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Care for Child Development

CASE STUDY

The experience of Belize

Care for Child Development. Case Study: The experience of Belize

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Content List

Abbreviations

C4D	Communication for Development
CCD	Care for Child Development
CCD-MESS	Care for Child Development monitoring and evaluation surveillance system
CEO	chief executive officer
CHW	Community Health Worker (programme)
ECD	early childhood development
ECD TWG	Early Childhood Development Technical Working Group
LAC	Latin America and Caribbean
LACRO	Latin America and Caribbean Regional Office
MCH	Maternal and Child Health (programme)
MICS	Multiple Indicator Cluster Survey
PAHO	Pan American Health Organization
RCP	Roving Caregivers Programme
WHO	World Health Organization
UNICEF	United Nations Children's Fund

Executive summary

This case study describes the integration of the Care for Child Development (CCD) approach into public policy frameworks and service provider practices across various sectors in Belize that serve early childhood and support families with young children. In the case of Belize, priority was given to the most vulnerable children, particularly those in the 0–3 years age group.

CCD is an evidence-based approach that enriches and strengthens existing services for young children and their caregivers. It does so by improving the knowledge and capacities of decision makers, public service managers and service providers to guide families on parenting practices within a framework of 'nurturing care'. This includes expanding on health, nutrition and family-based early childhood development (ECD) services with additional nurturing care and appropriate learning opportunities through play and communication activities in safe, caring and stimulating environments.

In recent years, Belize has made significant progress in promoting ECD. The CCD approach came about at just the right time to boost and enrich intersectoral policy development in the country. Further, the approach provides conceptual and practical elements, based on the latest scientific evidence, to improve the provision of early childhood care and family support in Belize, with an emphasis on the most vulnerable and excluded.

The introduction and roll-out of the CCD approach in Belize provided a concrete opportunity for the actors behind existing ECD efforts to identify and collectively act on common rights and requirements to guarantee nurturing care and family involvement. In this sense, the approach has strengthened multisectoral work and contributed to increasing stakeholder understanding of the need to promote the comprehensive development of young children, particularly the most vulnerable, including the youngest (0–3 years age cohort). Finally, the development of CCD capacities in Belize has presented a significant number of inputs and experiences that together provided UNICEF with a sound foundation for undertaking additional country-level roll-out processes in the Latin America and Caribbean (LAC) region. Belize has directly and indirectly engaged in supporting CCD rollouts elsewhere by contributing to capacity development efforts and sending its master trainers to various locations, including Brazil, the Dominican Republic and Eastern Caribbean countries and territories.

CCD was introduced in Belize as part of actions by the Ministry of Health and Wellness, Ministry of Education, Culture, Science and Technology and Ministry of Human Development, Families and Indigenous Peoples' Affairs and rolled out as a key strategy that was implemented in the Early Childhood Development National Strategic Plan 2017–2021. The introduction of CCD involved the following milestones:

- Advocacy and capacity-building activities as part of a unified and collective effort aimed at positioning the CCD approach under the leadership of the chief executive officers (CEOs) of the three-line ministries and the Early Childhood Development Technical Working Group (ECD TWG). These activities took place with and among various sectors and stakeholders, including civil society organizations and academia, from 2014 to 2016. This work led to enhanced policy frameworks that include a family-centred vision and approach, and a stronger public commitment towards young children's development.

- Adapting the CCD training package and roll-out to comprehensively mainstream the approach to all programmes and services for young children, as well as to children's families and caregivers. This implied a combined effort involving: (a) the establishment of a CCD roll-out core group; and (b) the preparation of a smaller selection of master trainers. This allowed Belize's roll-out process to rely on an ample core group of trained professionals who were able to cover adaptation and preparation, training and follow-up actions, along with a wide array of service providers (professional and non-professional) supporting the three ministries. The roll-out included the establishment of a monitoring and surveillance system specifically for CCD, which was designed in 2019 and remains in use.

- The development of CCD capacities and the successful roll-out of the approach have allowed Belize to become a CCD reference for others. The country has sent master trainers to assist Brazil and the Dominican Republic as well as the Pan American Health Organization during roll-out and training actions. Likewise, the UNICEF Belize Country Office was highly active from 2017 to 2019 in promoting CCD in emergency responses within the LAC region.

Since 2009, UNICEF programmes of cooperation in Belize have supported advocacy processes and fostered strategic alliances in favour of ECD. Furthermore, UNICEF has also provided technical assistance and training and engaged in resource mobilization at the national level to promote ECD. Strategies and initiatives have focused on building upon existing services to strengthen intersectoral work, improve the quality of services and influence policy strategies for early childhood.

In 2015, Belize hosted an ECD forum that helped to promote an intersectoral vision and contributed to the development of an ECD strategy, thereby establishing a foundation for the creation of the ECD National Strategic Plan. Soon after the forum, The Lancet Series on Early Childhood Development was published, calling on governments and other stakeholders to consider implementing the CCD approach. Since key technical officers had already received initial training in CCD in 2014, at a regional training held in Antigua and Barbuda, Belize was poised to improve and expand ECD programming through CCD. As a result, the global and regional CCD Master Trainers workshop, led by UNICEF HQ, was held in Belize, followed by a CCD introductory workshop for Belize workforce, with support from the UNICEF Latin America and Caribbean Regional Office (LACRO) and in coordination with UNICEF Belize.

Although CCD implementation is still ongoing in Belize, there have been several noteworthy achievements and results to date:

- Belize is strongly committed to the development of young children. This is reflected in recent public policy developments, such as Belize's Core Commitments for Children and its strategic plans aimed at improving existing programmes and services for young children and their families. In this process, the CCD approach has been a valuable tool to enhance policy developments and the quality of programmes and services. Improvements in quality allow service providers to offer families better guidance, leading to enhanced preparation, involvement and practices among families and other caregivers, enabling their continued progress towards adopting a nurturing care approach. CCD has contributed to unified sectoral approaches and increased coordination by encouraging a life course approach and connecting the different levels of services.

- Belize, together with Panama, was first among the LAC countries to introduce CCD.[i] This provided an opportunity for Belize to acquire valuable experience from implementing CCD in multicultural and diverse contexts and to recognize the importance of adapting CCD training and content to the particular needs of each context. The experience in Belize also demonstrated the importance of showing decision makers and senior public officials that CCD is a practical and easy-to-implement approach, which can be replicated within the frameworks of existing early childhood policies, programmes and services.

- The implementation of CCD in Belize has placed a strong emphasis on the monitoring of standards and indicators. Monitoring is carried out by trained supervisors in each programme or sector, demonstrating commitments to ensure quality standards and reach the most vulnerable children and families.

- UNICEF Belize and UNICEF LACRO have played a key role in the CCD roll-out process, providing technical assistance to the Government of Belize in both its adaptation and implementation of the approach. This has included offering support for CCD training and to mainstream the approach within existing services, as well as addressing specific issues related to violence prevention and assisting families with young children with disabilities.

- Belize has become a regional 'learning laboratory' capable of transferring skills and replicating CCD training to other LAC countries. Belize has also led the way in demonstrating —both domestically and in nearby Eastern Caribbean countries and territories— how CCD can be used to mitigate adverse effects in emergencies.

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I. Introduction

1.1. What are the necessary components for child development?

A child's brain is not simply born; it is shaped. Early experiences exert a powerful influence in shaping brain development and affect children's lifelong learning, behaviour and health. 'Nurturing care' is an important ingredient in these experiences, as it fosters children's good health and nutrition, protects them against violence, and enhances the capacities of adults to promote child development (including through play, communication, and early learning opportunities). When parents and caregivers include nurturing care in the early years, they strengthen their ability to support their child's development and learning, with far-reaching, positive effects on brain configuration.

Unfortunately, millions of children worldwide are deprived of the conditions that promote optimal development. For example, an estimated 43 per cent of children under 5 years of age globally are at risk of underdevelopment due to poverty and stunting. In countries with available data (mostly low- and middle-income countries), about 80 per cent of children aged 2–4 years suffer violent discipline. Additionally, about 15.5 million children aged 3–4 years in these countries lack an adult caregiver who provides either cognitive or socio-emotional interactions (e.g., storytelling, singing, naming things, reading, counting, drawing or playing).

1.2. What is Care for Child Development and how does it strengthen parenting practices?

Care for Child Development (CCD) is an evidence-based approach to child development devised by UNICEF and the World Health Organization (WHO) to address the estimated 43 per cent of children under 5 years globally who are at risk of not reaching their full development potential. To meet this challenge, CCD aims to strengthen the capacities of parents and caregivers to play and communicate with their young children, as it has been proven that these activities promote children's physical development and their socio-emotional skills.

The integration of this approach can enrich existing programmes and services in various sectors such as health, nutrition, education, child protection and social development, and help to make them more inclusive for children with disabilities and their families. In turn, CCD seeks to strengthen the capacities of providers of early childhood and family services, by offering information they can use to support and guide parents and caregivers in activities with their young children based on play and communication.

Through training processes, service providers are able to transform their practices; change how they relate to mothers, fathers and caregivers; and improve their work situation by increasing their motivation and receiving increased recognition from families.

Specifically, CCD favours **nurturing care,** encouraging caregivers to respond to the signals the child is sending and strengthening their capacity to act positively in light of those signals. CCD also improves learning opportunities through play, both at home and in the community, especially by encouraging caregivers to interact with children in a sensitive, receptive and playful manner (Lucas et al., 2017).

Play is one of the most important ways for young children to acquire essential knowledge and skills. It is therefore crucial to support and empower caregivers so that they can actively shape interactions that promote play, exploration and learning in everyday settings. Such interactions are especially important for young children with developmental delays and/or disabilities.

According to research on child development and education (UNICEF, 2018; UNICEF, 2019), play-based learning activities are usually:

- **joyful** – caregivers create opportunities for activities to be exciting and enjoyable
- **actively engaging** – caregivers respect the child's interests when they promote opportunities for children to play, develop their ideas and engage in active thinking. Following and responding to the child's initiative is critical for getting to know and discover each other, and it also strengthens affective bonds between child and adult
- **meaningful** – caregivers promote activities that respond to the child's level of knowledge and skills as this will enable children to make sense of them
- **iterative** – caregivers respect children's need to learn by experimenting and trying out new things. They also understand that neither play nor learning is static, and that when children play, they practice and test skills and hypotheses and discover new challenges
- **socially interactive** – children play and communicate with caregivers, thereby building stronger relationships with them.

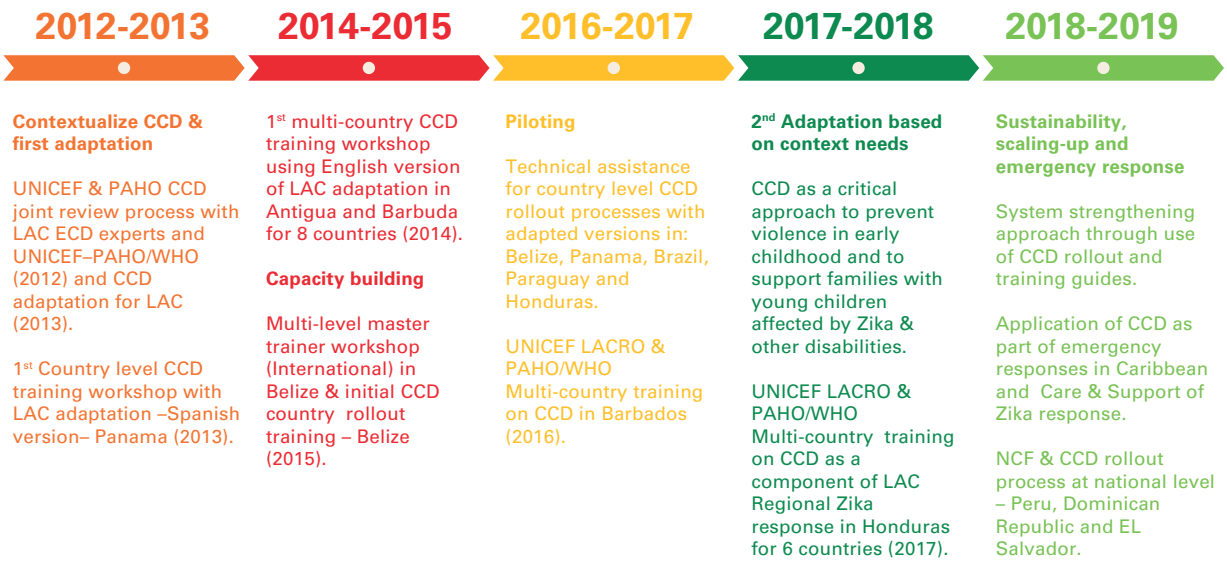
CCD also supports the **implementation of the Nurturing Care Framework,** launched in 2018 by WHO, UNICEF, PMNCH, ECDAN, and the World Bank. The Framework provides a cross-sectoral vision for early childhood care and learning so that all children can develop to their full potential. The Framework also outlines strategic actions for achieving nurturing care and links these with specific national milestones for countries. As part of processes to strengthen the supply of social services, the Framework calls for **intersectoral approaches that allow service providers to support and enhance caregiver capacities to provide responsive care and early learning opportunities for children.** The Nurturing Care Framework specifies that **CCD is one such approach,** as it contributes to the achievement of better results in all areas of comprehensive early childhood development (ECD).

CCD is an evidence-based approach that has been evaluated in China (Jin et al., 2007), Turkey (Ertem et al., 2006) and Pakistan (Yousafzai et al., 2014; Yousafzai et al., 2017). It was demonstrated to be effective both in terms of improving child development outcomes and enhancing the emotional health and well-being of caregivers (e.g., it contributed to reducing maternal depression rates in Pakistan). CCD has been adapted and integrated into services in more than 23 countries, with a package of training materials to support its implementation translated into 20 languages. Through training and workshops, the approach has been used in approximately 50 countries to respond to a wide range of contexts and the specific needs of each.

Adaptation of the CCD approach in the Latin America and Caribbean region began in 2012 (*see Figure 1*). Besides seeking to provide an adequate response to the region's diversity, this adaptation of the approach was primarily to: (1) expand its use to settings and services beyond those of the health sector; (2) engage fathers and other family members in play and communication activities; and (3) include guidance and other content for caregivers on preventing violence during early childhood and on caring for young children with developmental delays and/or disabilities.

Belize is one of a handful of countries in the region (along with the Dominican Republic, El Salvador and Peru) to have made solid progress in the adaptation and implementation of CCD. Its experience is presented in this case study to motivate as many other countries as possible to advance in this similar direction.

Figure 1. Milestones in the implementation of CCD in the LAC region



Source: UNICEF, 2020.

1.3. Why CCD in Belize?

Belize is a lower -middle-income country located in Central America with an extraordinarily diverse population composed of mestizos (52 per cent), Creoles (25.9 per cent), Mayas (11.4 per cent) and Garifunas (6.1 per cent) as well East Indians, Mennonites and Asians, among others. The official language is English, but Spanish, Creole, Mayan and Garifuna are also spoken. The most recent poverty data are from 2009, when over 40 per cent of Belizeans —and half of all children under 15 years of age— were living in poverty, with rural poverty rates double those in urban areas (Caribbean Development Bank, 2016).

Belize is divided into six districts: Belize, Cayo, Corozal, Orange Walk, Stann Creek and Toledo. There are wide disparities between the areas. Corozal and Toledo have the highest rates of extreme poverty (46 per cent in both cases) and the highest prevalence of low birthweight (13.5 per cent and 10.6 per cent respectively) (World Bank, 2016). According to the World Bank (2016, p. 2), "Poverty seems to be higher in these areas because they tend to concentrate households headed by individuals with low levels of schooling, exhibiting lower female participation in the labor market and belonging to ethnic minorities."

The limited availability of official and up-to-date data on child well-being is a challenge for effective monitoring in Belize. Nonetheless, the Multiple Indicator Cluster Survey (MICS) results illustrate the risks experienced by children born into poor and rural households (*see Table 1*). For example, violence, neglect and poor parenting practices remain key areas of concern. According to the MICS 2015 results released in 2017 (UNICEF, 2017), one in every four children under 5 years of age is left alone or in the care of another child under 10 years for more than one hour during the week; 65 per cent of children aged 1–14 years experience psychological aggression or physical punishment; and the proportion of children aged 1–14 years experiencing severe physical punishment increased to 6.5 per cent from 2011 to 2015.

Despite these challenges, 82.5 per cent of children aged 36–59 months in Belize are developmentally on track, according to the MICS Early Childhood Development Index. MICS data indicate that access to early childhood education programmes increased among children from 32 per cent in 2011 to 55 per cent in 2015. Disparities persist, however, as preschool is still not mandatory in Belize and only one in five of the poorest children currently attend early childhood education.

In addition, according to the MICS 2006 results, 26.3 per cent of children aged 2–9 years in Belize were reported to have at least one disability, with the highest proportion of children with disabilities reported in Toledo (50.9 per cent). The data also show that, in 2006, children with Mayan parents were more likely to have a disability than children of non-Mayan parents´ (43 per cent versus 22–29 per cent respectively). According to the MICS 2012 report, more than one third (36.4 per cent) of children aged 2–9 years were at risk of present one or more disabilities (UNICEF Belize, 2013).

Table 1. Key indicators for Belize (MICS results)

Total population of country*		398,000
Proportion of population living in rural areas*		54%
Population aged 0–4 years*		39,000
Per capita income (2018)**		US$4,884
United Nations Development Programme Human Development Index score (2018)***		0.720
Poverty, % of total population (2009)****		42%
Indigence, % of total population (2009)****		15.8%
Annual births (2018)*****		8,000
Maternal mortality rate, per 100,000 live births (2018)*****		36
Households with at least basic drinking water services (2017)*****		98%
Households with at least basic sanitation services (2017)*****		88%
Early childhood mortality (MICS 2015)******	Neonatal mortality rate, per 1,000 live births	5
	Infant mortality rate, per 1,000 live births	9
	Under-five mortality rate, per 1,000 live births	12
Malnutrition (0–4 years) (MICS 2015)	Stunting (%)	15%
	Overweight (%)	7.3%
	Underweight (%)	2%
	Low birthweight (%)	9%
Child development (MICS 2015)	Attendance of early childhood education (%)	55%
	Support for child's learning (%)	87.6%
	Mother's support for child's learning (%)	67.6%
	Father's support for child's learning (%)	23.5%
	Early Childhood Development Index score (%)	82.5%
	Inadequate care of child (%)	12.9%
	Violent discipline of child (%)	63%

Source: All data are from MICS 2015 unless otherwise stated; *Economic Commission for Latin America and the Caribbean (2020); **World Bank (n.d.); ***United Nations Development Programme (2019); ****Caribbean Development Bank (2016); *****United Nations Children's Fund (2019b); ******Statistical Institute of Belize and United Nations Children's Fund Belize (2017).

Over the last decade, Belize has made incremental advances towards intersectoral ECD policies and has expanded the quality of and access to ECD services, giving rise to a welcome improvement in child outcomes.[II]

The Government of Belize and the Ministry of Education, Culture, Science and Technology have demonstrated a continued commitment to ECD. Their interest in developing intersectoral and integrated services led

to the creation of an ECD chief executive officer (CEO) caucus and the Early Childhood Development Technical Working Group (ECD TWG) in 2015.[III] This, in turn, led to the Cabinet's endorsement in 2016 of Belize's Core Commitments for Children.[IV]

In 2017, the Ministry of Health and Wellness, Ministry of Education, Culture, Science and Technology and Ministry of Human Development, Families and Indigenous Peoples' Affairs developed the Early Childhood Development National Strategic Plan 2017–2021. In doing so, the three-line ministries aimed to address the challenges of coordination and collaboration among key partners; deliver integrated services; and support the implementation of the three Core Commitments. Other national policy frameworks, such as the National Children's Agenda 2017–2030, also recognize the importance of the early years for improving development outcomes for young children.

The recent efforts by the Government of Belize, reflected in the adoption of ECD policies, demonstrate the Government's commitment to strengthening ECD services. Yet, despite advances in policy and programming and recent improvements in children's quality of life,[V] there remain population groups in which vulnerable families still cannot provide the secure and adequate environments that enable children to develop to their full potential.

UNICEF LACRO started to roll out the CCD approach in the region in 2014 and 2015 —a time when Belize was going through an active period of ECD policy development. CCD arrived at exactly the right moment, as its flexible approach made perfect sense within the policy and programmatic context. The Belizean Government's emerging commitment to advance towards intersectoral ECD policies and integrated services made the implementation of CCD all the more relevant.

At the same time, implementing the CCD approach in Belize provided outstanding opportunities for learning for UNICEF LACRO, UNICEF Belize and the Pan American Health Organization (PAHO). Valuable lessons emerged from rolling out CCD in a small but highly diverse country, particularly given the limited number of professional staff available to cover all of its districts and respond to the needs of the population.

In 2015, Belize was one of the first English-speaking countries in the LAC region to introduce the adapted version of CCD.[VI] The ground-breaking introduction of CCD at this early stage was a win-win opportunity for UNICEF LACRO and the Belizean Government. UNICEF provided the Government with assistance to implement the CCD approach, and the CCD approach offered Belize a concrete opportunity to expand actions and improve the quality of services for the benefit of the prioritized 0–3 years age group.

Indeed, the introduction of CCD contributed to the effort to develop the ECD National Strategic Plan. Also, the fact that Belize is an English-speaking country allowed the process to be supported directly by the UNICEF New York Headquarters, UNICEF LACRO and English-speaking CCD experts which made possible to move forward in two directions: first, to starting the global and regional CCD Master Trainers initiative (UNICEF NY & UNICEF LACRO) and second, to start the introduction and rollout process in Belize. Finally, Belize's close relationship with the Eastern Caribbean Area and Central American countries also provided a unique opportunity to scale up CCD in the LAC region.

Belize has benefited from introducing CCD in three main ways. CCD has led to the:

- development of a shared vision among the three-line ministries, through a national staff training strategy established to support the intersectoral approach required to realize ECD plans throughout the country. This strategy identified the ministries' responsibilities and focused on building upon existing services and linking national and local actions
- improvement, strengthening and expansion of ECD services with a nurturing care approach for the priority 0–3 years age group and their families, while focusing on all of the most vulnerable groups of children
- development of an economically feasible ECD strategy encompassing family support and nurturing care, along with proven materials and implementation mechanisms that can be mainstreamed within ongoing programmes and priority initiatives.

This case study describes the implementation of the CCD approach in Belize, which was led by UNICEF and coordinated with the three ministries, in collaboration with other relevant actors. The case study reflects the testimonies and reference materials provided by government authorities, UNICEF personnel, service providers, CCD master trainers and families.[1]

1 Appendix 1 contains details of the methodology and information-gathering process used for this case study.

II. Achievements of the implementation of CCD in Belize

Over more than a decade, UNICEF has partnered with the Government of Belize and its ECD TWG to develop the ECD policy agenda; build capacities and relationships among sectors, programmes and services; and implement developmentally appropriate ECD strategies for the most vulnerable children and families. This long-standing collaborative relationship has led to many achievements, including joint commitment to support for CCD implementation in Belize.

In the context of increased national commitment to design and implement an intersectoral ECD policy strategy, the CCD approach offered a concrete opportunity to undertake and strengthen joint intersectoral efforts to expand actions for the 0–3 years age group and their families. The timely introduction of CCD in Belize prompted technical staff of the ECD TWG, as well as political leaders, top-level management at the three line ministries and other decision makers, to engage in coordinated actions that enhanced the impact of emerging efforts. The support of both the UNICEF New York Headquarters and UNICEF LACRO was instrumental to this process.

This section of the case study describes the main achievements of the roll-out of the CCD approach in Belize in an order that conveys how the process evolved. The first subsection discusses the timely introduction of CCD and its effect on strengthening the commitment of local leaders and decision makers to intersectoral ECD approaches, which in turn led to policy developments such as the Early Childhood Development National Strategic Plan 2017–2021. The adaptation of the CCD approach to the local context is also addressed. The next subsection outlines the sectors and services into which CCD was integrated and explains how it helped to develop service provider capacities and improve caregiver practices. CCD monitoring mechanisms are also mentioned. The third subsection highlights the specific achievements of Belizean initiatives in relation to South–South cooperation efforts and the use of CCD in emergency contexts.

2.1. Contributions of CCD to expanding Belize's commitment to ECD

Over the last decade, Belize has initiated a policy process to promote ECD, with a particular commitment to working collaboratively across sectors and focusing on reaching the most vulnerable children, including the youngest children (0–3 years age cohort) and their families. UNICEF Belize has supported these efforts, which have succeeded in improving young children's quality of life.[VII] The recently introduced National Children's Agenda 2017–2030 sets priorities regarding the development and well-being of children and adolescents aged 0–19 years.

This national policy framework recognizes that children develop in multiple connected spheres (e.g., the family, peer groups, school, clubs) and acknowledges the importance of increased investments during the early years. It also highlights that vulnerable groups —including children living in poverty, children with disabilities or exposed to violence, and children aged 0–3 years— require additional support to thrive and develop to their full potential. In this context, policy leaders and decision makers, as well as technical officials and service providers, have come to understand that investments in the early years, particularly during the first three years of life, will pay substantial dividends, both to children and to society as a whole. According to those interviewed for this case study, CCD has played a key role in this process.

A growing number of discussions and planning events on CCD have been held since 2015, and these have gradually helped to strengthen the leadership of the ECD CEO caucus and ECD TWG. For example, Belize hosted an ECD forum in 2015, at which initial findings and strategies were presented. This forum provided additional support for creating the ECD TWG and served to enrich the strategic plan that the group would later develop. Comprising representatives of the three ministries, the ECD TWG was created to oversee ECD policy planning and implementation in Belize. It works

under the guidance of the CEOs of the three ministries and, in 2017, launched the Early Childhood Development National Strategic Plan 2017–2021, the country's first comprehensive ECD policy (Ministry of Health and Wellness et al., 2017).

The ECD National Strategic Plan addresses the weak coordination and collaboration in the delivery of integrated ECD services and recognizes the shared responsibility of government agencies and sectors to improve outcomes for children. It also supports the realization of Belize's Core Commitments for Children, endorsed in 2016 by the ECD CEO caucus —indeed, these are its target outcomes. In the ECD National Strategic Plan, Belize prioritizes strengthening the existing programmes and service delivery platforms of the three ministries. It also defines an ECD monitoring and evaluation plan to track progress towards the three Core Commitments, which are as follows:

- Children are born and remain healthy during their early years.
- Young children's environments are nurturing, responsive, safe, inclusive and culturally appropriate.
- Young children have the skills and opportunities for success in early learning.

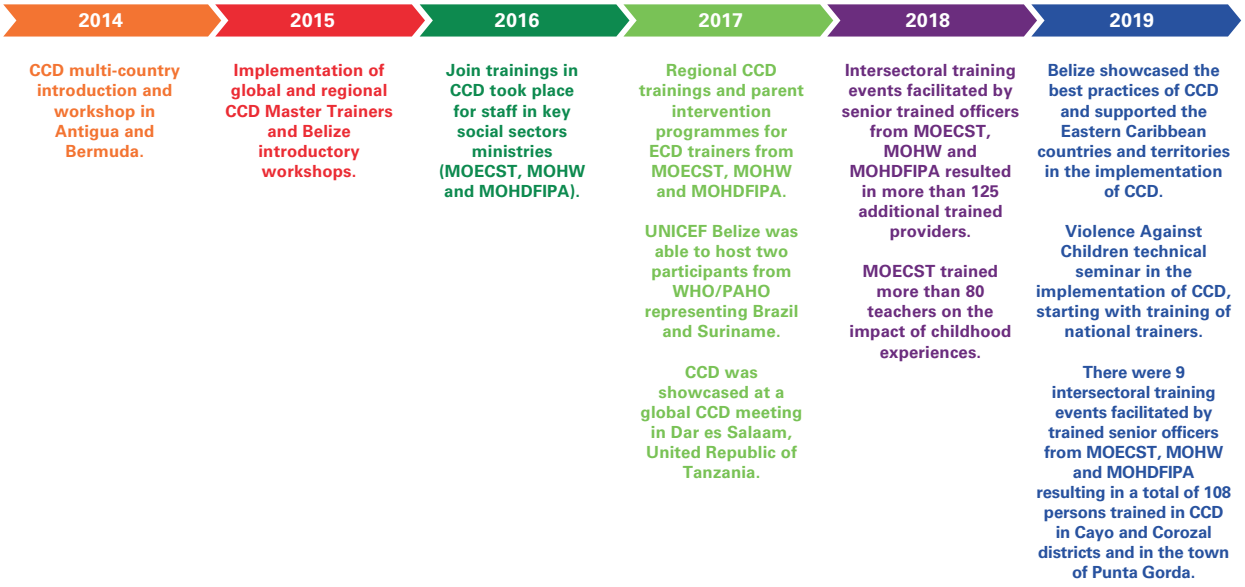
According to interviewees, these Core Commitments reflect the Belizean Government's growing pledge to the country's young children, which is paralleled by growing investments, greater integration among sectors, and enhanced service packages offered by the three ministries. The CCD approach has been included in the ECD National Strategic Plan as a strategy to strengthen the provision of programmes and services to young children and their families. As stated by one interviewee, a technical adviser at the Ministry of Health and Wellness: "We have improved the quality of the services that we are providing with the early childhood development Core Commitments and with the Care for Child Development approach".

2.1.1. How did CCD become an enriching approach for the ECD National Strategic Plan?

Belize was the first country in the LAC region to introduce CCD using the English version of the training package. CCD represented an evidence-based approach to boost and continue advancing the country's policy agenda towards increased integration and coordination among sectors and expanded and improved ECD services —in particular for the youngest children aged 0–3 years.

The roll-out of CCD in Belize resulted from UNICEF and PAHO/WHO efforts in the region that began in 2012 with the adaptation of the approach to the LAC context. The Spanish version of the adapted approach was then rolled out in Panama the same year. In September 2014, UNICEF hosted a multi-country introductory session and training workshop in Antigua and Barbuda, using the English version of the adapted approach for the first time. Representatives of UNICEF Belize and the three Belizean ministries attended this workshop, which became the first in a series of milestones in the implementation of CCD in Belize (*see Figure 2*).

Figure 2. Milestones in the implementation of CCD in Belize



Note: MOECST: Ministry of Education, Culture, Science and Technology. MOHDFIPA = Ministry of Human Development, Families and Indigenous Peoples' Affairs. MOHW = Ministry of Health and Wellness. **Source**: UNICEF, 2020.

Considering the country's favourable ECD policy context, an in-country CCD training was organized soon after the workshop, with the support of UNICEF LACRO and the UNICEF New York Headquarters.[VIII] This event was used to disseminate information about and advocate for the CCD approach in Belize and to initiate the introductory training process for a core Belizean group —who would become the CCD master trainers.

The training was provided directly by one of the principal creators of the CCD approach, along with other global and regional ECD experts. It benefited a mixed group of 14 officers and technical personnel at the national and district level as well as service providers from the three ministries. This training allowed the representatives of the ministries to develop a deeper understanding of CCD and its potential to improve existing programmes and services. More importantly, it opened the path for training of trainers and expanding local capacities on CCD. As an additional output, steps were undertaken at the end of the course to begin preparing a CCD roll-out plan.

According to interviewees, the capacity development made possible through the training of trainers was key to continuing to position the CCD approach internally. They added that this strategy enabled progress in ECD policy developments from 2015 onwards, as the knowledge acquired through the dissemination of the CCD training package inspired other processes, including the development of the ECD National Strategic Plan. Table 2 presents highlights of the Belize experience from 2016 to 2019.

Table 2. Highlights of ECD policy developments and CCD implementation in Belize

2015- 2016	2017	2018	2019
2015 CCD Master Trainers and Belize introductory workshops. 2016 Knowledge, attitudes and practices survey results are published. CCD workshops held in 2015 focused on introducing CCD in Belize. The ECD operational plan outlining the roles and responsibilities of the three line ministries is finalized. UNICEF supports the development of the ECD National Strategic Plan to promote an intersectoral approach. A joint CCD training event is held for staff of the three ministries. 'Rovers' from the Roving Caregivers Programme (run by MOHDFIPA) receive CCD training that enables them to include the approach in sessions and home visits targeting vulnerable children aged 0–3 years. A parenting task force is commissioned by MOHDFIPA with UNICEF support. The task force sets out to develop a strategic plan for parenting support to strengthen services and increase coordination in their delivery.	CCD gains institutional support –required for the roll-out process– from the Maternal and Child Health programme (run by MOHW) and the Roving Caregivers Programme (MOHDFIPA). Two modules are included as part of the CCD adaptation for roll-out: a module on violence prevention and another on supporting families affected by disabilities (including those caused by Zika virus disease). The CCD roll-out prioritizes front-line health service providers as well as service providers in the other two ministries (e.g., midwives, Rovers, health educators and preschool teachers), benefiting 1,248 children, 1,193 caregivers, 69 pregnant women and 30 per cent of Belize's obstetricians. UNICEF Belize holds a regional CCD training, which is attended by participants from Brazil and Suriname as part of the support provided by UNICEF LACRO and PAHO/WHO. Belize's experience with CCD is presented at a global CCD meeting in Dar es Salaam, United Republic of Tanzania. ECD as a priority was reflected in the Belize´s new CPD. One of the main CCD master trainers in Belize assists PAHO in Brazil as part of its national CCD roll-out process (2017 and 2018).	The ECD TWG continue working in an effort to operationalize the ECD programme with linkages to the National Children's Agenda 2017–2030. The Government's continued commitment to Belize's three Core Commitments for Children enables the implementation of UNICEF-supported capacity-building events for ECD providers and front-line workers on CCD, with a focus on violence prevention. CCD training is rolled out through the facilitation of trained senior officers from the three ministries. This roll-out reaches more than 125 additional service providers (i.e., rural public health nurses, social workers, teenage mothers referred by Youth Enhancement Services, Rovers and preschool teachers). The CCD roll-out contributes to establish a common framework and strength the network of providers offering multiple points of contact and opportunities to support parents to enhance ECD outcomes, preparedness for lifelong learning and prevention of violence in early childhood. A national parenting guide is launched. The ECD TWG, with the support of UNICEF, organizes workshops to draft an ECD monitoring and evaluation framework, including strategies and mechanisms for reporting on ECD indicators from data extracted from management systems. As part of South–South cooperation efforts, a study visit is planned for 2019, for representatives of Eastern Caribbean countries and territories interested in learning from Belize's ECD policy development and CCD implementation experience.	CCD continues to gain traction as a solid platform for supporting existing programmes and services on the prevention of abuse, violence and malnutrition, as well as programmes and services that support families with young children with disabilities and that promote nurturing care and ECD. The CCD approach and the capacity-building process contribute to improving intersectoral coordination, joint planning and initiatives across the three ministries. During 2019, nine intersectoral training events in CCD are held. These events benefit 108 service providers in the Cayo and Corozal districts and in the town of Punta Gorda. The training benefits rural public health nurses, social workers, teenage mothers referred by Youth Enhancement Services, Rovers and preschool teachers. The Violence Prevention in Early Childhood Development technical seminar is included in the CCD training package and national trainers in Belize receive the Violence Against Children technical seminar. Belize hosts a study visit to support the roll-out of CCD in Eastern Caribbean countries and territories. The visit is organized jointly by the UNICEF Office for the Eastern Caribbean Area, the Caribbean Community and the Organisation of Eastern Caribbean States as part of South–South cooperation efforts. The visit enables over 20 officials to learn from the Belize experience.

Note: MOHDFIPA = Ministry of Human Development, Families and Indigenous Peoples' Affairs. MOHW = Ministry of Health and Wellness. **Source:** UNICEF, 2020.

2.1.2. How was CCD rolled out in Belize?

During 2016, a new UNICEF-supported joint CCD training event was provided to representatives of the three ministries. This allowed Belize to continue strengthening and expanding on the knowledge and competencies acquired in 2015 and to build capacities among larger groups. As mentioned by interviewees, this training of trainers strategy was critical for creating a strong foundation to enable cascade training on CCD, which eventually reached the operational levels and the programmes and services of the three ministries.

The competencies acquired by the national CCD training team allowed it to adopt the approach and prepare the necessary materials to support the roll-out. By replicating the CCD training nationally and across different sectors, the team's efforts benefited district- and local-level service providers in the health, human development and education sectors. This strategy was paramount in ensuring a low-cost, high-impact CCD roll-out in Belize.

The capacities created through the national training team, combined with the continued support of UNICEF, allowed the ECD TWG to push the ECD policy agenda in the right direction in the years that followed. In this way, the CCD roll-out in Belize occurred in the context of parallel processes that included new developments and definitions in ECD policy (e.g., the Core Commitments and ECD National Strategic Plan) as well as the enhancement of caregiver capacities and existing programmes and services used to support child development in the home environment.

The process and strategies outlined above set the ground for incorporating the CCD approach within Belize's ECD ecosystem —in a version adapted to the country's specific context.

2.1.3. How was CCD adapted?

Training national staff in CCD to form a solid 'trainers of trainers' core group —the master trainers— provided Belize with a strong technical capacities and abundance of practical experiences, which were instrumental in informing the adaptation of the CCD training package and its roll-out to the country context. UNICEF supported this process and facilitated the input of international CCD experts who provided critical technical support.

Adapting the CCD training package for use in Belize implied the need to reduce the duration of the five-day training event and to adapt key materials. Implementing a five-day training in Belize was considered difficult to sustain for several reasons. Not only would it take service providers and master trainers away from their daily duties for five days, but it would also incur higher in-kind personnel costs and increased logistics costs (e.g., location and travel expenses) than a shorter training.

According to interviewees, the adaptation process initially reduced the training package content to cover three days. The package was later condensed to fit into two days, to make it 'straight to the point' while prioritizing the Jamaica case study and also the Violence Prevention in Early Childhood Development technical seminar (*see Box 1*). As one interviewee remarked, "experience has shown us that service providers are requiring more support in 'responsiveness' than in communication and play; nonetheless, those who receive the training for the first time and are new, are more likely to need longer training, for example, supervisors".

When asked about how quality could be compromised as a result of this decision, interviewees reported that participants of the two-day training had been able to reach the same conclusions as those who had benefited from the five-day or three-day training. Reducing the training duration to two days was critical for reducing

costs and gaining the approval and buy-in of the CEOs of the three ministries, along with other high-level leaders, thereby ensuring the feasibility of bringing the training to scale.

CCD supporting materials were also adapted to the local context. For instance, the CCD training manual was converted into graphic booklets that were distributed to service providers and caregivers. As one interviewee, a UNICEF consultant, remarked of those responsible for the adaptation: "[they] have been able to choose carefully what the community health workers need and the technical content they require in a training session and have been successful in keeping them hooked by not cramming too much information in the course."

Box 1. Belize's adapted CCD approach paved the way for the Violence Prevention in Early Childhood Development technical seminar

Violence remains one of the major challenges faced by children and adolescents in Belize. As interviewees pointed out, data show that children experience the most violence during early childhood, not only in Belize but also throughout the LAC region.

In this context, UNICEF Belize saw in the CCD approach an opportunity to craft a violence prevention strategy structured around ensuring safe environments for young children through nurturing care and protection, for delivery through parenting support programmes. The UNICEF country office therefore started to draft a violence prevention technical seminar to be embedded into the CCD training.

It was originally intended that the seminar would link the responsive and sensitive care strategy, as delivered through CCD, with an understanding that this approach also contributes to ensuring that children grow up safe and free from violence. It would thus be made clear to participants in the CCD training that responsive and sensitive care is also a violence prevention strategy.

As part of the support provided by UNICEF LACRO to the CCD implementation in Belize, a conversation was initiated about how to make violence prevention more explicit in the CCD training package. It was felt that it was in the country's interest to underline how responsive care would contribute to supporting the violence prevention work that Belize was already doing through its national violence prevention system.

The finalized seminar on violence prevention was not intended to enable those trained in CCD to act as child protection responders, but rather as champions of violence prevention. The seminar aimed to increase participants' awareness of the incidence of violence against young children, how violence manifests and how it affects child development. It also focused on providing participants with competencies and tools to identify risk factors, warnings, and signs of alarm. In this sense, the seminar was designed to help service providers to dispense parenting and discipline tips to parents, caregivers and families and refer them to additional services and support when required.

At the time this case study was in development, Belize's CCD master trainers were set to receive updated training on this topic. This will enable them to deliver a new iteration of this technical seminar, which is now a recognized part of the country's CCD training. [IX]

2.2. Developing the capacities of ECD programmes and services by embedding CCD with a focus on service providers

The ECD National Strategic Plan has prioritized the strengthening and improvement of existing services prior to the expansion of their coverage or the creation of new services. Notably, as mentioned previously, CCD was included in the ECD National Strategic Plan as a capacity-building strategy to advance this process. For this reason, Belize has engaged, with the technical support of UNICEF, in developing the capacities of service providers —professionals and non-professionals alike— and personnel at the operations and technical levels in all three line ministries, using the CCD training package.

An important proportion of the total number of service providers and front-line workers from across the three ministries have now received the CCD training. The training events have also benefited civil society organizations involved in children's rights and well-being; in the education sector, the trainings have included preschool teachers and leaders. But the degree to which the trained service providers are engaged with and implementing CCD varies across sectors and services. Moreover, recent CCD roll-out plans for certain programmes and services have been interrupted as of March 2020 as a consequence of the COVID-19 pandemic.

Although CCD has been embedded as part of comprehensive and intersectoral approaches to ECD in Belize, it has been introduced more extensively in three specific programmes: national health programmes run by the Ministry of Health and Wellness, early childhood education programming within the Ministry of Education, and within the parenting and Roving Caregivers Programme (RCP) under the Ministry of Human Development.

2.2.1. Mainstreaming CCD in the health sector

The CCD approach has been mainstreamed in Belize's health sector, mainly through the national-level Maternal and Child Health (MCH) and Community Health Worker (CHW) programmes, which reach all of the country's communities. The health sector entry point for CCD implementation has been the MCH housed at the Health Education and Community Participation Bureau.[X]

The MCH programme was established to improve access to and coverage and quality of basic care for mothers and children. This programme provides: (1) comprehensive prenatal and post-natal care for women; (2) child health services, including vaccination, provision of nutrients, surveillance of immuno-preventable diseases, prevention of mother-to-child transmission of HIV, and prevention and control of acute respiratory infections; and (3) sexual and reproductive health services. The MCH programme provides services through a network of 37 rural and 8 urban health centres.[XI]

CHWs are volunteer members of the community trained in health issues, who are responsible for establishing the health system's first contact with the population. These volunteers work in association with the health system and usually share the cultural, ethnolinguistic and socio-economic characteristics of the communities they serve. CHWs are continuously supervised by the Health Education and Community Participation Bureau and receive guidance from the rural health nurse or public health nurse when posted in the rural community.

The CHW programme is active in various districts of Belize —both rural and urban— with the volunteers carrying out activities to prevent disease and monitor family and child health. CHWs also promote support of public health institutions, provide basic health guidance to families, inform the health system of early signs of disease outbreaks, encourage pregnant women to receive prenatal care and mothers to take children for immunization, and empower communities by promoting safe sanitation and good hygiene (Ministry of Health and Wellness, 2012). Each CHW conducts at least 12 home visits per month, in addition to school visits and community health sessions. CHWs also visit mothers and newborns in the community after they leave hospital, and monitor the growth of babies on a monthly/bi-monthly basis.

According to interviewees, implementing CCD in the health sector has not been without its challenges. It has sometimes been a struggle to determine how best to incorporate the approach into Belize's existing programmes and services. Considering the limited resources available, it has been critical to figure out which technical aspects of CCD can be mainstreamed to ensure the sustainability of the approach.

To mitigate the risks associated with incorporating the approach and ensure that such efforts are sustainable, a set of policy documents, manuals and guidelines has been developed to complement Belize's Core Commitments for Children. For example, a CCD guide for parents, caregivers and service providers features straightforward messages that provide cues to promote play and communication activities at home.

Additionally, according to interviewees, the health sector has been struggling to arrive at a design that allows for CCD implementation given the available resources. The intention is to provide regular CCD sessions to benefit all at-risk children in Belize as often as is required, but this is a formidable task considering the financial and human resources currently available in the health sector. Furthermore, the CCD training for the country's more than 200 CHWs began in the last quarter of 2019 and continued into early 2020. Thus, at the very time the CCD approach was still so new to the CHWs, their supervision was interrupted as a result of the measures introduced to address the COVID-19 pandemic.

2.2.2. Mainstreaming CCD in the human development sector

The Roving Caregivers Programme (RCP) is a small-scale, non-formal programme of parenting education and early cognitive stimulation to benefit children under 3 years of age.[2] The programme originated in Jamaica in the early 1990s and was introduced in Belize in 2008.[XII] It is implemented in Belize by the Department of Human Services of the Ministry of Human Development, Families and Indigenous Peoples' Affairs.

The RCP provides informal education for children aged 0–3 years who lack access to formal early childhood education services. The programme targets vulnerable children and seeks to directly benefit the overall development of each child. It works in the rural Toledo district with the highest levels of stunting, limited or no access to preschools and ECD and with the largest Mayan population, in addition to the area of Belize City with the highest levels of violence. It does so by providing parents, caregivers and families with guidance and information on child development, nutrition and health, enabling them to offer their children better quality care and attention. The service providers, known as 'Rovers', conduct regular home visits to work directly with families and children, either as individual households or in small groups.

Families receive one home visit per week, lasting one hour, during which time the Rover guides the parents in play, learning and caring activities with their young children. Parents are taught to play and communicate with their children to stimulate their physical, cognitive and social and emotional development. Meanwhile, children are involved in early stimulation and learning activities (including learning about colours, textures, objects, sizes, weights, songs, reading and writing) during the home visits. RCP activities are adapted to the cultural particularities of the communities in which the Rovers work. The programme is implemented mainly in rural areas and in places where families experience high rates of poverty and low rates of education.

Implementing the CCD approach has strengthened this work with families. It has offered the Rovers new theoretical and practical knowledge with which to accompany and empower families and provide better guidance on creating opportunities for nurturing care and learning through play. Information gathered for this case study reveals that since CCD was introduced, Rovers have assumed the role of facilitator, allowing parents to lead the activities with their children. During the COVID-19 emergency, the RCP has continued to provide care services to families, and the introduction of CCD has proved a vital opportunity to strengthen programme materials for carrying out activities at home with families (e.g., the Care for Child Development Kit, which draws on easy-to-find household items such as a bowl, spoon, cup and plastic bottle).

The COVID-19 pandemic has partially interrupted the implementation of some planned changes to the RCP in response to the results of a recent evaluation. The evaluation provided important results on programme operation and made visible the differences in service delivery between rural and urban areas. In the countryside, home visits perform better because the mother is usually at home; in the city, the mother is generally the head of household and therefore has less time available to act on the Rover's recommendations.

2 Currently, the RCP involves just 10 Rovers nationwide: 7 based in Toledo district and 3 based in the Southside of Belize City.

2.2.3. How is CCD being monitored?

Belize has successfully embedded the CCD approach in its national planning for ECD, mainly through the ECD National Strategic Plan and the Core Commitments for Children. As indicated by interviewees, the initial roll-out plan was too ambitious and had too many indicators, which made monitoring difficult.[XIII] With UNICEF support, the ECD TWG eventually reduced the number of indicators to make monitoring easier and more straightforward, and developed the Care for Child Development monitoring and evaluation surveillance system (CCD-MESS).[XIV]

The CCD-MESS was developed in 2019 to set common service provision standards for all service providers involved in delivering CCD, irrespective of the type of institution or role of the individual providing the service. The CCD-MESS defines what the CCD session involves and the schedule of sessions depending on the child's condition (e.g., premature, stunted, maternal depression, disability). Furthermore, the CCD-MESS establishes that all service providers should be trained at least once a year on how to use the system and that each institutional provider must deliver CCD training updates using the master trainers and other trained personnel.

CCD-MESS monitoring efforts are supported by the referral institutions and services, the locally developed Early Childhood Development Universal Screening Tool, and other data collection tools specific to CCD.[XV] The latter are namely: (1) the Care for Child Development Logbook —a list of children receiving CCD services with space for notes on follow-up sessions; and (2) the documentation sheets of the CHW programme as well as those of the Public Health Nurse and Rural Health Nurse programmes.

A set of 12 indicators is tracked by the CCD-MESS. To support this, each service provider is required to submit a monthly report with basic information on the CCD services it has provided that month.[XVI] This information then feeds into the nine official CCD-MESS indicators (*see Appendix 2*). To ensure quality in the delivery of CCD services, the CCD-MESS has defined a quality improvement tool (checklist) for use by supervisors during their visits.[XVII]

2.3. Belize leads South–South cooperation on CCD, including to mitigate adverse effects in emergencies

Belize became the pioneer of CCD in the LAC region by establishing a solid CCD roll-out team and adapting and implementing the approach nationwide. This opened the path for Belize to take the lead in the CCD roll-out processes in other LAC contexts, providing support and technical assistance to other countries and territories wishing to mainstream CCD. In addition, Belize has demonstrated —both domestically and in nearby Eastern Caribbean countries and territories— how CCD can be used to mitigate adverse effects in emergencies.

2.3.1. South–South cooperation on CCD

Belize was one of the first countries of the Caribbean Community to start implementing the English version of the adapted CCD approach. According to interviewees, Belize has become a regional 'learning laboratory' capable of transferring skills and replicating CCD training to other LAC countries and contexts. This has come about because of the progress and outcomes Belize has achieved in implementing CCD, as well as the experience it has acquired in this field.

Belize's experience is noteworthy because: (1) the country has strengthened multisectoral work and demonstrated its importance in achieving child development outcomes; (2) it has integrated CCD into ECD programmes and services; (3) it formed a solid trainers of trainers core group to deliver training to replicate CCD across various contexts and with different target groups; and (4) it developed seminars, policy documents, manuals, guidelines and guidance on CCD, which have become effective tools to support nurturing and responsive care, and to prevent child malnutrition, child abuse and violence against children.

The case of Belize has provided good practices that several countries in the region have adopted as a model to replicate within their borders. As a result, Belize has in recent years supported a number of countries with their CCD rollouts and training, including by sending its master trainers to various locations such as Brazil, the Dominican Republic and several countries and territories in the Eastern Caribbean.

In January 2019, Belize hosted a CCD study tour to share good practices with Eastern Caribbean countries and territories. Participants visited Belize from Anguilla, Antigua and Barbuda, Barbados, the British Virgin Islands, Grenada, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Trinidad and Tobago. The five-day study tour focused on the theoretical and practical methodology of CCD training, and participants had the opportunity to visit facilities to observe how health and education personnel include the approach in their practices. Participants also attended a presentation of the Violence Prevention in Early Childhood Development technical seminar, which illustrates how CCD can contribute to violence prevention by strengthening families' capacities to provide responsive and sensitive care.[XVIII]

2.3.2. Use of CCD to mitigate adverse effects in emergencies

Belize has led the way in showing how CCD can be used to mitigate adverse effects in emergencies. CCD has been used in emergency settings both to mitigate adverse effects on young children and to create stimulating environments for young children and their families. One example is the emergency caused by Hurricanes Irma and Maria, that struck Anguilla, Antigua and Barbuda, the British Virgin Islands, Dominica and the Turks and Caicos Islands in September and October 2017. The hurricanes had catastrophic consequences, including devastating damage to utilities and other key infrastructure.

According to PAHO (n.d.), as a result of Hurricanes Irma and Maria, at least 85 per cent of facilities and livelihoods were destroyed in the most affected countries and territories —with hotels, hospitals, schools, homes and other buildings affected. This, in turn, had a direct impact on tourism, economic development and the well-being of the most vulnerable population groups (poor families, children and the elderly). Some schools and ECD centres experienced significant damage to educational equipment and learning resources; in some cases, facilities were so badly damaged that they had to be demolished.

In this context, the UNICEF Office for the Eastern Caribbean Area devised a response to the emergency that involved putting in place six temporary learning spaces and one catering service for children under 5 years of age. The temporary learning spaces provided protection and access to nurturing care and learning opportunities, encouraged safe interactions, provided psychological support to children and adults, and ensured access to water, sanitation and hygiene. The CCD approach was used as an ECD strategy to support caregivers with children aged 0–3 years and to provide counselling to affected caregivers.

CCD training was deployed during this emergency, with an intersectoral training workshop provided for 25 participants. In this training, participants were able to develop skills to support caregivers to provide responsive care and play opportunities for their children. According to interviewees, caregivers benefited from these interventions, appreciated the ideas and techniques shared during the sessions, and also reported that CCD enabled them to improve their parenting practices and their interactions with their children. The interventions were supported with locally sourced materials (e.g., the Care for Child Development Kit).

UNICEF Belize sent professionals trained in CCD to support the UNICEF Office for the Eastern Caribbean Area during the emergency caused by Hurricanes Irma and Maria. According to interviewees, the deployment of CCD during the emergency helped the approach to gain traction with the Government of Anguilla, leading to its subsequent scale-up in the territory. Use of the approach in this context also served to ensure participation in the 2019 CCD study tour to Belize by key government officers from Eastern Caribbean countries and territories.

III. Conclusions and recommendations

This final section presents the main conclusions regarding the integration of the Care for Child Development approach into public policy frameworks and service provider practices across various sectors in Belize that serve early childhood and support families with young children.

In addition, a series of recommendations is provided with the aim of strengthening the implementation of the CCD approach in Belize vis-à-vis its scale-up and sustainability.

3.1. Conclusions

Overall, the individuals interviewed for this case study expressed positive remarks about the CCD approach and highlighted its added value in the context of Belize's recent ECD policy developments. There was also a general consensus that CCD has been instrumental in increasing the country's commitment to young children and that it has contributed to the sustained improvement of existing programmes and services for young children and their families.

The main lessons and conclusions of the case study are as follows:

- Belize has experienced a growing commitment towards the development of young children. This is reflected in strategic plans aimed at expanding intersectoral coordination and improving existing programmes and services for young children and their families. The CCD approach has played a key role in this process. Not only has it contributed to a broader understanding of the need to improve the quality of services, ensuring that interactions between children and their caregivers are mediated by nurturing care, play and communication. But it has also increased awareness of what the critical period of early childhood —and specifically the first three years of life— means for children's development and for society as a whole.
- Interviewees remarked that the CCD approach has been essential in opening the path for recent policy developments such as Belize's Core Commitments for Children, and that it is regarded as a valuable tool for improving the quality of programmes and services. Given the high value placed upon CCD within the ECD ecosystem, the approach has been introduced in all three line ministries that serve early childhood: the Ministry of Health and Wellness; Ministry of Education, Culture, Science and Technology and Ministry of Human Development, Families and Indigenous Peoples' Affairs.
- As one of the first countries in the LAC region to introduce the CCD approach, Belize has provided UNICEF with significant inputs based on its experience, which have proved useful when undertaking country-level rollouts elsewhere in the region.
- The CCD training package was adapted to the particular context of Belize. This allowed political leaders and other decision makers to buy into a modified roll-out and implementation process that specifically prepares service providers to address violence prevention and assist families with children with developmental delays and disabilities.

- The implementation of CCD in Belize has placed a strong emphasis on the monitoring process, underscoring the importance of standards and indicators. Monitoring is carried out by trained supervisors in each programme or sector, demonstrating commitments to ensure quality standards and reach the most vulnerable children and families.

- UNICEF Belize and UNICEF LACRO have played a key role in the CCD roll-out process, providing technical assistance to the Government of Belize in both adapting the CCD approach and implementing training.

- Belize has strong promoters for and experts in CCD and has acquired ample experience in the approach at the country level. This has enabled Belize to become a reference point in the LAC region and engage in South–South cooperation processes that have helped to expand CCD to other countries.

- Belize has led the way in demonstrating —both domestically and in nearby Eastern Caribbean countries and territories— how CCD can be used to mitigate adverse effects in emergencies, particularly natural disasters caused by hurricanes.

3.2. Recommendations

Below is a series of key recommendations to ensure continuity of the CCD approach in Belize (as part of the wider ECD effort, including an expansion of age group coverage and transitioning):

- Through systematic use of the CCD approach and building upon existing efforts and results, continue to strengthen the ECD ecosystem policy components that support the implementation of key aspects of the global Nurturing Care Framework and Belize's ECD National Strategic Plan, for the benefit of young children and their families.

- Focus on strengthening the long-term capacity development strategy to guarantee the sustainability of CCD and ECD achievements. This strategy should address multiple components and levels while considering the following objectives:

  - Improving the training skills of the core group of master trainers, who possess the most experience of CCD.

  - Strengthening the training skills of those involved in ongoing training activities at the district or local level (under the supervision of master trainers).

  - Establishing or strengthening training schemes for district- or local-level supervisors to provide ongoing support to local service providers working in the three line ministries and intervention areas.

  - Considering the potential use of online training actions (based on the roll-out of the **CCD online course** developed by LACRO and available on Agora).

Strengthening the strategy in these ways could help to reduce the potential impact of staff turnover in public services and diminish the effects of changes in government priorities. At the same time, it may contribute to increasing service quality and responsiveness.

- As part of a national training strategy that is linked to CCD advocacy and policy development efforts, include specific orientation and training actions focusing on senior officials and key stakeholders in civil society and academia, who can contribute to: (1) mainstreaming CCD in all related ECD and family policies and services; (2) supporting scale-up processes; and (3) ensuring the sustainability of the CCD approach.

- Strengthen an existing or design a new Communication for Development (C4D) strategy and related materials to support the mainstreaming and application of the adapted CCD approach for Belize, guided by the Socio-ecological Model.[XIX] This could be linked to a broader C4D effort on preventing violence and promoting the rights of all young children, especially the most vulnerable and those with a disability.

- Belize's proposed efforts to monitor CCD implementation among the three ministries and service providers are remarkable. Choosing to undertake early childhood screening could be one of the most challenging approaches, however, as this requires additional in-depth training for personnel and a more specific, family-centred early intervention follow-up strategy (including CCD components). For this reason, Belize could explore other potential monitoring strategies and instruments that encompass children's environments and experiences, such as the monitoring of service provider and caregiver behaviours and/or practices or the quality of adult–child interactions.

- Numerous countries include a component on developmental monitoring and screening strategies. Belize should continue to explore, review and identify additional opportunities to undertake developmental monitoring and screening linked to family-based early intervention with CCD components. This would be carried out through active participation by parents and family members along with local service providers, combined with more centre-based screening actions in health facilities (which currently focus largely on young children facing significant risks).

- Consider strengthening the CCD component on 'solving problems' in relation to families with young children with disabilities, as a strategy to support the introduction of mechanisms for the early identification of young children with developmental delays and disabilities. This can be done for at least a core group of personnel working with existing services for children with disabilities, to link these services with family- and community-based health and social services.

- Explore a renewed involvement of the Ministry of Education, Culture, Science and Technology to strengthen the process of transitioning between home and ECD services (focusing on the 0–3 years age group) and between home and preschool (for the 3–5 years age group), with an emphasis on strengthening the involvement of parents and extended family. This is also critical for advancing inclusive education efforts by the Ministry.

- Additional attention could be given to the potential use of digital mechanisms for increased follow-up and support, in aspects related to CCD, for families with young children with developmental delays and/or disabilities.

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Appendix 1: Case study methodology

In line with contingency planning related to the COVID-19 pandemic, this case study was prepared remotely in collaboration with the UNICEF Belize Country Office.

Preparation of the case study involved three phases. Phase 1 included a review of secondary sources and analysis of key documentation. Phase 2 was dedicated to the collection of information through remote interviews with individuals involved in the implementation of Care for Child Development (CCD) in Belize as well as other stakeholders. In phase 3, information collected through the interviews was analysed and the case study was drafted and reviewed with input from UNICEF.

Interview protocols were prepared and validated in collaboration with UNICEF. Twelve semi-structured interviews were conducted online, with managers and technical officials from different national government entities, UNICEF Belize staff, UNICEF implementing partners, front-line workers responsible for implementing programmes and services, and parents and caregivers benefiting from these services.

Limitations of the methodology

This case study has several limitations. At the outset, it was determined that the scope of the study was limited to a general analysis that would offer key inputs to future in-depth studies and comprehensive evaluations of the CCD approach in Belize. This case study differs from an evaluation and it does not address issues such as cost-effectiveness, funding, or budget requirements for scaling up CCD in Belize.

Appendix 2: Care for Child Development monitoring and evaluation surveillance system (CCD-MESS) standards and indicators

Standard	Criteria	Indicators
Every child at risk for developmental delay receives Care for Child Development (CCD) services	Children at risk are identified. Counselling in CCD is provided to each child's parent or caregiver. Weekly appointments are held with each child and the parent or caregiver to teach them CCD.	Number of children under 3 years of age with an identified need for CCD services. % of children in need of CCD who received at least one counselling session in the last three months. % of children in need of CCD who have access to one appointment per week for CCD services.
Every child in need of a referral is referred to a relevant specialized agency	The need of the child who has been referred to services has been documented. Children in need of specialized services receive specialized services.	Number of children in need of specialized services. % of children in need of specialized services who receive specialized services.
Every child is screened for the early detection of developmental delays and is managed appropriately	The need of the child who has been referred to services has been documented. The child with an identified developmental delay is referred to a paediatrician for diagnosis. There is a management plan (family-based early intervention) in place for every child with a diagnosis of developmental delay.	% of children screened for developmental delays (using the Early Childhood Development Universal Screening Tool). % of screened children with an identified developmental delay who were referred to a paediatrician for diagnosis. % of children with a diagnosis of developmental delay with a defined management plan (family-based early intervention).
Every child with a diagnosis of a developmental delay receives family support services	The family of a child with a developmental delay receives family support services and CCD orientation.	% of families with at least one child with a diagnosis of developmental delay who receive family support services.

Source: Ministry of Health and Wellness et al. (2019).

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End Notes

I. Belize was the first country in the LAC region to roll out the English version of the adapted CCD approach.

II. As shown by the MICS data (UNICEF, 2017), the under-five mortality rate was 22 deaths per 1,000 live births in 2006 and this fell to 12 deaths per 1,000 live births by 2015. Similarly, the infant mortality rate reduced from 27 to 9 deaths per 1,000 live births over the same period. In Belize, 7.3 per cent of children under 5 years of age are overweight, which is slightly above the average rate for the LAC region. Also, the country still has significant stunting prevalence in children under 5 years, despite a moderate decrease in prevalence from 19.3 per cent in 2011 to 15 per cent in 2015. In Toledo district, one in every three children under 5 years is stunted. In 2011, the rate of exclusive breastfeeding of infants under 6 months was very low (14.7 per cent), but this grew to 33 per cent in 2015, reaching the LAC regional average.

III. The three ministries involved in the ECD CEO caucus are the Ministry of Health and Wellness, Ministry of Education, Culture, Science and Technology and Ministry of Human Development, Families and Indigenous Peoples' Affairs.

IV. The three Core Commitments are Belize's ECD policy commitments: (1) Children are born and remain healthy in their early years; (2) Young children's environments are nurturing, responsive, safe, inclusive and culturally appropriate; and (3) Young children have the skills and opportunities for success in early learning.

V. For example, the under-five mortality rate fell from 24 deaths per 1,000 live births in 2000 to 13 deaths per 1,000 live births in 2018; and the malnutrition rate among children aged 0–4 years remained at 2 per cent from 2013 to 2018 (UNICEF, 2019a/b).

VI. The first country in the LAC region to commence a roll-out of the adapted version of the CCD approach (Spanish version) was Panama in 2013 (but government changes led to this work being halted). The English version was first introduced to eight English-speaking Caribbean countries and territories and Belize at a meeting held in Antigua and Barbuda in September 2014.

VII. Over this period of time, the Government of Belize has made considerable progress in strengthening the provision of programmes and services for young children and their families. The Government has relied on support from UNICEF, the Caribbean Development Bank, the European Union and others.

VIII. Training of the Belize national CCD roll-out team and trainers took place from 5 to 8 October 2015.

IX. This work is being delivered thanks to funding support from the joint European Union and United Nations Spotlight Initiative, which has led to CCD being included in the latest UNICEF Belize Country Programme Document.

X. The Health Education and Community Participation Bureau is in charge of health promotion and is attached to the Ministry of Health and Wellness. According to Castillo (2013, pp. 14–15), among its objectives are "to advocate for the development of policies promoting and maintaining health practices, knowledge, and attitudes which impact positively on the health status and quality of life of the Belizean populace, to promote active community participation in the development of health policies and programmes designed to benefit the general population as well as target groups and to foster the principle of partnership and multi-sectoral collaboration recognizing the value of partnership in the promotion and maintenance of optimum health and encouraging the building of alliances with Government Ministries and Departments and Non-Governmental Organizations."

XI. MCH programme urban and rural health centres are staffed by public health nurses, nurse practitioners, rural health nurses, domestic auxiliaries, and drivers/mechanics. Community nursing aides and traditional birth attendants —all of whom have received CCD training— form an important link between the programme and the community.

XII. The RCP was devised in Jamaica in 1992 as part of the Teenage Mothers Project. The Jamaican programme was financed by the Bernard van Leer Foundation and received support from the University of the West Indies.

XIII. According to interviewees, Belize had approximately 70 indicators in the initial roll-out plan that followed the services and indicators set out in the generic CCD package. It was soon realized that it was impossible to provide services in Belize to the same extent, and even more challenging to track all of the indicators. For this reason, the CCD-MESS with its nine indicators was developed (see Appendix 1).

XIV. The CCD-MESS was first piloted in the Toledo district and is now ready to be rolled out nationwide.

XV. The ECD Universal Screening Tool includes CCD-related questions and was developed to identify children at risk and in need of greater family support and CCD orientation.

XVI. Each service provider must report on the full set of 12 indicators on a monthly basis: (1) Number of children who received CCD services in the month; (2) Number of children who received CCD services for the first time in the year; (3) Number of children who received CCD services for the first time in the year, by age group: 0–27 days or neonates, 28 days to 2 months, 3–11 months, 12–23 months and 24–35 months; (4) Number of children who received follow-up CCD services; (5) Number of children who received CCD services, by cause; (6) Number of children who required specialized services (new and follow-up); (7) Number of children who received specialized services (new and follow-up); (8) Number of children who received weekly CCD sessions (new and follow-up) – Report on services provided by paediatricians or other specialists or agencies; (9) Number of children screened for developmental delays, by age group; (10) Number of children found to have a developmental delay; (11) Number of children found to have a developmental delay who have been referred to a paediatrician; (12) Number of children found to have a developmental delay who have received a diagnosis and management plan.

XVII. The quality improvement tool comprises a checklist with the following items: (1) Caregiver has a copy of Care for Child Development: A guide for parents and CCD providers; (2) Provider is knowledgeable of the child's issues and parental and institutional responses; (3) Completeness of data collected in logbook; (4) Completeness of reports submitted, referrals and counter-referrals; (5) Adherence to scheduled sessions as per major cause; (6) Use of the ECD Universal Screening Tool; (7) Tracking of children is done as per schedule.

XVIII. The study tour was made possible thanks to the support of UNICEF Belize and the UNICEF Office for the Eastern Caribbean Area

XIX. As stated in the UNICEF (2017, page 8): "There are five nested, hierarchical and complementary levels of the SEM: individual, interpersonal, community, organizational, and policy/enabling environment. The most effective approaches use a combination of activities at all levels of the model."

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