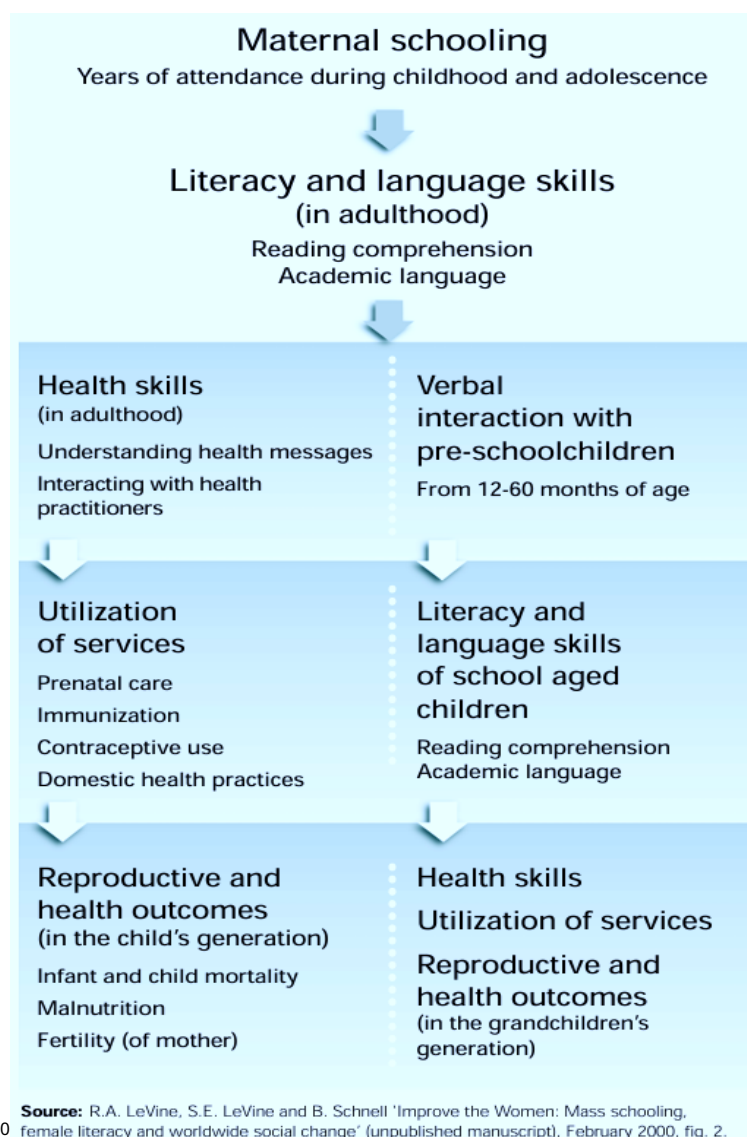[59] The State of the World's Children 2001, page 23

Maternal schooling
Years of attendance during childhood and adolescence

Literacy and language skills
(in adulthood)

Reading comprehension
Academic language

Health skills
(in adulthood)

Understanding health messages

Interacting with health practitioners

Verbal interaction with pre-schoolchildren

From 12-60 months of age

Utilization of services

Prenatal care

Immunization

Contraceptive use

Domestic health practices

Literacy and language skills of school aged children

Reading comprehension
Academic language

Reproductive and health outcomes
(in the child's generation)

Infant and child mortality

Malnutrition

Fertility (of mother)

Health skills

Utilization of services

Reproductive and health outcomes
(in the grandchildren's generation)

Source: R.A. LeVine, S.E. LeVine and B. Schnell 'Improve the Women: Mass schooling, female literacy and worldwide social change' (unpublished manuscript), February 2000, fig. 2.

Figure 2 2: MATERNAL LITERACY AND CHILD DEVELOPMENT

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60 The State of the World's Children 2001, page 23

Annex III: Data on each Nurturing Care component[61]

The Nurturing Care components are: Good Health, Adequate Nutrition, Responsive Caregiving, Early Learning Opportunities and Safety & Security. Because this framework serves as the framework for the policy, the situation in Suriname with regard to each of the 5 components is described, with special focus on the Nurturing Care target group of 0-3 years of age:

Good Health[62]
- The Mortality rate among children U5 is 19 per 1000 live births
- The Infant Mortality rate is 17 per 1000 live births
- The Neonatal Mortality rate[63] is 12 children per 1000 live births: this is 90% of the U5 mortality, and 70% of U1 mortality

Adequate Nutrition[64]
- Early initiation: 52% of newborns were put to breast within 1 hour of birth. The highest rates of early initiation of breastfeeding are among women in the rural interior with the lowest level of well-being, among mothers with the lowest education level and from the lowest wealth quintile.
- Exclusive breastfeeding: 10% percent of infants aged 0-5 months are exclusively breastfed.
- Supplementary feeding: 81% of the children start receiving solid or semi-solid food at 6-8 months.
- Continued breastfeeding ≥1 year: 35% of children aged 12-15 months continued breastfeeding, and 13% of children at 2 years
- Diet diversity (minimum of 5 out of 8 food groups) is the highest in the urban area, among families in the richest wealth quintile and among mothers with higher education
- For U5s: Stunting: 8%, Wasting: 6%, Overweight: 4% and Underweight: 7%. For 0-59 months: steady trend, with increase for stunting around month 30 and decrease for overweight around month 42.
- Malnutrition for U5: ᐸ 10%, for 0-59 months: around 7-8%.
- The highest incidence of stunting is found among households in the rural interior area, the poorest households and households with the lowest educational level, while their peers in the urban, the richest wealth quintile and the higher educated ones, face the lowest incidence of stunting
- District Sipaliwini has the highest prevalence of stunting, district Coronie for overweight, district Nickerie for wasted (moderate and severe), while district Commewijne has the highest severe wasted U5 children

Early Learning Opportunities[65]
- The attendance rate in Early Childhood Education among children aged 3 – 4 years is 46%. Organized early childhood education at 36 months is not mandatory in Suriname.

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[61] Ministry of Social Affairs and Public Housing 2020; Snapshots of MICS 2018 Survey Findings
[62] Snapshots of MICS 2018 Survey Findings, page 14
[63] WHO Global Health Observatory definition: Number of deaths during the first 28 completed days of life per 1000 live births in a given year.
[64] Snapshots of MICS 2018 Survey Findings, pages 37 and 41
[65] Snapshots of MICS 2018 Survey Findings, pages 45 and 58

- Attendance is higher among urban children and also among children whose mothers attended higher levels of education.[66]
- There is a higher participation rate in organized learning programs (1 year before the age of enrollment in primary school) at 94%.
- Attendance in ECE program is highest among girls, children of 4 years old, children from urban areas and children from the richest wealth quintile
- The vast majority of children U5 have access to toys from the store (87%), 2 or more types of playthings (65%), household items including objects found outside (60%) and a lower percentage of children have access to homemade toys (33%) and 3 or more playbooks (26%)
- 72% of children age 3-4 years were developmentally on track in at least 3 of 4 domains[67]. Physical development and learning are quite high (98% and 96% respectively), while the literacy-numeracy rate is much lower, 44%
- The share of children who develop mentally on track is higher for girls and urban children[68].

Responsive Caregiving[69]
- Early stimulation and responsive care for children aged 2–4 years carried out mainly by any adult household member is 66%, followed by the mother (52%). The father's participation is very low at 15%.
- The percentage of children U5 that were left alone or were under the supervision of other children younger than 10 years of age is highest in district Sipaliwini (8%) followed by Paramaribo (7%) and district Brokopondo (7%).

Safety and Security[70]
- 76% of mothers considered Violence Against Children to be a major problem in Suriname.
- 78% of mothers reported children in their family ever experienced physical and/or psychological violence.
- Six percent of mothers also reported a child in their home ever experience sexual violence; in most cases, the perpetrator was an adult.
- Nearly one out of three mothers reported their children witnessed quarrels/violence between adults in the home and were threatened to be thrown out of the house
- For each type of violent disciplining, the highest incidence is found for children aged 3-4 years and slightly decreases for the following age groups.
- The incidence of violent discipline is higher (89%) for boys than girls (86%).
- 92% for those living in a poor household versus 81% for those living in the richest households.
- Comparison by educational level shows a higher incidence among those with no education (38%), the poorest quintile (32% versus the richest with an incidence of 18%) and those living in the rural interior area (43% versus 18% for the rural coastal area).

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[66] Suriname Education Fact Sheets, 2019 MICS-EAGLE, page 21
[67] According to the Early Childhood Development Index: percentage of children age 3-4 years who are developmentally on track in one or more of the 4 domains: literacy-numeracy, physical, social-emotional, and learning.
[68] Suriname Education Fact Sheets I 2019 MICS-EAGLE, page 21
[69] Snapshots of MICS 2018 Survey Findings, page 45
[70] Snapshots of MICS 2018 Survey Findings, page 64 and Situation Analysis of Children and Women in Suriname page iii and page 70

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