

EARLY CHILDHOOD DEVELOPMENT, STIMULATION, AND RESPONSIVE CARE (2014-2021)

Formative Evaluation

EVALUATION OFFICE
JUNE 2021



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Global Formative Evaluation of Early Childhood Development and Early Stimulation and Responsive Care, 2014-202

Final Report

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PREFACE

UNICEF has, over the years, played a key role in setting the global agenda on Early Childhood Development and advancing the realization of the rights of all children, especially the most disadvantaged, as affirmed in the 2014 – 2017 Strategic Plan. During this period, UNICEF efforts contributed to the adoption of Target 2 under SDG 4 on the importance of early childhood development that when the Sustainable Development Goals (SDGs) were adopted in 2015. Nonetheless, UNICEF global leadership and impact on young children and their families have not been assessed; hence we launched this evaluation to ascertain the conceptual underpinning of ECD work in UNICEF and to draw, from the past few years of implementation lessons that can be applied for course correction alongside other the mid-term assessments. The evaluation was structured around three themes that were arrived at after an extensive scoping exercise: (1) UNICEF's Global Leadership (2) System Strengthening (3) Program Quality and Impact

UNICEF has positioned itself as an ECD leader and expert, policy influencer, capacity developer, and service provider. In some countries where UNICEF generated evidence on children's developmental status or on public financing for ECD and combined this with advocacy and communications, there were notable increases public investment in ECD in some countries. The Major challenges in implementing UNICEF global change strategies were associated with (1) financial resources, (2) government allocation of resources to implement the strategies, (3) political buy-in, and (4) adaptation to the country context. The impact of COVID-19 on UNICEF's strategies poses new challenges for the organization and has elevated the importance of certain strategies.

The global evaluation team consisted of five international experts, with management provided by UNICEF's Evaluation Office and with support from UNICEF's ECD Section within the Programme Division at UNICEF's International Headquarters in New York. Dr Pamela Wridt (Senior Monitoring and Evaluation Expert and ECD Researcher) and Dr Philip David Zelazo (Senior ECD Researcher and Developmental Neuroscience Expert) served as co-team leaders for this evaluation and were jointly responsible for the overall conceptualization and quality of the evaluation. Dr Caroline Frobel (ECD Neuroscience Researcher and Data Scientist) was primarily responsible for data collection, extraction and analysis procedures associated with UNICEF's corporate monitoring system. Mr. Jonathan Carter and Mr. Conrad Barberton (ECD Scaling Experts) from Cornerstone Economic Research in South Africa were primarily responsible for undertaking the scalability and systems strengthening component of the evaluation.

I would also like to express my gratitude to UNICEF colleagues to the PD ECD Section colleagues; particularly Nada Elattar, the ECD Section focal person for this evaluation for coordinating technical inputs in the ECD Section and ably facilitating data collection from regional and country offices. Other ECD Section team members also provided valuable support and inputs: Pia Britto, Chemba Raghavan, Ana Nieto and Aditi Shrikhande, the Regional and Country Office ECD Advisor, Specialists and focal persons for their advice and support, and thought-provoking contributions.

Lastly, I would like to thank my colleagues in the Evaluation Office to see the evaluation through. Kathleen Letshabo developed the evaluation approach, and Adrian Shikwe who managed the evaluation. As always, Geeta Dey and Celeste Lebowitz provided strong administrative support throughout the evaluation. I commend the efforts of all colleagues and believe that our colleagues in the ECD team will find the findings, insights and recommendations herein useful and timely.

Fabio Sabatini | Director / OIC | Evaluation Office | UNICEF

ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CO	UNICEF Country Office
C4D	Communication for Development
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DOC	UNICEF Division of Communication
ECD	Early Childhood Development
ECE	Early Childhood Education
HQ	UNICEF Headquarters Office
INGO	International Non-Governmental Organization
L2	Level two emergency, per UNICEF classification
PD	UNICEF Programme Division
PHC	Primary Health Care
RO	UNICEF Regional Office
SDGs	Sustainable Development Goals
UNESCO	United Nations Educational, Scientific and Cultural Organization

UNICEF regions and offices

UNICEF	United Nations Children's Fund
EAPR	UNICEF East Asia and Pacific Region
EAPRO	UNICEF East Asia and Pacific Regional Office
ECAR	UNICEF Europe and Central Asia Region
ECARO	UNICEF Europe and Central Asia Regional Office
ESAR	UNICEF Eastern and Southern Africa Region
ESARO	UNICEF Eastern and Southern Africa Regional Office
LACR	UNICEF Latin America and the Caribbean Region
LACRO	UNICEF Latin America and the Caribbean Regional Office
MENAR	UNICEF Middle East and North Africa Region
MENARO	UNICEF Middle East and North Africa Regional Office
ROSA	UNICEF Regional Office for South Asia
SAR	UNICEF South Asia Region
WCAR	UNICEF West and Central Africa Region
WCARO	UNICEF West and Central Africa Regional Office

EXECUTIVE SUMMARY

Evaluation Context and Purpose

Evaluation Background. During the period covered by this evaluation, UNICEF's approach to early childhood development (ECD) became more grounded in the neuroscience research, as summarised in *The Lancet* series on Advancing Early Childhood Development: From Science to Scale (2017). This publication was co-authored by UNICEF and was a pivotal publication that reflected a paradigm shift in how ECD is defined, valued, and implemented by policy makers and practitioners on a global and local level. In particular, the **Nurturing Care Framework** introduced in this series postulated that ECD is a synergistic outcome of five interrelated components: 1) good health; 2) adequate nutrition; 3) opportunities for early learning; 4) security and safety; and 5) responsive caregiving.

Evaluation Rationale. UNICEF programming strategies are in the process of shifting from siloed approaches to multisectoral ECD packages, encompassing health, nutrition, HIV, WASH, education, child protection, and social policy. This evaluation provides the first comprehensive assessment of UNICEF work in Early Childhood Development (ECD), and early stimulation and responsive care, in particular, after advances in neuroscience research underscored the importance of this period of childhood development and placed it on the global development agenda. Thus, an evaluation of UNICEF's leadership in early childhood development is timely and warranted to assess the organization's progress in advancing the holistic ECD agenda through a multisectoral programming approach.

Evaluation Purpose: This is a formative evaluation in which the main purpose was to draw lessons from policy, advocacy, and programming strategies and interventions to inform good practices and appropriate course corrections in UNICEF work in ECD. The secondary purpose of the evaluation was to provide evidence for accountability and oversight within UNICEF and relevant cooperating partners, and to provide concrete recommendations for strengthening UNICEF's impact on the lives of young children and their families in the new strategic planning period.

Object of the Evaluation. This evaluation examines UNICEF's global leadership in the broader field of practice to promote ECD, as well as the organization's support to national governments in ensuring parents and adult caregivers provide appropriate early stimulation and responsive care to young children as a basis for their healthy development, school readiness and on-time enrolment into pre-primary and primary school. This includes a detailed examination of two components of the Nurturing Care Framework: (1) responsive caregiving; and (2) opportunities for early learning.

Scope of the Evaluation. The evaluation focused on the early years of life - from birth to age of entry into primary school (usually 0-5, noting that the age of school entry varies by country context). The evaluation assessed all UNICEF goal areas for early stimulation and responsive care programmes and services on a global, regional, and country level. The evaluation was both retrospective and prospective (forward looking), examining the period from 2014 through 2021 (encompassing two Strategic Planning periods). It included countries in all contexts and situations where UNICEF was or is implementing strategies to strengthen ECD systems and services, including development, humanitarian, and peacebuilding contexts.

Evaluation Approach and Methods. The evaluation adopted an inductive and retroactive theory-based approach primarily because the object of the evaluation (early stimulation and responsive care) was not well defined or codified in the organization's theory of change and results matrices. The evaluation methods included a mix of qualitative and quantitative data collection and analysis techniques on global, regional,

country, and programme levels. Data were collected in five phases using the following methods: (1) **secondary data** from 157 countries; (2) **document review** of more than 400 reports, plans, studies, and evaluations from 28 UNICEF Country Offices (COs), 7 Regional Offices (ROs), and 5 Headquarter (HQ) Divisions; (3) **institutional survey** with 54 UNICEF COs; (4) **remote key informant interviews/focus groups** with 21 UNICEF staff members and external experts; and (6) **six case studies** of UNICEF-supported parenting programmes or initiatives (Jordan, Mali, Paraguay, Rwanda, Serbia, and Thailand).

Evaluation Criteria and Limitations. Evaluation criteria assessed the internal and external **coherence** of UNICEF’s work in early stimulation and responsive care, the **effectiveness** of UNICEF’s efforts to strengthen national systems for ECD, and the **relevance** and outcomes of UNICEF’s leadership and direct support for parents and young children. Summative evaluation criteria were also identified to provide qualitative ratings on the scope and strength of the evidence from nascent to advanced. In light of the global outbreak of the COVID-19 pandemic, the evaluation team could not undertake primary data collection activities through direct contact with stakeholders and beneficiaries, and observations of the implementation of interventions; hence we modified the original evaluation design and methods accordingly. However, additional questions about the impact of COVID-19 on UNICEF’s work in ECD and early stimulation and responsive care programming were integrated into the methods to capture this information.

Key Evaluation Findings

The evaluation objectives and questions addressed three themes that were identified during the scoping of the evaluation. The key findings for each theme indicate both positive advancements as well as structural challenges in implementing a multisectoral approach to early childhood development programming.

● Theme 1: UNICEF’s Global Leadership

Objective: To assess the internal coherence and effect of UNICEF’s global leadership in early childhood development.

Evaluation Questions: To what extent is UNICEF positioned and prepared to lead and support governments in scaling early stimulation and care systems? What impact has UNICEF’s leadership had on the field of early childhood development, international development agencies, evidence in early childhood development, and in communicating the importance of early stimulation and care to governments and development agencies?

.....

Institutional Readiness. UNICEF was successful in discharging its role as global leader in ECD when ROs and COs had sufficient human and financial resources to make it an explicit development priority that was integrated into its results frameworks.

Internal Coherence. While ECD is prioritised in UNICEF’s current Strategic Plan, there is a lack of internal coherence on ECD as it relates to multisectoral programming and the engagement of parents.

Effectiveness of UNICEF Leadership. UNICEF’s leadership on ECD was transformative for the international development community over the evaluation period in raising awareness about and gaining buy-in for an integrated ECD agenda, especially given the lack of investment by the organization in sufficient human and financial resources for effective multisectoral programming.

Global Positioning. A lack of evidence on the situation of young children and on the efficacy of UNICEF-supported programmes places the organization at a disadvantage in maintaining its global leadership and positioning for ECD.

- **Theme 2: System Strengthening**

Objective: To analyse UNICEF's contributions and effectiveness in strengthening national capacity and systems to implement and scale early stimulation and responsive care programs and services.

Evaluation Question: To what extent has UNICEF supported governments to strengthen multisectoral policies and systems for ECD, including national capacity to scale the delivery of early stimulation and care programs and services?

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Enabling Environment for ECD. UNICEF makes significant contributions to the development of policies and national ECD plans, but few country offices focus their support on strengthening systems to scale up early stimulation and responsive care programmes.

Coordination Mechanisms. Many UNICEF COs make valuable contributions to multisectoral coordination through their participation and, in some countries, joint leadership of ECD coordination committees.

Public Financing. UNICEF COs lack the capacity and technical knowledge needed to support line Ministries to mobilise and ensure the equitable allocation of public funds to ECD programmes, and to evaluate the efficient and effective use of such funds.

National Training Systems. UNICEF COs' monitoring and evaluation activities mostly focus on measuring the reach of programmes (e.g., the numbers of children reached), rather than contributing to the development of systems that can be used to monitor and manage the activities of frontline workers to ensure programmes are implemented with fidelity.

- **Theme 3: Programme Quality and Impact**

Objective: To assess the relevance and impact of UNICEF's direct support for vulnerable children, parents, and frontline workers participating in early stimulation and responsive care programs in low-resource and emergency settings.

Evaluation Question: What evidence is there that UNICEF direct support for early stimulation and care programs is making a difference on a significant scale for vulnerable children, parents and caregivers?

.....

Programme Delivery. UNICEF has focused its efforts primarily on public ECD programmes, working with governments to deliver parenting and early learning programmes. UNICEF is reaching some of the most marginalized child populations, but it is difficult to assess the adequacy of programme coverage.

Programme Design. UNICEF supported early stimulation and care programmes have adopted evidence-based practices, with the exception of encouraging children's agency and promoting autonomy-supportive parenting and teaching.

Programme Scaling. Very few of the programmes that UNICEF pilots are designed to be taken to scale because the focus is on proving effectiveness rather than on developing an understanding of what it takes to institutionalise the programme in government systems.

Programme Quality of Implementation. There was almost no evidence of efforts to ensure programme fidelity. Fidelity is the extent to which frontline workers adhere to the protocol for programme delivery.

Measuring fidelity is a key feature of implementation research, and is essential for determining the impact of the programmes on parents and children.

Programme Impact. With few exceptions, monitoring of children's developmental status has not been integrated into programming practices with support from frontline workers, programmes have not been evaluated using controlled designs and relevant measures, **and relevant data have not been integrated into a secure data management system.**

Evaluation Conclusions and Recommendations

The main conclusions are summarized in this section, alongside an explanation of the results and implications for UNICEF programming. Recommendations are based upon the evidence and are derived directly from the conclusions, which are mapped according to each thematic objective.

Theme 1: UNICEF Global Leadership

Main Conclusion. UNICEF has had a substantial global impact on raising awareness about the importance of investing in early childhood; however, it is only somewhat prepared to lead governments in strengthening systems to deliver and scale early stimulation and responsive care programmes.

Explanation of Results. UNICEF is in the early stages of translating an integrated ECD agenda into practice. UNICEF's work on early stimulation and responsive care has not been sufficiently defined, codified, or integrated into the current Strategic Plan and results framework in a manner that supports effective multisectoral programming, especially as it applies to the role of parents in accelerating results for children. Institutional investments in human and financial resources and in the management and coordination structures that are necessary for effective multisectoral programming have not kept pace with the awareness and demand for ECD that has been generated.

Implications. These deficiencies place UNICEF at a disadvantage in maintaining the momentum that has been built externally with governments and with community members to scale integrated early stimulation and responsive care programming. If left unaddressed, UNICEF risks losing its comparative advantage as a global leader for ECD and in achieving results for young children.

Recommendation 1. UNICEF should update its conceptualisation of multisectoral ECD programming to include an explicit articulation of parents' role in accelerating results for children in the early years by clearly articulating shared results and accountabilities among sectors.

Recommendation 2. UNICEF should clarify its budget and allocation for ECD programming and further mobilise additional resources for ECD programming (for 0 – 8 years olds, across all sector) at all levels of the organisation and ensure that the budget for ECD programming is transparent and inclusive of all organisational investments.

Theme 2: System Strengthening

Main Conclusion. UNICEF COs have made a significant contribution in supporting governments to strengthen sectoral and multisector ECD policies, but have made a far smaller contribution to strengthening national capacity to scale the delivery of early stimulation and responsive care programmes and services. Supporting government to institutionalise programmes is essential to the scaling up of programmes, which was not frequently observed,

Explanation of Results. UNICEF COs do not have the required capacity to work on the issues and systems required to assist governments to put policy into practice. Approaches to the scaling of programmes vary, from demonstrating a package of services and their effectiveness to working closely with government to support scaling of programmes to institutionalising new practices and/or programmes.

Implications. These deficiencies place UNICEF at a disadvantage in supporting governments to scale high-quality and sustainable early stimulation and responsive care programmes and services, and slow progress on achieving results for young children.

Recommendation 3. UNICEF should develop in-house capacity of ECD staff/team in public finance for children at all levels of the organisation.

Recommendation 4. UNICEF ECD vision, including programme design and implementation processes should be aligned with the period covered by the strategic plan with focus on scaling-up and supporting the government to institutionalise, fund, monitor, and assure the fidelity of implementation of ECD interventions and practices.

Theme 3: Programme Quality and Impact

Main Conclusion. UNICEF has not supported adequately designed evaluations of programme efficacy and impact, and as a result, there is no compelling evidence that UNICEF's direct support for early stimulation and responsive care programmes is making a difference for vulnerable children, parents, and frontline workers.

Explanation Of Results. UNICEF does not have the necessary measures, tools, and capacities to strengthen government monitoring and evaluation of parenting outcomes and child impacts. While MICS provides population level data to monitor the SDG on children's developmental status, it should not be used to evaluate the impact of UNICEF programming in early stimulation and responsive care.

Implications. The lack of adequate measures and controlled programme evaluations is a major limitation to the progressive improvement and scaling of these programmes, and it misses an opportunity to make a more compelling argument for the funding and implementation of the programmes globally.

Recommendation 5. UNICEF should increase investment in the development, adaptation, and/or norming and validation of tools for measurement of children's physical, cognitive, or social-emotional development.

Recommendation 6. UNICEF should update evaluation strategies and methods to include innovative, more rigorous, and contextually relevant evaluation designs that can provide robust evidence base and reliable assessments of efficacy and impact of ECD programmes on parenting, early stimulation and responsive care..

EVALUATION TERMS AND CONCEPTS

Adequate Nutrition	(From the Nurturing Care Framework) - The mother's nutrition during pregnancy affects her health and well-being, as well as the developing child's nutrition and growth. When pregnant women do not have enough micronutrients, they need supplements, including iron. Young children flourish on exclusive breastfeeding – from immediately after birth to the age of 6 months – together with skin-to-skin body contact. From the age of 6 months, young children need complementary foods that are frequent and diverse enough, and which contain the micronutrients they need for the rapid growth of their body and brain.
Advocacy and Communication	Evidence of UNICEF-supported efforts to win support for the cause of children from decision-makers and the wider public, through advocacy, public engagement and communication (such as through the Early Moments Matter campaign and End Violence Against Children Campaign). May also refer to UNICEF supported convenings and/or key events to advance ECD and early stimulation and responsive care.
Behaviour Change and Community Engagement	UNICEF supported engagement with communities to promote behaviour change, increase demand for quality services and support social norms that contribute to the realization of child rights, directly and through policy and systems strengthening, including adaptations for humanitarian response.
Budget Allocations	Amounts of money that are allocated to a specific budget programme or budget line, but not necessarily spent.
Caregiver	The secondary caretaker of a minor child when parent is unavailable (such as older siblings and grandparents) (contrast with <i>Frontline Workers</i>). In some countries, this term includes parents or is used as a general term to encompass parents, relatives and frontline workers.
Children's Cognitive Development	Changes (with age and experience) in children's learning, thinking, and problem-solving skills. Children's cognitive developmental status refers to the developmental level of these brain-based skills in relation to evidence-based expectations regarding the age at which specific skills and competencies are typically observed. These expectations vary across cultures and environments.
Children's Health and Physical Development	Changes (with age and experience) in children's bodies, motor function, and physical health. Nutrition, exercise, and other aspects of children's development (such as their social and emotional development) contribute to their healthy physical development.
Children's Social and Emotional Development	Changes (with age and experience) in how children understand themselves and other people, how children manage their emotional reactions, and how children interact with others. Experience contributes to children's brain growth and changes the way children process and manage information about themselves and others, as well as their attitudes and beliefs about themselves and others.
Cross-Sectoral and Multi-Sectoral Programming	UNICEF efforts to foster cross-sectoral and multi-sectoral programming (or the integration of more than one component of the Nurturing Care Framework) that responds holistically to children's needs and to the environments in which they grow up.

Early Childhood Development	Period of development 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) and ‘lower primary school years’ (6 to 8 years of age). Development is an outcome resulting from the interaction between the environment and the child. 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 emotions and form relationships.
Early Learning Programmes	Interventions or services aimed at providing children with early stimulation to promote children’s Cognitive and Social and Emotional Development and school readiness
Early Stimulation	Parent or caregiver engagement of young children’s senses through talking, reading, singing and playing to “stimulate” neurological connections and healthy brain development.
Evidence Generation	UNICEF supported data analysis, research, studies, and evaluations on ECD and early stimulation and responsive care.
Frontline Workers	Any adult or youth who works directly with children in ECD programs, serving in the role of facilitator, caregiver, or teacher.
Good Health	(From the Nurturing Care Framework) - Young children’s good health is the result of caregivers monitoring of children’s physical and emotional condition; giving affectionate and appropriate responses to children’s daily needs; protecting young children from household and environmental dangers; having hygiene practices which minimise infections; using promotive and preventive health services; and seeking care and appropriate treatment for children’s illnesses.
Implementing Strategies (specific to UNICEF)	Refers to UNICEF’s Strategic Plan “change strategies”, or <i>how</i> UNICEF intends to change the situation for children, or UNICEF’s locus of control in the applicable theory of change scenarios.
Life Course	An approach to programming that acknowledges the connections between stages of development, from infancy into adulthood. UNICEF has adopted a life course perspective in thinking about the continuum of early childhood development services that are required from infancy through adolescence.
Norms and Standards	Quantitative and qualitative descriptions of the contents and standard of a programme which are usually issued in regulations related to a specific act of law.
Nurturing Care	Refers to conditions created by public policies, programmes, and services that enable communities and caregivers to ensure children’s good <i>health</i> and <i>nutrition</i> and <i>protect</i> them from threats. Nurturing care also means giving young children opportunities for <i>early learning</i> , through interactions that are <i>responsive</i> and emotionally supportive.
Opportunities for Early Learning	(From the Nurturing Care Framework) - Children do not start to learn only when they begin kindergarten or pre-primary classes at the age of 3 or 4, and are taught colours, shapes, and letters. Rather, learning is a built-in mechanism for human beings, ensuring our successful adaptation to changing circumstances. It begins at conception, initially as a biological mechanism called epigenesis. In the earliest years, we acquire skills and capacities interpersonally, in relationship with other people, through smiling and eye contact, talking and

	<p>singing, modelling, imitation, and simple games, like “wave bye-bye”. Playing with common household items – like tin cups, empty containers, and cooking pots – can help a child learn about objects’ feel and quality, and what can be done with them. Even a busy caregiver can be given the motivation and confidence to talk with a child during feeding, bathing, and other routine household tasks. These interactions help the child learn about other people and learn about how to think in order to solve problems. Children need affectionate and secure caregiving from adults in a family environment, with guidance in daily activities and relationships with others. This gives young children their important early experiences of social learning and provides them with a sense of security that allows them to explore their environment and learn.</p>
Parent	The terms "parent" and "parenting" are not limited to biological parents but extend to any guardian or caregiver providing consistent care to the child.
Parenting	Interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of nurturing care. There are five domains of parenting: 1) caregiving (health, hygiene and nutrition related practices), 2) stimulation (interactions, learning activities, modelling), 3) support and responsiveness (trust, attachment, sense of security), 4) structure (routine, discipline, supervision, protection from harm) and 5) socialization (conveying values, habits, and attitudes of society). Taken together, these parenting domains promote nurturing care.
Parenting Programme	Interventions or services aimed at supporting parenting interactions, behaviours, knowledge, beliefs, attitudes, and practices.
Partnerships and Resource Mobilization	UNICEF's efforts to mobilise networks and/or public and private partnerships and resources to advance ECD and early stimulation and responsive care programming.
Policy Engagement	The process of engaging in policy analysis, design/labs, implementation, monitoring, evaluation, and foresight to catalyse change.
Policy Implementation Costing	Estimating the resources required to implement a policy in accordance with agreed (explicit or implied) norms and standards.
Responsive Care/Caregiving	(From the Nurturing Care Framework) - Bidirectional interactions between a parent and child, or caregiver and child that are nurturing and “responsive” to the child’s need for bonding, attachment and sense of security (sometimes referred to as “serve and return” interactions). Responsive caregiving includes observing and responding to children’s movements, sounds and gestures and verbal requests. It is the basis for: protecting children against injury and the negative effects of adversity; recognizing and responding to illness; enriched learning; and building trust and social relationships.
Security and Safety	(From the Nurturing Care Framework) - Young children cannot protect themselves and are vulnerable to unanticipated danger, physical pain, and emotional stress. Extreme poverty and low income pose serious risks that have to be mitigated by social assistance such as cash transfers. Pregnant women and young children are also most vulnerable to environmental risks, including air pollution and exposure to chemicals. Young children, once they are mobile, can touch and swallow objects that can harm them, and an unclean or unsafe environment is full of potential threats. Young children can experience extreme fear when people abandon them – or threaten to abandon or punish them. Across the world, toddlers are the group most

	<p>often harshly punished, by being beaten painfully with sticks, belts, and other objects. These experiences cause uncontrollable fear and stress that can perturb the young child's response systems in ways that can lead to emotional, mental, and social maladjustment. Children can withdraw socially, learn to mistrust adults, or act out their fear in aggression towards other children. Ensuring frontline workers' and parents' mental health, working with them to prevent maltreatment, is needed. Nurturing care includes making sure that defenseless young children feel safe and secure.</p>
Systems Strengthening	<p>Building the institutional systems, processes and procedures required to plan, finance, coordinate, implement, manage and monitor programmes. Systems strengthening includes putting in place organisational structures, delegations and reporting lines, hiring, training and mentoring personnel, developing management information systems, and ensuring the infrastructure, equipment, and materials required to implement programmes are available.</p>
Technical Assistance or Capacity Development	<p>UNICEF leadership in providing technical assistance to advance the ECD agenda with/for government or implementing partners.</p>

CHAPTER 1: INTRODUCTION AND EVALUATION BACKGROUND

This evaluation aims to draw lessons from policy, advocacy, and programming strategies and interventions to inform good practices and appropriate course corrections in UNICEF's work in ECD.

1.1 Evaluation purpose and scope

1. This global evaluation provides the first comprehensive assessment of UNICEF work in Early Childhood Development (ECD), and early stimulation and responsive care, in particular, after advances in neuroscience research underscored the importance of this period of childhood development and placed it on the global development agenda. While UNICEF has worked to promote the rights of children since its inception, it has done so through sector-specific strategies and interventions. By contrast, the neuroscience research emphasised the importance of integrated and holistic strategies and interventions for this period of development. As the global steward of children's rights, UNICEF has assumed a leadership role in translating the knowledge gained from the neuroscience research into practice.
2. UNICEF emphasised the new approach to ECD in its previous Strategic Plan (2014-2017), and in particular, articulated the rationale for *why* ECD matters for children. During the current Strategic Plan (2018-2021), the organization has focused on supporting governments to implement and scale up high-quality, holistic early childhood development interventions. This shift in approach to ECD has contributed to changes in UNICEF staff policies (such as evidenced by the adoption of extended paid maternity and paternity leave), and externally with international development partners (such as the World Bank, which recognised investment in ECD as significant for a nation's economic and social development). Thus, a global formative evaluation of UNICEF's leadership and programming in early childhood development is timely and warranted to assess the organization's progress in advancing the holistic ECD agenda, and to evaluate its contributions in realizing the rights of the most vulnerable children and families living in low-resource and humanitarian contexts.
3. **Evaluation Purpose.** This is a formative evaluation whose main purpose is to draw lessons from policy, advocacy, and programming strategies and interventions to inform good practices and appropriate course corrections in UNICEF's work in ECD. The secondary purpose of the evaluation is to provide evidence for accountability and oversight within UNICEF and relevant cooperating partners, and to provide concrete recommendations for strengthening UNICEF's work in ECD.
4. **Evaluation Objectives.** The objectives of the evaluation were associated with three themes: 1) UNICEF's Global Leadership - to assess the internal coherence and impact of UNICEF's global leadership in early childhood development; 2) System Strengthening – to analyse UNICEF's contributions and effectiveness in strengthening national capacity and systems to implement and scale early stimulation and responsive care programs and services; and 3) Program Quality and Impact – to assess the relevance and impact of UNICEF's direct support for vulnerable children, parents, and frontline workers participating in early stimulation and responsive care programs in low-resource and emergency settings.

5. **Scope of the Evaluation.** This evaluation examines UNICEF's global leadership in the broader field of practice to promote ECD, as well as the organization's support to national governments in ensuring parents and adult caregivers provide appropriate early stimulation and responsive care to young children as a basis for their healthy development, school readiness and on-time enrolment into pre-primary and primary school. The evaluation focused on the early years of life - from birth to age of entry into primary school (usually 0-5, noting that the age of school entry varies by country context). The evaluation assessed all goal areas, but there was more evidence on UNICEF's leadership, support and contributions to strengthening health (Goal 1), education (Goal 2), and child protection (Goal 3) systems for early stimulation and responsive care programmes and services on a global, regional, and country level. UNICEF's contributions in preparing frontline workers, and parent and child impacts were assessed on a country level through selected programs representing both development and humanitarian contexts. The evaluation was both retrospective and prospective (forward looking), examining the period from 2014 through 2021 (encompassing two Strategic Planning periods). It included countries in all contexts and situations where UNICEF was or is implementing strategies to strengthen ECD systems and services, including development, humanitarian, and peacebuilding programming in early stimulation and responsive care.
6. **Audience.** The internal users of the evaluation include UNICEF's Senior Management at global, regional, and country levels, as well as UNICEF Programme Managers and Specialists working on early childhood development programming. External UNICEF partners (such as national governments, NGOs and academia) will also benefit from the results of the evaluation to inform their policies and programmes for young children and families. Additionally, UNICEF is uniquely positioned to make major contributions to the scientific understanding of human development globally, which is important because most of what is known is based on very limited samples that do not adequately reflect the global majority.^{1 2}
7. **Structure of the Report.** This report consists of four parts: 1) an introduction to the evaluation and global context; 2) the evaluation design and methods; 3) the evaluation findings; and 4) conclusions and recommendations for strengthening UNICEF's leadership and impact for young children and their caregivers. We advise the readers of this report to consult the definitions of evaluation terms and concepts to ensure comprehension of the evaluation in a global context where these terms may not be clearly defined.

1.2 Global context on the situation of young children

8. Globally, approximately 250 million young children (about 43% of the global child population under five) in low-income and middle-income countries are failing to reach their full developmental potential.³ Children suffer suboptimal development due to extreme poverty and stunting, physical maltreatment and low levels of maternal schooling. These deficits limit children's abilities to benefit from education, which has long-term implications for their well-being and livelihood and for reaching the Sustainable Development Goals.
9. Available data from UNICEF-supported Multiple Indicator Cluster Surveys on the situation of children age 36-59 months indicates that only 16 out of 48 countries had an Early Childhood Development Index of 80% or more between 2014-2018 (see Figure 1). This target was set by the organization to describe the desired percentage of children who are developmentally on track in literacy-numeracy, physical, learning, and social-emotional skills. Countries with the highest percentage of children who were developmentally on

¹ Henrich J, Heine SJ, Norenzayan A. (2010). The weirdest people in the world? *Behav Brain Sci.*, 33(2-3):61-83; discussion 83-135. doi: 10.1017/S0140525X0999152X. Epub 2010 Jun 15. PMID: 20550733.

² Zelazo, P. D. (2013). Developmental psychology: A new synthesis. In *Oxford handbook of developmental psychology* (Volume 1: Body and mind) (pp. 3-12). New York: Oxford University Press.

³ This figure is based upon two known risks to young children, including extreme poverty and stunting. See Black M.M., Walker, S.P., Fernald L.C.H., et al. (2016). *Lancet*, Early Childhood Development Series.

track are located in East Asia and the Pacific (EAP), Eastern and Central Asia (ECA), and Latin America and the Caribbean (LAC). These regions include countries that are middle-income or high-income in status, as well as those that have historically invested in early learning and violence prevention for young children.

Figure 1: Percentage of Children (24-36 months) Developmentally On Track, 2014-2018⁴

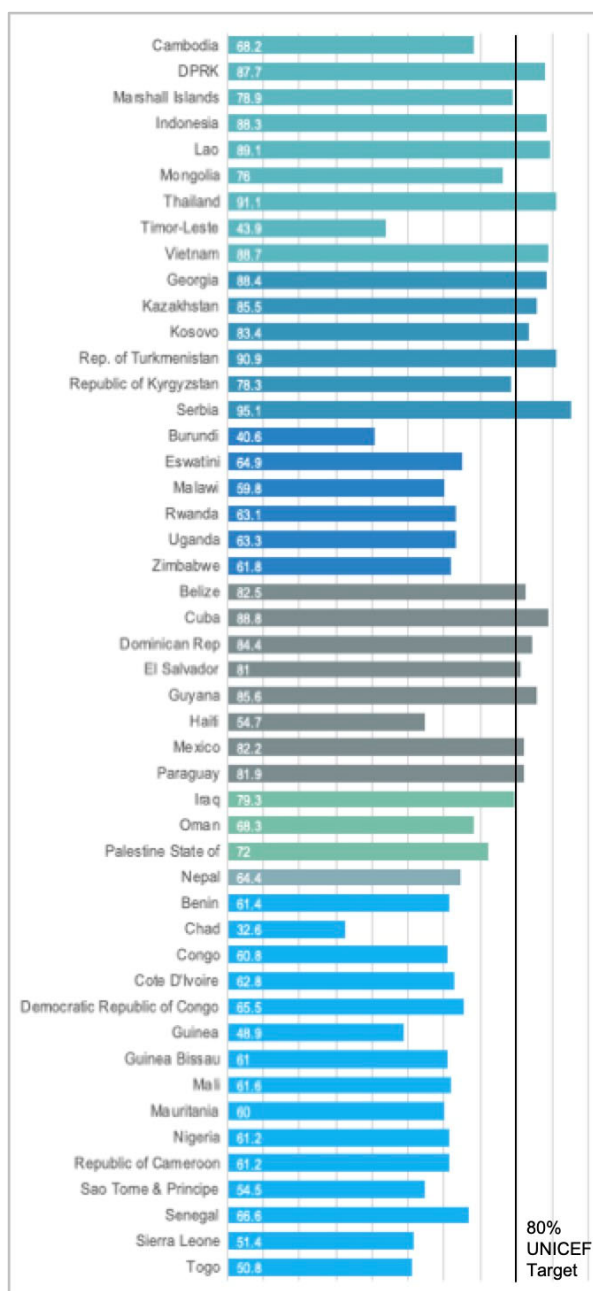
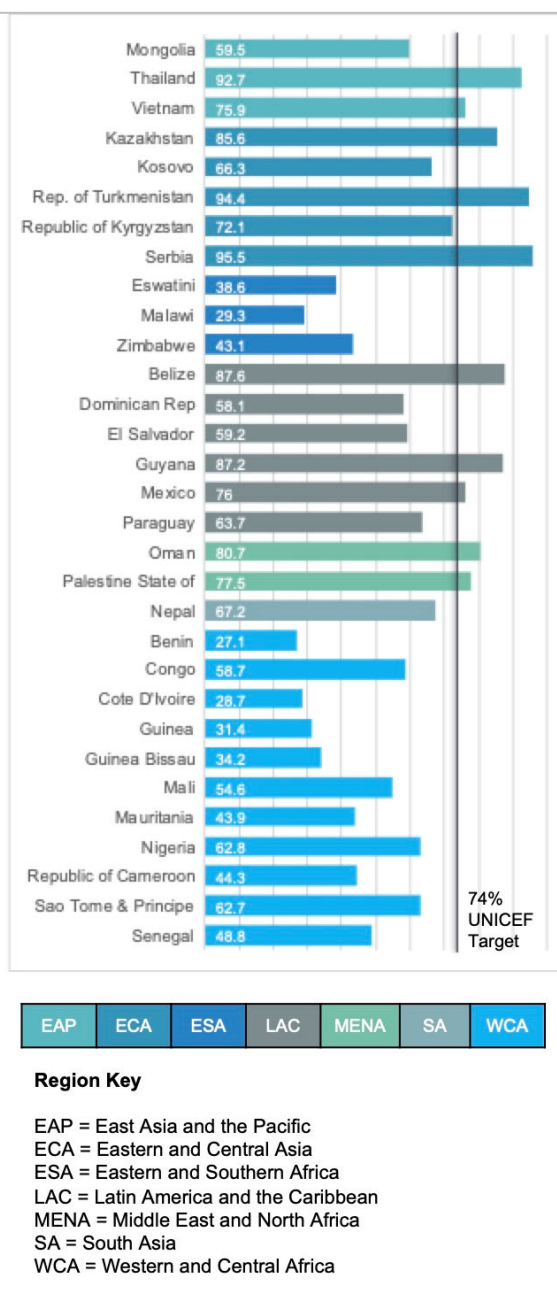


Figure 2: Percentage of Parents Providing Support for Learning (Early Stimulation and Responsive Caregiving), 2014-2018⁵



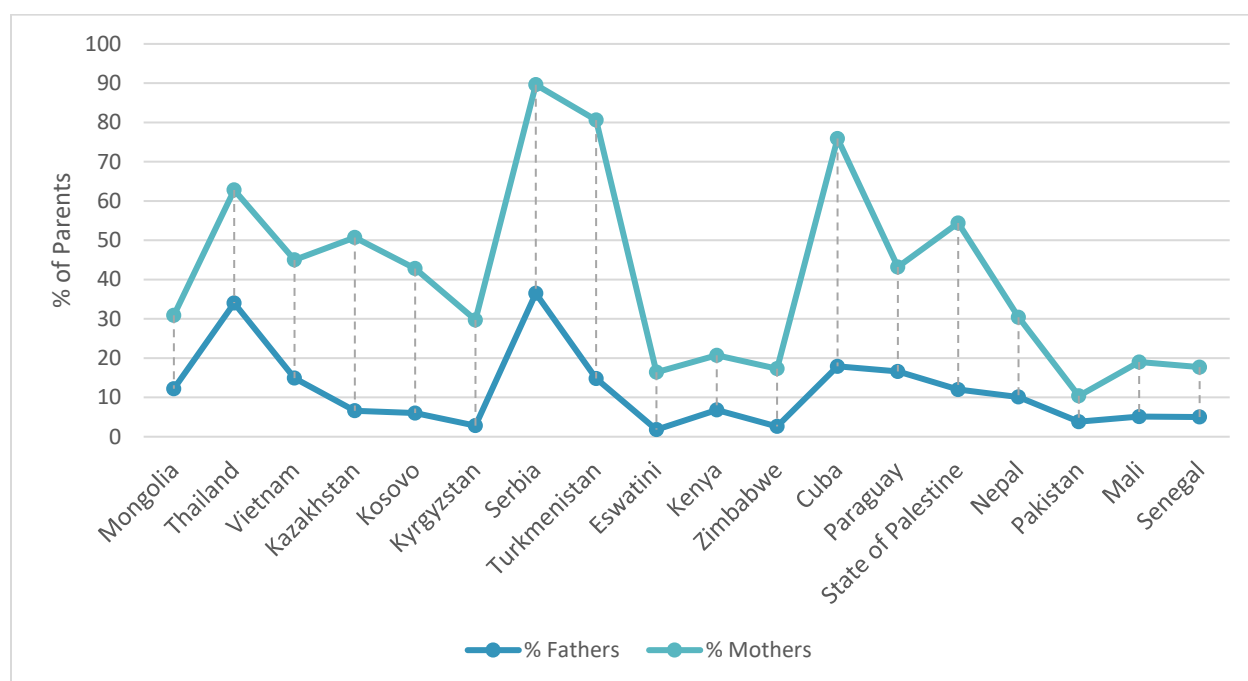
SOURCE: UNICEF MICS Data, 2014-18

⁴ Source: MICS Round 5 (2014-2018) - Being developmentally on track in at least three of the following four domains: literacy-numeracy, social-emotional, physical, and learning (% of children age 36-59 months).

⁵ Source: MICS Round 5 (2014-2018) – Percentage of mothers and fathers providing early stimulation and responsive care (previously referred to as “support for learning”).

10. Fragile states and countries experiencing humanitarian situations such as in Chad, Burundi and Timor-Leste had fewer than 50% of children who were developmentally on track (see Figure 1). Eastern and Southern Africa (ESA) and Western and Central Africa (WCA) lag behind other regions due to high concentrations of multidimensional poverty, fragile economies and high levels of poverty, and a lack of access to routine and essential services for young children and mothers. Data is not disaggregated by sex, location or disability; thus, it is not currently possible to analyse trends in children's developmental status from an equity perspective.
11. Available data from UNICEF-supported Multiple Indicator Cluster Surveys on the situation of children age 36-59 months indicates that only 12 of the 31 countries had 74% or more of children receiving early stimulation and responsive care from parents between 2014-2018 (see Figure 2). These countries are located in East Asia and the Pacific (EAP), Eastern and Central Asia (ECA), Latin America and the Caribbean (LAC), and in the Middle East and North Africa (MENA). Ten countries had fewer than 50 percent of children receiving early stimulation and responsive caregiving and may not meet the target set for 2021. These countries are concentrated in Eastern and Southern Africa (ESA) and in Western and Central Africa (WCA).
12. Mothers are disproportionately more likely to provide early stimulation and responsive care when compared to fathers (see Figure 3). For example, in East Asia and the Pacific (EAP), the difference in the proportion of mothers versus fathers providing support for learning is up to 30 percentage points in Vietnam. In Eastern and Central Asia (ECA), this difference is as high as 66 percentage points in Turkmenistan. In Latin America and the Caribbean (LAC), the difference in proportions are as high as 58 percentage points in Cuba. Thus, there is a great need for gender responsive ECD programmes, services and interventions that aim to improve the capacity of parents to provide the necessary care for their young children to survive and thrive, especially fathers.

Figure 3: Percentage of mothers and fathers providing support for learning



SOURCE: UNICEF MICS Data, 2014-18

13. A correlation analyses of the available MICS data indicated that early stimulation and responsive care is positively associated with children's developmental status (ECDI) (see Figure 4). In particular the availability of children's books ($r=0.88$)⁶ and support for learning were strongly associated with children's developmental status, with mothers' support for learning being the most strongly linked (0.84). Support for learning encompasses telling stories, singing songs, taking outside, playing, naming/counting or drawing things. Attendance in an early childhood education programme is also correlated with children's developmental status ($r=0.61$). Furthermore, inadequate care was negatively associated ($r=-0.82$) with the developmental status of children in the literacy-numeracy, social-emotional, physical, and learning domains. **These findings underscore the importance of early stimulation and care activities and the critical role of parents as accelerators for the development of young children.**

Figure 4: Correlation of Outcome and Impact Indicators on Early Stimulation and Care

Early Childhood Development Index (ECDI) – Being developmentally on track in at least three of the following four domains: literacy-numeracy, social-emotional, physical, and learning (% of children age 36-59 months)	Correlation
Attendance in an early childhood education programme (% of children age 36-59 months)	0.61
Support for learning (% of children age 36-59 months)	0.79
Father's support for learning, (% of children age 36-59 months)	0.67
Mother's support for learning, (% of children age 36-59 months)	0.84
Availability of three or more children's books (% of children under age 5)	0.88
Availability of two or more types of playthings (% of children under age 5)	0.59
Inadequate care: Being left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week (% of children under age 5)	-0.82

14. Several global trends have contributed to the poor developmental status of young children around the world. Climate change and natural disasters and the movement of children due to situations of conflict means that more children will grow up in humanitarian situations. For example, approximately 28 million babies were born into conflict in 2018,⁷ which has implications for their ability to survive and thrive, in promoting social cohesion and peacebuilding, and in reducing intergenerational poverty. UNICEF estimates that 535 million children live in countries affected by conflict or natural disasters associated with climate change, 73 percent of whom are from sub-Saharan Africa.⁸ Growing up in countries affected by emergencies means children often lack health care, education, proper nutrition and protection. Children from birth to age eight are the most affected by global emergencies; children under five living in fragile contexts have the highest illness and death rates of any age group, twenty times higher than standard levels.⁹
15. The global COVID-19 pandemic has made it challenging for all children to reach their full developmental potential. For example, young children were not able to attend preschool during lockdowns, and parents had to assume the responsibility for educating their young children during the pandemic. In other countries there was an increased need for safe and affordable child care to ensure parents could continue to work. For all these reasons, UNICEF has a critical role to play in ensuring the needs of young children and their

⁶ The informative value of this analysis is limited by the relatively small number of countries with available data, the fact that it is a secondary analysis over means, and that the outcomes are intercorrelated.

⁷ UNICEF. (2019). UNICEF Press Release, accessed at: <https://www.unicef.org/press-releases/29-million-babies-born-conflict-2018>.

⁸ UNICEF. (2017). *Annual Results Report in Education*.

⁹ UNICEF. (2017c). UNICEF's Programme Guidance for Early Childhood Development. New York Headquarters: UNICEF Programme Division.

parents are addressed, especially among the most vulnerable populations such as children with disabilities, children living in humanitarian situations, and children from marginalized ethnic and cultural groups. In particular, UNICEF has led international advocacy efforts to increase support for parents who are forced to raise their infants in conflicted-affected areas.

1.3 Advances in early childhood development research and practice

16. There were two key advancements in research in recent years that changed the way UNICEF and other international development agencies viewed ECD. One stream of research was associated with **advances in the neurosciences** showing the importance of experience in healthy brain development, and the importance of this development for realizing children's full developmental potential across the life course. The other stream of research was associated with a **social return on investment analysis** that demonstrated substantial gains in economic growth and prosperity for every dollar invested in early childhood programmes and services.
17. Recent research in the neurosciences has documented the importance and significance of early stimulation and responsive care, or the role that parents and other adult caregivers play in promoting children's healthy brain development through nurturing care practices such as talking, singing, and playing. The period from pregnancy to age 5 years is critical for a child's cognitive, social, emotional, sensory, and motor development. During these early childhood years, the highly elastic nature of the developing brain contributes to its enormous potential, and its vulnerability. Neuronal connections are formed at a rate unrepeated later in life, and when used, these connections are strengthened. At the same time, connections that are utilised infrequently are selectively eliminated as a function of experience.¹⁰ Foundational neurocognitive skills, such as language and executive function skills are acquired during early childhood, and these skills are necessary for later success in school and for social adaptation.^{11 12} Without these foundational skills, children are at considerable risk of not reaching their full developmental potential. Recent estimates indicate that more than 43% of children in low- and middle-income countries are at risk for poor development.¹³
18. For optimal development, the brain requires a wide variety of experiences and environmental input.¹⁴ Indeed, experience drives the development of cortical networks, which grow through use in the context of support from caregivers.^{15 16} When activated, relevant cortical networks adapt, becoming more efficient and more likely to be used in the future. Thus, empowering parents and other adult caregivers with the skills to practice early stimulation and responsive care are foundational practices that any ECD intervention should focus upon to support children's healthy brain growth and holistic (whole child) development. In early childhood it is primarily the parent who regulates the child's exposure to learning opportunities, calibrating

¹⁰ McLaughlin KA, Sheridan MA, Nelson CA (2017). Neglect as a violation of species-expectant experience: Neurodevelopmental consequences. *Biol Psychiat*, 82(7), 462-471.

¹¹ Purpura DJ, Schmitt S A, Ganley CM (2017). Foundations of mathematics and literacy: The role of executive functioning components. *J Exp Child Psychol*, 153, 15-34.

¹² Zelazo PD, Blair CB, Willoughby MT (2016). *Executive function: Implications for education*. U.S. Dept of Ed, 1-148. Retrieved from <https://ies.ed.gov/ncerp/pubs/20172000/pdf/20172000.pdf>

¹³ Black MM, Gove A, Merseth, KA (2017). Platforms to reach children in early childhood. In *Child and Adolescent Health and Development* (3rd ed., pp. 253-268). Washington, DC: The International Bank for Reconstruction and Development / The World Bank.

¹⁴ Greenough WT, Black JE, Wallace CS (1987). Experience and brain development. *Child Development*, 58, 539-559.

¹⁵ Zatorre RJ, Fields RD, Johansen-Berg H (2013). Plasticity in gray and white: Neuroimaging changes in brain structure during learning. *Nature Neurosci*, 15(4), 528-536. doi:10.1038/nn.3045.

¹⁶ Zelazo PD, Blair CB, Willoughby MT (2016). *Executive function: Implications for education*. U.S. Dept of Ed, 1-148. Retrieved from <https://ies.ed.gov/ncerp/pubs/20172000/pdf/20172000.pdf>

challenges to the child's developmental level (so that the child can *learn by doing*), providing rich stimulation by talking and singing to the child, playing with the child, and otherwise structuring the child's environment.¹⁷

19. It is crucial to provide parents and other adult caregivers (e.g., teachers) with knowledge and skills on the 'what', the 'when', and the 'how' of providing early stimulation and responsive care. The 'what' comprises a wide variety of environmental input that is needed to foster development in different domains. Rich sensory, motoric, linguistic, cognitive, and social-emotional stimulation must be provided. This includes talking and singing, which provides linguistic stimulation to foster language development, physical contact to foster motor development, and playing that provides social-emotional experiences. Providing objects to manipulate, along with linguistic stimulation and social play, fosters the development of key cognitive functions, such as executive function and self-regulation skills (e.g., mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully), as well as knowledge about the world (e.g., understanding the relation between cause and effect).
20. As to the 'how' to interact with the child – it is crucial for optimal development that the interactions between the parent/caregiver and the child are bidirectional and contingent upon the child's behaviour. It is for example important that the caregiver not only feeds or sings to a child in certain intervals, but also that the caregiver does this in response to the child's behaviour (e.g., crying). Infants are born with a behavioural repertoire designed to ensure caregiver protection and proximity.¹⁸ Children develop a secure attachment when the caregiving is sensitive, responsive, and predictable.^{19 20 21 22} In the language domain it appears that exposure to environmental input must occur in the context of social interaction to generate learning.²³ Early in life most forms of learning occur in the context of responsive caregiving, which allows the child to form a secure attachment to the caregiver and lasting representations of the environment, and which in turn facilitate the development of reasoning and problem-solving.²⁵ Of particular importance is *autonomy-supportive* parenting and teaching, which is associated with healthy child development across a wide range of cultural contexts, from more individualistic to more interdependent.^{26 27 28} Autonomy support refers to a set of behaviours that help children develop a sense of agency, and consequently, a willingness to accept challenges and solve problems: (1) providing children with the appropriate amount of help for their skill level

¹⁷ Bernier A, Carlson SM, Deschênes M, Matte-Gagné C (2012). Social factors in the development of early executive functioning: A closer look at the caregiving environment. *Dev Sci*, 15, 12-24.

¹⁸ Ainsworth MD (1985). Patterns of infant-mother attachments: Antecedents and effects on development. *Bull NY Acad of Med*, 61, 771-791.

¹⁹ Ainsworth MD, Blehar MC, Waters E, Wall S (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.

²⁰ Bowlby J (1969). *Attachment and loss: Vol 1. Attachment*. New York: Basic Books.

²¹ Egeland B, Farber EA (1984). Infant-mother attachment: Factors related to its development and changes over time. *Child Dev*, 753-771.

²² Sroufe LA (1979). The coherence of individual development: Early care, attachment, and subsequent developmental issues. *Am Psychol*, 34, 834-841.

²³ Kuhl PK, Tsao FM, Liu HM (2003). Foreign-language experience in infancy: Effects of short-term exposure and social interaction on phonetic learning. *Proc Nat Acad Sci*, 100, 9096-9101.

²⁴ Thiessen ED, Hill EA, Saffran, JR (2005). Infant-directed speech facilitates word segmentation. *Infancy*, 7, 53-71.

²⁵ Osher D, Cantor P, Berg J, Steyer L, Rose T (2018). Drivers of human development: How relationships and context shape learning and development. *Appl Dev Sci*. DOI: 10.1080/10888691.2017.1398650

²⁶ Meuwissen AS, Carlson SM (2018). An experimental study of the effects of autonomy support on pre-schoolers' self-regulation. *J Appl Dev Psychol*. 60:11-23

²⁷ Bernier A, Carlson SM, Deschênes M, Matte-Gagné C (2012). Social factors in the development of early executive functioning: A closer look at the caregiving environment. *Dev Sci* 15(1):12-24

²⁸ Nalipay MJN, King R, Cai Y. (2020). Autonomy is equally important across East and West: Testing the cross-cultural universality of self-determination theory. *J Adol*. 78: 67-72. <https://doi.org/10.1016/j.adolescence.2019.12.009>

(i.e., scaffolding, providing “just enough” support); (2) encouraging and appropriately praising children; (3) taking children's perspectives; and (4) providing children with choices and following their lead.^{29 30}

21. The absence of a responsive parent, or the lack of parent capacity, can lead to inadequate learning and neural stimulation in early childhood, and can prevent children from reaching their social, emotional, and physical developmental potential.³¹ It is often difficult for families to provide responsive stimulating care for their young children when they are in extreme poverty or struggling for survival – amid natural disaster, displacement, war, or conflict. ³² This is compounded by factors including young parenthood, disability, family violence, discrimination, substance abuse, poor physical health and mental health issues. Threats to ECD tend to cluster together, often in conjunction with lack of access to information, services, and social exclusion. This adversity amid lack of support can undermine families' capacities to provide responsive caregiving and stimulation for their young children.
22. While the characteristics of ECD described above appear to be universal, there are variations in what is considered typical child development across cultures and environments. Expectations and parenting strategies may differ not only across countries, but also across cultural, ethnic, or religious groups within the same country. ECD awareness-raising and parenting programs need to aim at establishing caregiving practices that are in accordance with a holistic understanding of development, set realistic expectations, and fit in the cultural context of the child. Similarly, environmental inputs, including parents' provision of early stimulation and responsive care, depend upon a range of factors such as poverty, parental level of education, and access to ECD programs and services, especially in low resource or humanitarian settings.
23. In terms of **social return on investment studies**, there is persuasive evidence that interventions early in life can be effective in promoting ECD.³³ Research indicates that investing in ECD is one of the most cost-effective ways to increase skills, capabilities and productivity. For example, a 2016 study in the US of two high-quality childcare programs showed that the rate of return on investment was 13.7% per annum. Though the upfront costs for high quality childcare per child were high, the benefit/cost ratio was US\$7.30 on the dollar.³⁴ Others have reported higher returns. Significant results for children have also been shown for programs in low- and middle-income countries. In a comparative longitudinal study in Jamaica in 1986-1987, growth-stunted children ages 9-24 months were provided with cognitive, language, and psychosocial stimulation through weekly one-hour play sessions at home. After 20 years it was found that the earnings of the stimulation group were 25% higher than those of the control group and caught up to the earnings of a non-stunted comparison group. These and other findings show that a psychosocial stimulation intervention in early childhood for disadvantaged children can have a substantial effect on labour market outcomes and can compensate for poverty-related developmental delays.³⁵ In particular, the integration of

²⁹ Grolnick WS, Gurland ST, Decourcey W, Jacob K (2002). Antecedents and consequences of mothers' autonomy support: An experimental investigation. *Dev Psychol*, 38, 143-155. <https://doi.org/10.1037/0012-1649.38.1.143>.

³⁰ DiStefano R, Galinsky E, McClelland MM, Zelazo PD, Carlson SM (2018). Autonomy-supportive parenting and associations with child and parent executive function. *J of Appl Dev Psychol*, 58, 77-85. doi:10.1016/j.appdev.2018.04.007

³¹ Hostinar CE, Sullivan RM, Gunnar MR (2014). Psychobiological mechanisms underlying the social buffering of the hypothalamic-pituitary-adrenocortical axis: A review of animal models and human studies across development. *Psychol Bull*, 140(1), 256.

³² Jordans MJ, Tol WA (2015). Mental health and psychosocial support for children in areas of armed conflict: Call for a systems approach. *Brit J Psychiat*, 12(3), 72-75.

³³ Black MM, Gove A, Merseeth, KA (2017). Platforms to reach children in early childhood. In *Child and Adolescent Health and Development* (3rd ed., pp. 253-268). Washington, DC: The International Bank for Reconstruction and Development / The World Bank.

³⁴ Garcia JL, Heckman JJ, Leaf DE, Prados MJ (2016). Quantifying the life-cycle benefits of a prototypical early childhood program. (H. C. Group, Ed.) Working Paper 2016–035, 1. Retrieved May 28, 2019, from heckmanequation.org/resource/lifecycle-benefits-influential-early-childhood-program.

³⁵ Gertler P, Heckman JJ, Pinto R, Zanolini A, Vermeerch C, Walker S, Grantham-McGregor S. (2014). Labor market returns to an early childhood stimulation intervention in Jamaica. *Science*, 344, 98-1001.

responsive stimulation elements into existing health and nutrition services is a cost-effective way to deliver programs on early stimulation and responsive care.³⁶

1.4 UNICEF's approach to early stimulation and responsive care programming

24. In this section, we provide a brief history of the evolution of UNICEF's approach to early childhood development and the specific aspects of its programming that are related to early stimulation and responsive care through a retroactive theory of change (see Figure 5). This theory of change reflects a combination of our evaluation results, as well as aspirational planning that is currently underway at UNICEF Headquarters (HQ) in New York to define an organization-wide parenting framework. The simplified logic for UNICEF's theory of change for ECD is provided in Box 1.

Box 1: Simplified Logic of UNICEF's Approach to ECD

- *If* investments are made in high-quality multisectoral ECD service packages that address children's holistic development; and
- *If* these multisectoral ECD service packages are implemented effectively and with fidelity;
- *Then* parents and caregivers will practice early stimulation and responsive care; and as a result...
- Children will be more likely to be ready for school and will reach their full developmental potential.
- An enabling environment (such as ECD policies, public financing, cross-sectoral coordination, and a skilled frontline ECD workforce) is required to implement high quality and integrated early stimulation and responsive care programmes with fidelity, including strategic investments in the scaling of parenting programmes that have demonstrated impact in accelerating results for young children.

25. UNICEF first articulated early stimulation and responsive care as an essential component of ECD in the former Strategic Plan (2014-2017) within a nutrition outcome for parents and children under age 3 years. However, guidance on *how* to translate these concepts into UNICEF supported programming - across multiple sectors and for children ages eight years and under - is a relatively new phenomenon for the organization and was only first mentioned in 2017 in the publication: *UNICEF's Global Programme Guidance on Early Childhood Development*. In the new Strategic Plan (2018-2021), reference to early stimulation and responsive care was embedded in health results (Goal 1, all children survive), along with a range of change strategies to guide UNICEF's work in this area. The Global Programme Guidance for ECD also provided an ECD Framework for Action with national governments that outlined various multigenerational and multisectoral programming strategies to improve early stimulation and responsive care among frontline workers, parents, and other caregivers. This framework also recognised that ECD was the synergistic impact of these efforts and endorsed the ambitious goal that all children ages 8 and under would achieve their full developmental potential.

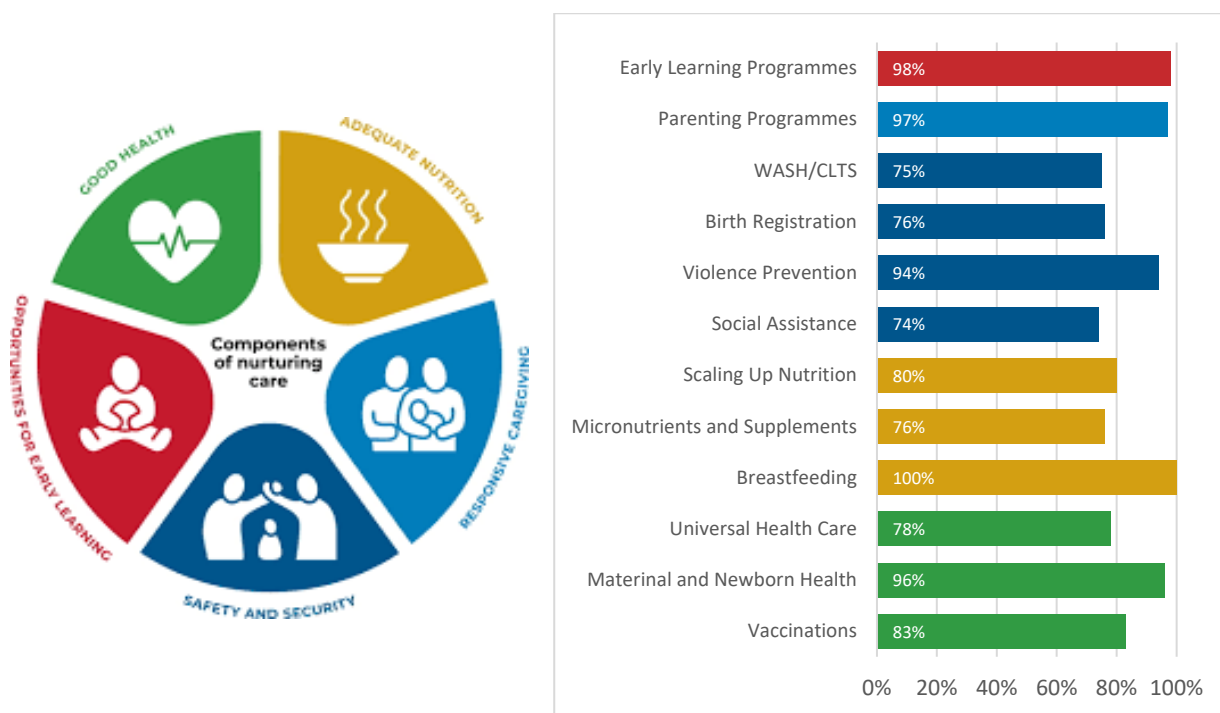
³⁶ Horton S, Black MM (2017). Identifying an essential package for Early Child Development: Economic analysis. In *Child and Adolescent Health and Development* (3rd ed., pp. 343-353). Washington, DC: The International Bank for Reconstruction and Development / The World Bank.

Figure 5: Retroactive and prospective theory on UNICEF's early stimulation and responsive care programming



26. During the period covered by this evaluation, UNICEF's approach to ECD became more grounded in the neuroscience research, as summarised in *The Lancet* series on *Advancing Early Childhood Development: From Science to Scale* (2017). This publication was co-authored by UNICEF and was a pivotal publication that reflected a paradigm shift in how ECD is defined, valued, and implemented by policy makers and practitioners on a global and local level.^{37 38 39} In particular, the **Nurturing Care Framework** introduced in this series postulated that ECD is a synergistic outcome of five interrelated components: 1) good health; 2) adequate nutrition; 3) opportunities for early learning; 4) security and safety; and 5) responsive caregiving. UNICEF was a key partner with the World Health Organization (WHO) in developing the [Nurturing Care Framework](#), which was launched at the World Health Assembly in May 2018.
27. UNICEF has been engaged with programming in all areas of the Nurturing Care Framework since 2014 (see Figure 6). A majority of UNICEF COs reported programming efforts for good health (including universal health care, maternal and newborn health and vaccinations; for adequate nutrition (including Scaling Up Nutrition interventions, micronutrients and supplements, and the promotion of breastfeeding); for safety and security (including WASH and community-led total sanitation, birth registration, violence prevention programmes and social assistance such as cash transfers); for responsive caregiving (including parenting programmes); and for opportunities for early learning (including early learning programmes and preschool).

Figure 6: UNICEF ECD interventions for children (0-5 years) mapped against the Nurturing Care Framework



Source: Nurturing Care Framework and Institutional Survey with 54 UNICEF Country Offices

³⁷ Black MM, Gove A, Merseth, KA (2017). Platforms to reach children in early childhood. In *Child and Adolescent Health and Development* (3rd ed., pp. 253-268). Washington, DC: The International Bank for Reconstruction and Development / The World Bank.

³⁸ Britto PR, Lye SJ, Proulx K et al. (2017). Nurturing care: promoting early childhood development. *Lancet*, 389(10064):91-102.

³⁹ Richter LM, Daelmans B, Lombardi J, et al. (2017). Investing in the foundation of sustainable development: Pathways to scale up for early childhood development. *Lancet*, 389(10064):103-118. doi:10.1016/S0140-6736(16)31698-1

28. Given its history in providing ECD programming during the former Strategic Plan 2014-2017 period, UNICEF led international development efforts to reach a consensus that investing in ECD should be a priority for achieving the Sustainable Development Goals. For example, one of the key developments was that explicit reference was made to ECD in Sustainable Development Goal (SDG) Number 4, Target 2, “[to] ensure that all girls and boys have access to quality ECD care as well as pre-primary education so that they are ready for primary education.” There are two performance benchmarks for SDG 4, Target 2. Indicator 4.2.1 measures the “proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex.” Indicator 4.2.2 measures the “participation rate in organised learning (one year before the official primary entry age).” UNICEF is the custodian agency for indicator 4.2.1; whereas UNESCO is the custodian agency for 4.2.2.
29. UNICEF subsequently integrated this SDG target (among others) into 3 of its 5 current Strategic Plan 2018-2021 goals. **Goal Area 1** aims to ensure that “**every child survives and thrives.**” Planned results for 2021 include that 80 countries have adopted, at scale, ECD packages promoting early stimulation and responsive care. **Goal Area 2** aims to ensure that “**every child learns.**” Planned results for 2021 include that 60 million out-of-school children are gaining access to early learning, primary, or secondary education (up from 10 million in 2017), and that 93 million girls and boys are provided with individual education or early learning materials (up from 15.7 million in 2017). **Goal Area 3** aims to ensure that “**every child is protected from violence and exploitation.**” Planned results for 2021 include that 966,000 mothers, fathers, and caregivers will be reached through parenting programs (up from 600,000 in 2017). No parenting goals were identified, but the ECD Section at UNICEF HQ considers these important for the next Strategic Plan, to fully cement early stimulation and responsive caregiving into all goal areas.
30. Recognizing that nature and nurture interact fundamentally to stimulate the cognitive, social, and emotional development of young children,⁴⁰ UNICEF programming strategies are in the process of shifting from siloed approaches to multisectoral ECD packages, encompassing health, nutrition, HIV, WASH, education, child protection, and social protection. Strongly linked to the provision of primary health care (PHC), this approach embeds ECD interventions in a wider system that addresses common social determinants of child development and well-being across these sectors. Program strategies are based upon theories of child development and a life-course perspective, emphasizing that the skills acquired throughout childhood, adolescence, and adulthood build on the capacities established prenatally and early in life.⁴¹
31. Other changes in UNICEF programming in the broader ECD landscape and in early stimulation and responsive care programming that occurred between the former and current UNICEF Global Strategic Plans are summarised in Figure 7. These include a shift from child-centred programming to multigenerational programming (or a dual-generation approach), including focus on the needs and capacities of parents alongside that of children. There has also been an explicit effort to focus less on service delivery for young children, and more on the enabling environment (such as policies sector plans, budgets and a qualified workforce) that are required to provide high quality and holistic early childhood programmes and services. These trends are explored in greater detail throughout the evaluation report and provide an important context for reviewing the evaluation results. .

⁴⁰ Cantor P, Osher D, Berg J, Steyer L, Rose T (2018). Malleability, plasticity, and individuality: How children learn and develop in context. *Appl Dev Sci*, 23(4), 307-337. DOI: 10.1080/10888691.2017.1398649

⁴¹ Black MM, Gove A, Merseeth, KA (2017). Platforms to reach children in early childhood. In *Child and Adolescent Health and Development* (3rd ed., pp. 253-268). Washington, DC: The International Bank for Reconstruction and Development / The World Bank.

Figure 7: Evolution in UNICEF Programming on ECD (0-8 years)

UNICEF Strategic Plan (2014-2017)	UNICEF Strategic Plan (2018-2021)
ECD was a nascent organizational priority; UNICEF was made custodian agency for SDG 4.2.1	ECD is an explicit organizational priority; revamped ECD Index for 24-59 months, 0-2 years in progress
Reference to early stimulation and responsive care in the SP is limited to a nutrition outcome only and not well defined or codified in any corporate documents	Reference to early stimulation and responsive care is embedded in health (Goal 1) of the SP, but is found in all goal areas; evolving framework and definitions in corporate documents
Sector-based research informs programming	Neuroscience research informs programming
Sector-based programming	Multisectoral programming
Child-centred programming	Dual generation approach, multigenerational programming
Focus on service delivery	Focus on enabling environment (policies and systems)
No guidance on financing for ECD	Integrated guidance on public financing for ECD
Piloting parenting programmes	Institutionalizing and scaling parenting programmes
Emergency response for ECD	Emergency preparedness for ECD
Limited reach with parents in humanitarian programming	Prioritization of ECD (in general) and parenting programmes in emergencies; UNICEF is seen as a leader for ECD in humanitarian spaces
Early learning focused upon improving access to preschool and parent engagement in school readiness	Focus shifts to advocacy and systems strengthening to improve the quality of the preschool workforce, to include pre-primary in education sector plans and budgets; more explicit aims for parent engagement in national ECE curricula (focused on the home environment and parent engagement in ECD centre management)
Child protection focuses upon responding to children who have experienced violence	In light of research on the impact of toxic stress on healthy brain development, shift in focus on the need for violence prevention and the role of parents in preventing toxic stress
Health and nutrition interventions focus on survival	Health and nutrition interventions focus on surviving and thriving; seek to be more multisectoral, by integrating other areas of nurturing care, including early learning, child protection, and WASH

Sources: Document review, key informant interviews.

1.5 UNICEF-supported early stimulation and responsive care interventions

32. For the purpose of this evaluation, we understand “support for early stimulation and responsive care programming” to be comprised of **strategies or actions taken by UNICEF to support governments in**

ensuring parents and frontline workers have the necessary knowledge and skills to practice nurturing care with children ages 5 and under (see Figure 8).⁴²

33. Upstream, this definition translates into UNICEF's efforts to build the awareness and capacity of governments in understanding the importance of ECD, and providing governments with support for policy-making to strengthen national systems for ECD programmes and services. This includes sectoral and multisectoral efforts to build sustainable systems for scaling the of delivery of quality programming in high, middle, and low-income countries, as well as in fragile and humanitarian contexts.

Figure 8: Typology of UNICEF-supported early stimulation and responsive care interventions

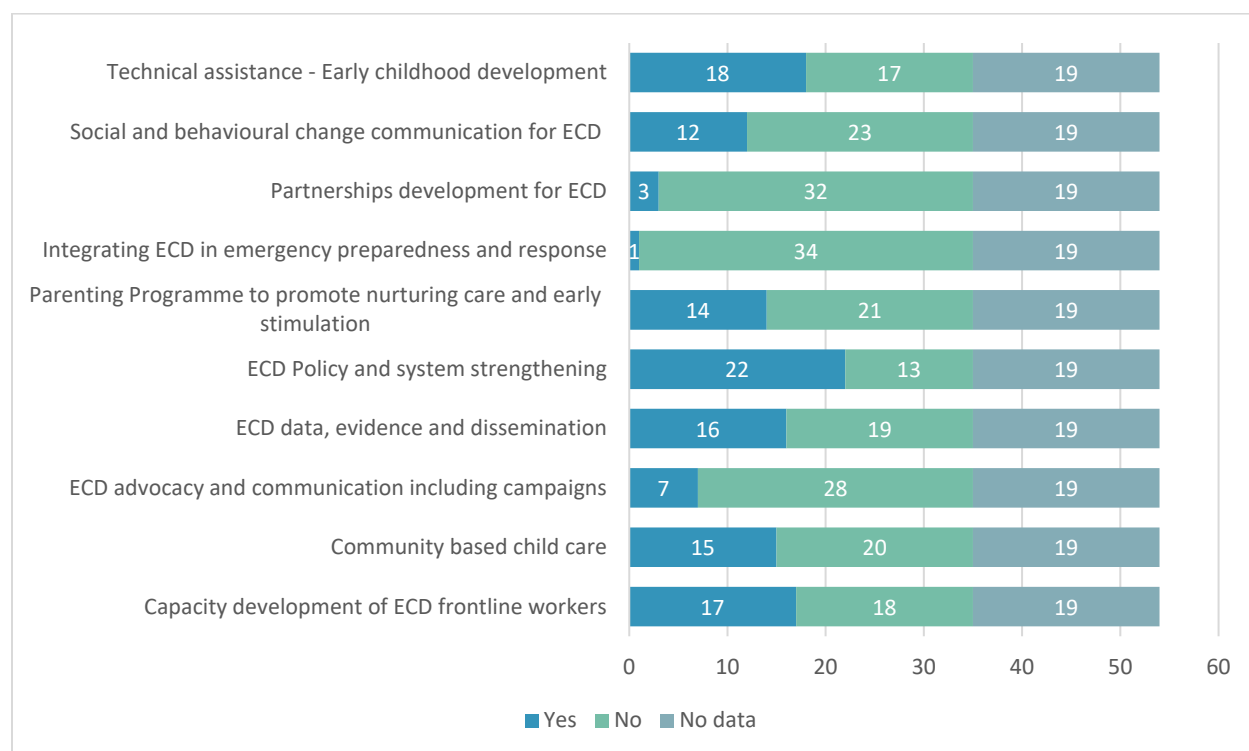


34. Downstream, this definition translates into UNICEF's support for early childhood education and early learning programmes that incorporate play-based teaching and learning; integrated early childhood development parenting programmes; community-based communications for development interventions with parents of infants and toddlers; the promotion of good hygiene practices in the early years (such as through essential WASH services and their integration with nutrition programmes); the promotion of social cohesion in fragile and peacebuilding contexts through ECD programming (such as the use of mother tongue language in preschool); and ensuring social protection mechanisms for families (such as cash transfers/child grants).
35. Figure 9 provides recent data on the interventions UNICEF was supporting for ECD programming for children ages 0-5 in 2019 for Goal Area 1. Out of the 54 Country Offices with data, a majority were focusing on upstream interventions, such as: ECD policy and system strengthening; ECD data, evidence and knowledge generation and dissemination; capacity development of ECD frontline workers, and technical assistance for ECD. Downstream interventions focused upon community-based child care, parenting programmes to promote nurturing care; and social and behaviour change communication. Partnerships and

⁴² We recognise that UNICEF considers early childhood development to include children up to the age of 8; however, the focus of this evaluation was from birth up until the child's entry into primary school, which generally means the 0-5 age group.

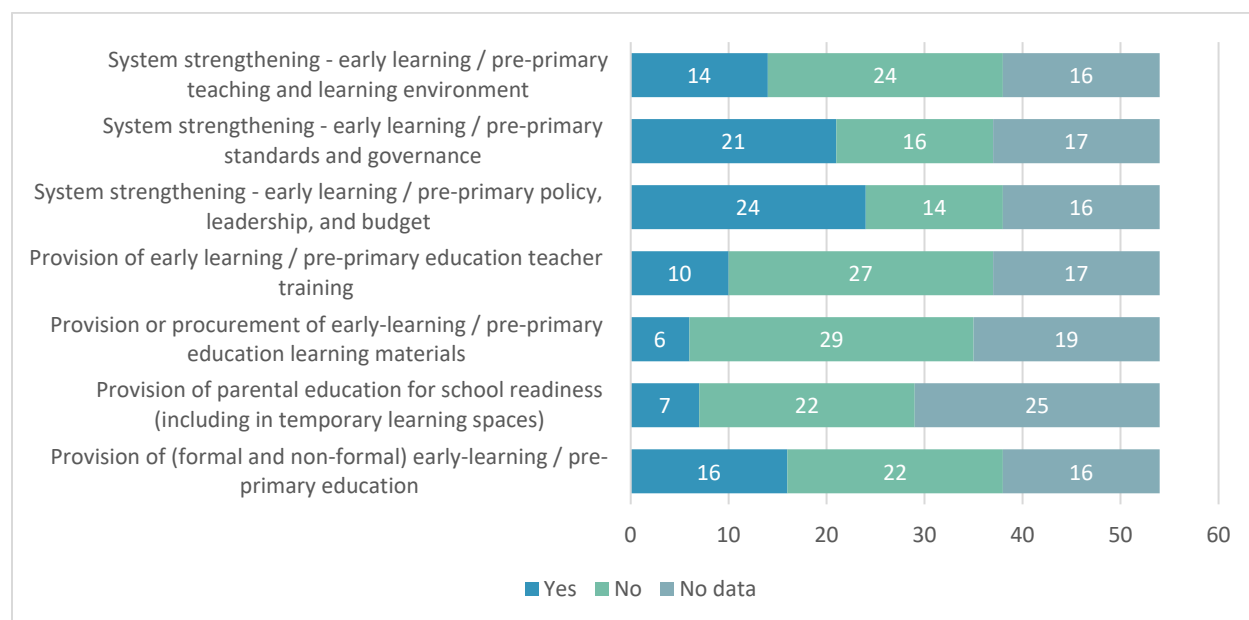
advocacy for ECD, as well as integrating ECD into emergency preparedness and response were reported by fewer COs in 2019.

Figure 9: UNICEF goal area 1 special interventions, 0-5 age group (2019)



Source: UNICEF RAM/SMQ data for 54 COs engaged in ECD programming, 2019

Figure 10: UNICEF goal area 2 special interventions (2019)



Source: UNICEF RAM/SMQ data for 54 COs engaged in ECD programming, 2019

36. Figure 10 provides recent data on the ECD interventions UNICEF was supporting for early learning programmes for children ages 0-5 in 2019 for Goal Area 2. Out of the 54 Country Offices with data, a majority were focusing on upstream interventions, such as: system strengthening in early learning and pre-primary education policy, leadership and budget; early learning and pre-primary standards and governance; and early learning and pre-primary teaching and learning environment. Downstream interventions focused upon the provision of early learning and pre-primary education and teacher training. The procurement of early learning materials and the provision of parenting education were reported by fewer COs in 2019.
37. Recent data on the ECD interventions UNICEF was supporting for children ages 0-5 in 2019 for Goal Areas 3 and 5 was minimal. Out of the 54 Country Offices with data, only three COs reported working on parent/caregiver education and programmes on violence, exploitation and abuse (goal 3). Only six out of 54 COs reported supporting social protection programmes focused on child care and ECD in 2019 (goal 5). Thus, a majority of UNICEF's recent work on early stimulation and responsive care programming was taking place in Goal Areas 1 and 2, or primarily in the health and education sector. However, we found evidence of interventions across all UNICEF goal areas during the period covering this evaluation, including for WASH (goal 4) when it was integrated into ECD programming focused on health and nutrition.

CHAPTER 2: EVALUATION DESIGN AND METHODS

3.1 Evaluation Approach

38. This evaluation was **formative** in its design and examined **three interrelated themes** to assess UNICEF global leadership and results for young children and their families since 2014 (see Annex A, Detailed Evaluation Framework). These themes were based upon an initial review of UNICEF's work in ECD and included: (1) **UNICEF's Global Leadership** - to assess the internal coherence and effect of UNICEF's global leadership in early childhood development; 2) **System Strengthening** – to analyse UNICEF's contributions and effectiveness in strengthening national capacity and systems to implement and scale early stimulation and responsive care programs and services; and 3) **Program Quality and Impact** – to assess the relevance and impact of UNICEF's direct support for vulnerable children, parents, and frontline workers participating in early stimulation and responsive care programs in low-resource and emergency settings.
39. Each theme includes **core evaluation questions** and **sub-questions** that were guided by the results of the portfolio review and through consultations with the UNICEF ECD Section in Programme Division and the UNICEF Evaluation Office. Evaluation criteria assessed the **internal and external coherence** of UNICEF's work in early stimulation and responsive care, the **effectiveness** of UNICEF's efforts to strengthen national systems for ECD, and the **relevance** and **impact** of UNICEF's leadership and direct support for parents and young children. Summative evaluation criteria were also identified to provide qualitative ratings on the scope and strength of the evidence.
40. The evaluation adopted an **inductive and retroactive theory-based design** primarily because the object of the evaluation (early stimulation and responsive care) was not well defined or codified in the organization's theory of change and results matrices. Inductive and theory-based evaluations rely upon **research-based analytical frameworks** to guide the selection of appropriate evaluation methods as relevant for the evaluation questions. Each theme drew upon different analytical frameworks to answer the evaluation questions. Theme 1 drew upon research and practice of collective impact initiatives and UNICEF's Strategic Plans (2014-2017 and 2018-2021). Theme 2 drew upon research and practice on programme scaling and the requirements for strengthening national government systems to effectively design and implement policies for multisectoral programmes. Theme 3 drew upon research and practice of early childhood development and early childhood education, and in particular, UNICEF's global standards for early childhood education and parenting programmes.

3.2 Evaluation Questions and Analytical Frameworks

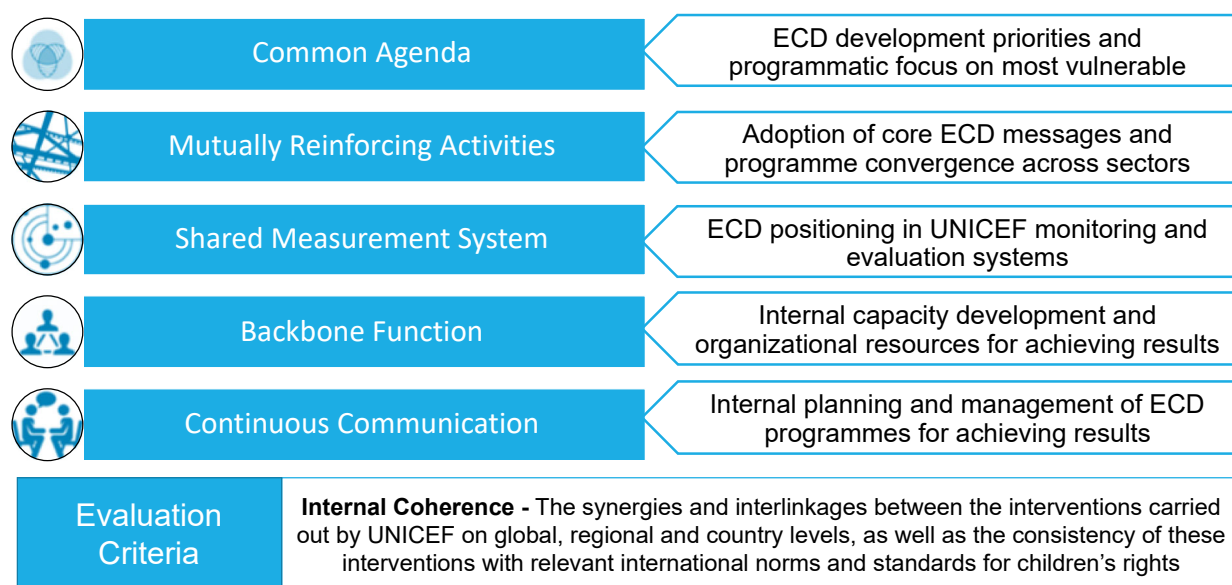
Theme 1: UNICEF Global Leadership

- **Objective:** To assess the internal coherence and effect of UNICEF's global leadership in early childhood development

41. **Core Evaluation Questions.** To what extent is UNICEF positioned and prepared to lead and support governments and partners in scaling systems to deliver early stimulation and responsive care systems? What effect has UNICEF's leadership had on the field of early childhood development, international development agencies, evidence in early childhood development, and in communicating the importance of early stimulation and responsive care to governments, implementing partners and development agencies?
42. **Evaluation Sub-Questions.** Theme 1 included four sub-questions that the evaluation team used as a basis for answering the core evaluation questions.
- 1.1 Institutional Readiness. To what extent has UNICEF been successful in discharging its role as a global leader in ECD (and early stimulation and responsive care, in particular) with regional and country offices in both emergency and development settings?
 - 1.2 UNICEF Strategies. Which strategies has UNICEF implemented to advance early childhood development, and early stimulation and responsive care? How relevant and effective are these strategies in development, humanitarian and peacebuilding contexts?
 - 1.3 Effect of UNICEF Leadership. Have there been significant advances in ECD and the delivery of early stimulation and responsive care programs by governments globally during the evaluation period? To what extent can these advances be attributed to the leadership and support provided by UNICEF?
 - 1.4 Global Positioning. What positioning, policy, and institutional adjustments, if any, are necessary to strengthen UNICEF capacities for global leadership in ECD?
43. **Analytical Framework.** Research on collective impact initiatives provides a useful analytical framework for evaluating UNICEF's institutional readiness for multisectoral programming in theme 1 (see Figure 11). Collective impact initiatives (such as multisectoral programming) are an integrated approach to programming with a range of actors who commit to a common agenda for solving complex social and environmental issues. Research indicates there are five foundational conditions for collective impact initiatives to be effective: (1) a common agenda; (2) mutually reinforcing activities; (3) a shared measurement system; (4) a backbone function; and (5) continuous communication.⁴³
44. First, there must be a **common agenda** or a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions. Second, there must be **mutually reinforcing activities**, or differentiated programme activities that are coordinated and synergistic through a mutually reinforcing plan of action. Third, there must be a **shared measurement system**, or an agreement upon what to measure and how in order to ensure the efforts remain aligned, as well as for continuous learning, improvement, and accountability.
45. Fourth, one partner or entity should provide a **backbone function**, or dedicated staff with the necessary skills to coordinate partner organizations and agencies. Finally, there must be **continuous communication** across the multiple actors to build trust, to transparently confirm that mutual objectives are being met, and to maintain motivation. The **evaluation criteria** associated with institutional readiness is **internal coherence**, or the synergies and interlinkages between the interventions carried out by UNICEF on global, regional and country levels, as well as the consistency of these interventions with relevant international norms and standards for children's rights.

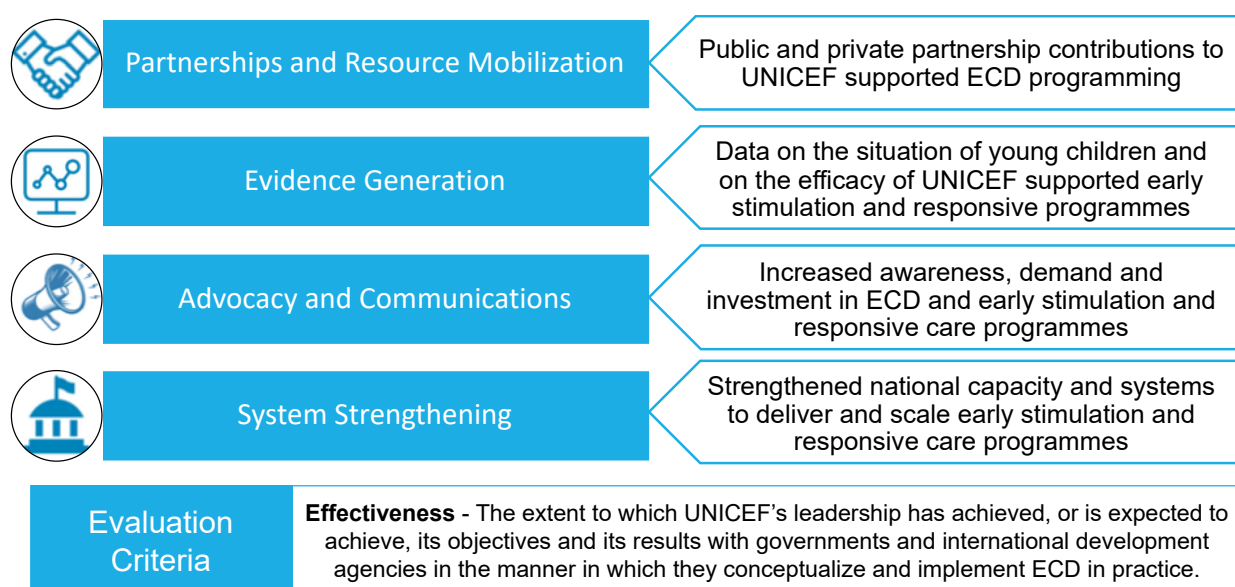
⁴³ Preskill, H., Parkhurst, M., Juster, J. 2014. [Guide to Evaluating Collective Impact: Learning and Evaluation in the Collective Impact Context](#), published by the Collective Impact Forum and FSG.

Figure 11: Institutional Readiness Analytical Framework



46. UNICEF Strategic Plans (2014-2017 and 2018-2021) and their associated theory of change and results frameworks were the basis of the analytical framework for answering the remaining three questions for theme 1 (see Figure 12). UNICEF leadership is expressed through the organization's "change strategies" which are based upon UNICEF's comparative advantage and mandate to work with national governments in realizing children's rights, as outlined in the former and current Strategic Plan. The **evaluation criteria** associated with UNICEF's leadership is **effectiveness**, or the extent to which UNICEF's leadership has achieved, or is expected to achieve, its objectives and its results with governments and international development agencies in the manner in which they conceptualize and implement ECD in practice.

Figure 12: UNICEF Leadership Strategies Analytical Framework



47. We grouped these strategies into four areas of leadership: (1) **partnerships and resource mobilization**, or the extent to which public and private partnerships were mobilized and/or contributed to UNICEF supported early stimulation and responsive care programming; (2) **evidence generation**, or the extent to which data was generated and used for decision making on the situation of young children and on the efficacy of UNICEF supported early stimulation and responsive care programmes; (3) **advocacy and communication**, or the extent to which there was evidence of increased awareness, demand and investment in ECD and early stimulation and responsive care programmes; and (4) **system strengthening**, or the extent to which UNICEF strengthened national capacity and systems to deliver and scale early stimulation and responsive care programmes.

Theme 2: System Strengthening

- **Objective:** To analyse UNICEF's contributions and effectiveness in strengthening national capacity and systems to implement and scale early stimulation and responsive care programs and services

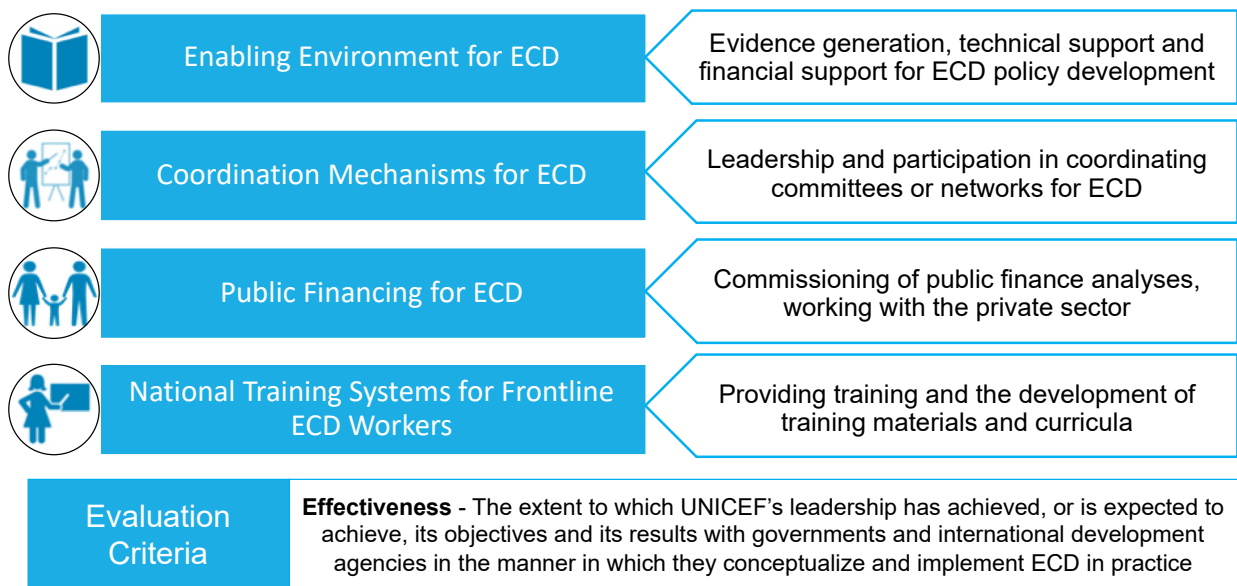
48. **Core Evaluation Question.** To what extent has UNICEF supported governments to strengthen sectoral and multisectoral policies and systems for ECD, including national capacity to scale the delivery of early stimulation and responsive care programmes and services?

49. **Evaluation Sub-Questions.** Theme 2 included five sub-questions that the evaluation team used as a basis for answering the core evaluation question.

- 2.1 Enabling Environment. How has UNICEF supported governments in the delivery and the scaling up of early stimulation and responsive care services through relevant sectors? Do countries have the required legal, financial, and institutional arrangements, as well as policies and sectoral plans, to support the delivery and scaling up of early stimulation and responsive care? What was UNICEF's contribution in establishing these?
- 2.2 Coordination Mechanisms and Systems. Do countries have the required coordination mechanisms and systems in place with all relevant stakeholders and sectors to deliver an essential package of ECD and early stimulation and responsive care programs? What was UNICEF's contribution in moving the country forward in these areas?
- 2.3 Public Financing. Is there adequate, efficient, and equitable public financing for ECD, and for early stimulation and responsive care programs in particular? What has been UNICEF's contribution to strengthening government capacity to prioritize ECD in the relevant budgets, and to allocate and spend funds efficiently, equitably, and effectively? Efforts may include evidence-based advocacy to key stakeholders, supporting line ministers to assist with budget planning and allocation, and promoting coordination among relevant sectors. This may also require understanding what roles private and public sector funding play in ECD in each country
- 2.4 National Training Systems for Frontline Workers. Are service providers and front-line workers across relevant sectors that engage with young children and families adequately trained and supported to deliver early stimulation and responsive care interventions and quality services? Are early stimulation and responsive care programs adequately staffed, equipped, managed, harmonized and monitored? What was UNICEF's contribution in these areas?
- 2.5 Lessons Learned. What can UNICEF learn from countries that are effective in delivering an essential package of ECD services to young children and their families? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to more effectively support the scaling up of ECD and early stimulation and responsive care programs at country level?

50. **Analytical Framework.** Research and practice on programme scaling provides a useful analytical framework for evaluating UNICEF’s support to strengthen national systems for ECD and early stimulation and responsive care in theme 2 (see Figure 13). This framework is based upon the core dimensions and phases involved in taking a policy from an idea, to a pilot and into a programme that is implemented and sustained at scale by the government. The **evaluation criteria** associated with system strengthening is **effectiveness**, or the extent to which UNICEF’s leadership has achieved, or is expected to achieve, its objectives and its results with governments and international development agencies in the manner in which they conceptualize and implement ECD in practice.

Figure 13: System Strengthening Analytical Framework



51. First, an **enabling environment** is required to gain real traction for scale-up, meaning an intervention needs to be aligned with the government’s key policies such as its national development plan or ECD policy, if one exists. If such policies do not exist, governments must have strong evidence to warrant the development of a new policy, which often necessitates technical and financial support. Second, there must be effective **coordination mechanisms** for multisectoral ECD programmes and services, such as coordinating committees or cross-sectoral networks that ensure continuous communication for the intervention at a decentralized level. The relevant line ministries need to take responsibility for certain aspects of the intervention, integrating it fully into its policies, plans and budgets, but more importantly into its management organogram.
52. Third, there must be **public financing** for ECD interventions poised for scaling, such as: evidence of the cost of inaction; evidence of the developmental impacts, expressed in economic terms; evidence of possible synergies that improve the effectiveness or reduce the costs of other interventions and phased budget proposals that are linked to realistic implementation plans. Finally, **national training systems** for frontline ECD workers is required to scaling effective interventions, including the development of materials and curricula. This might also include adapting the materials for new context and cultural groups.

Theme 3: Programme Quality and Impact

- **Objective:** To assess the relevance and impact of UNICEF's direct support for vulnerable children, parents, and frontline workers participating in early stimulation and responsive care programs in low-resource and emergency settings

53. **Core Evaluation Question.** What evidence is there that UNICEF direct support for early stimulation and responsive care programs are making a difference on a significant scale for vulnerable children, parents and caregivers?

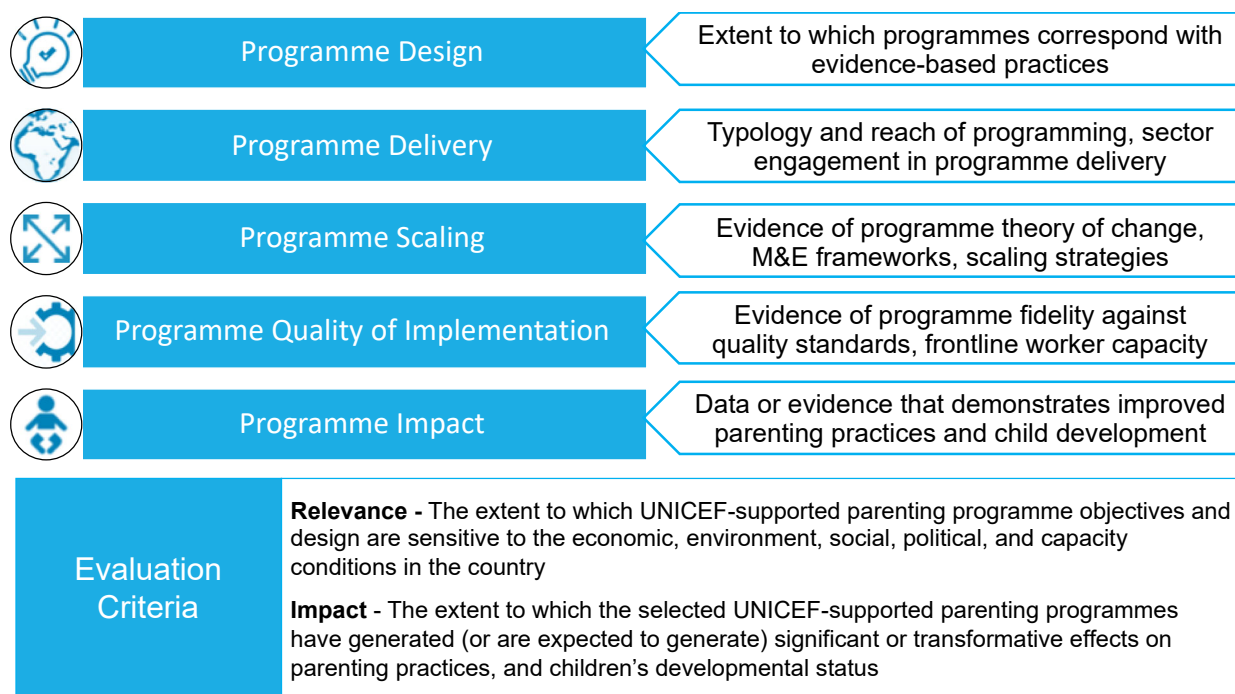
54. **Evaluation Sub-Questions.** Theme 3 included six sub-questions that the evaluation team used as a basis for answering the core evaluation question.

- 3.1 Program Delivery. What is the range of interventions or programs being supported by UNICEF in early stimulation and responsive care? Is their reach and coverage adequate and equitable? Adequate refers to the reach of the program (e.g., the number of children and parents served in relation to demand/need). Equitable refers to geographic distribution, context (e.g., development, humanitarian), income, gender and age.
- 3.2 Program Design. To what extent do UNICEF-supported interventions correspond to evidence-based good practices? What was UNICEF's role in creating and supporting these interventions?
- 3.3 Program Scaling. Are UNICEF-supported programs taking the necessary steps to ensure interventions can be scaled (e.g., developing a theory of change and M&E framework, designing appropriate curricula and tools for training caregivers, imbedding interventions into existing sectoral programs and platforms.)?
- 3.4 Program Quality. Are UNICEF-supported early stimulation and responsive care programs being implemented as intended (with fidelity) and according to parenting and early learning and development standards? What are the challenges associated with implementation? How and to what extent have they been addressed?
- 3.5 Program Impact. Are selected early stimulation and responsive care programs having a demonstrable effect on caregiving practices and children's development, especially for the most vulnerable children, including children with disabilities?
- 3.6 Lessons Learned. What can UNICEF learn from countries that deliver successful early stimulation and responsive care programs in a variety of contexts (e.g., emergency situations, fragile contexts, very poor rural and urban communities, and with nomadic or ethnic minority populations)? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to improve early stimulation and responsive care programs?

55. **Analytical Framework.** Research and practice on early childhood education and early childhood development provides a useful analytical framework for evaluating the quality and impact of UNICEF-supported early stimulation and responsive care programming (see Figure 14). In particular, the analytical framework is derived from ECD studies and UNICEF supported evaluations on programme quality, as well as UNICEF's previous work in supporting national governments to develop Early Learning and Development Standards, and UNICEF's Global Standards for Parenting Programmes. The **evaluation criteria** for this theme included **relevance**, or the extent to which UNICEF-supported parenting programme objectives and design are sensitive to the economic, environment, social, political, and capacity conditions in the country. The evaluation team also examined impact, or the extent to which the selected parenting

programmes have generated (or are expected to generate) significant or transformative effects on parenting practices and children’s developmental status.

Figure 14: Programme Quality and Impact Analytical Framework



56. **Programme design** was examined with a view to the extent to which it aligned with evidence-based practices for early stimulation and responsive care programmes. **Programme delivery** was examined by determining which stakeholders were involved, and by assessing the typology and reach to the intended beneficiaries. **Programme scaling** was examined to assess if there was appropriate codification of the early stimulation and responsive care interventions, including a clear theory of change, monitoring and evaluation frameworks, and an explicit scaling strategy. **Programme quality of implementation** was examined by the extent to which interventions adhered to UNICEF quality standards and were executed with fidelity (or as planned), and by assessing if there was any evidence on frontline worker skills and capacities. **Programme impact** examined if there was evidence that UNICEF-supported early stimulation and responsive care programmes contributed to improvements in parent capacity to provide nurturing care and in children’s developmental status.

3.3 Evaluation Methods and Analysis

57. The evaluation methods included a mix of qualitative and quantitative data collection and analysis techniques on global, regional, country, and programme levels (see Figure 15). Data were collected in five phases using the following methods: (1) **secondary data** from 157 countries; (2) **document review** of more than 400 reports, plans, studies, and evaluations from 28 UNICEF Country Offices (COs), 7 Regional Offices (ROs), and 5 Headquarter (HQ) Divisions; (3) **institutional survey** with 54 UNICEF COs; (4) **remote key informant interviews/focus groups** with 21 UNICEF staff members and external experts; and (6) **six case studies** of UNICEF-supported parenting programmes or initiatives (Jordan, Mali, Paraguay, Rwanda, Serbia, and Thailand).

Figure 15: Summary of the methodology for the evaluation

Methodology		Theme 1	Theme 2	Theme 3
Secondary data collection and analysis		x		
Document review		x		
Institutional survey		x	x	x
Key informant interview and focus groups		x	x	x
Case studies			x	x
Phase 1: Mapping of Global ECD Portfolio				
Purpose: To identify and assess progress on the range of early stimulation and responsive care programming strategies and interventions that have been implemented by UNICEF since 2014				
Methodology: Secondary data collection and analysis				
Sample: 157 Country Offices, based upon all available global data	Data Sources: RAM and SMQ Corporate Monitoring Data, MICS Data (2014-2018)	Indicators/Focus: <ul style="list-style-type: none">10 indicators on UNICEF implementation strategies and interventions (goals 1, 2, 3 and 5)13 indicators on UNICEF outputs9 indicators on outcomes and impacts		
Phase 2: Codifying early stimulation and responsive care				
Purpose: To better understand and define the object of the evaluation; to assess data trends and gaps in the extent and quality of evidence associated with early stimulation and responsive care programming over time				
Methodology: Document review				
Sample: 28 Country Offices, 7 Regional Offices, based upon the results from phase 1 and diversity of programming contexts	Data Sources: Regional and Country Office RAM Reports, Regional and Country Office Annual Reports, Country Programme Documents (2014-2019)	Indicators/Focus: <ul style="list-style-type: none">184 codes based upon the evaluation questions and analytical frameworks400 documents2,000 passages of coded text		
Phase 3: Addressing data gaps				
Purpose: To gather data to address gaps in knowledge for the overall evaluation				
Methodology: Institutional survey				
Sample: 54 Country Offices covering 7 regions, based upon the results from phase 1 and diversity of programming contexts	Data Sources: Online survey prepared by the evaluation team	Indicators/Focus: <ul style="list-style-type: none">100 questions, primarily targeting themes 2 and 3, and including questions on the impact of COVID-19Sample included 10 LICs; 20 LMICs; 20 UMICs; and 4 HICs; as well as 9 countries with active Level 2 (L2) emergency status		

Phase 4: Consultations with key stakeholders		
Purpose: To assess UNICEF's comparative advantage and global positioning for ECD and early stimulation and responsive care programming from the perspective of UNICEF staff members and key global partners		
Methodology: Key informant interviews and focus groups		
Sample: 21 key informants, identified through support from the ECD Section	Data Sources: 10 UNICEF HQ Focal Points, 6 UNICEF RO Focal Points, 5 ECD Global Experts	Indicators/Focus: <ul style="list-style-type: none"> • 30 minutes to 1.5 hours in length • 10 questions on UNICEF's leadership and impact • UNICEF's comparative advantage for multisectoral programming and the necessary institutional structures
Phase 5: In-depth examination of UNICEF-supported parenting programmes		
Purpose: To assess the design, implementation, quality and impact of select UNICEF-supported parenting programmes		
Methodology: Case studies		
Sample: Jordan (MENA), Mali (WCA), Paraguay (LAC), Rwanda (ESA), Serbia (ECA) and Thailand (EAP)	Data Sources: 200 programme documents, key informant interviews with 12 UNICEF staff members	Indicators/Focus: <ul style="list-style-type: none"> • Select UNICEF supported parenting programmes or initiatives • What programmes look like at different stages of implementation and in different contexts • Theme 2 and 3 data gaps

58. **Secondary Data Collection.** During the first phase of data collection, data was collected from UNICEF's corporate monitoring systems and tools (RAMs, SMQs) as well as MICS data for 157 countries and 7 regions was analysed to map: (1) UNICEF's special interventions for relevant goals; (2) progress made on UNICEF's implementation strategies (or outputs); (3) progress on achieving outcomes for frontline workers and parents; and (4) the home environment and public education context children in the countries where UNICEF supports ECD programmes (see Figure 3). The evaluation team analysed all available data from 2014-2020, including global data on 10 implementation strategies and interventions: 13 indicators on outputs and 9 indicators on outcomes and impacts. See Annex C for additional information on the specific indicators and relevant data tables; see Annex A (Evaluation Team Documents) for a link to the full summary report on the global mapping of the ECD portfolio.
59. **Document Review.** During the second phase of data collection the evaluation team identified 54 countries from the global mapping of the ECD portfolio that had evidence of early stimulation and responsive care programming across many UNICEF goal areas. This sample included 7 regions with 10 lower-income countries; 20 lower-middle income countries; 20 upper-middle income countries; and 4 higher-income countries; as well as 9 countries with active Level 2 (L2) emergency status. For this sample, the team reviewed more than 200 documents from a sample of 28 countries and 7 regions, including UNICEF CO and RO Annual Reports, Country Programme Documents (or plans), and RAM Reports for COs and ROs. The document review also included more than 200 relevant global and regional programme documents, work plans, and ECD evaluations and studies from relevant divisions and sections, as well as a scan of the latest research on early stimulation and responsive care. See Annex B for a summary of this data collection and Annex D for the analysis procedure.

60. **Institutional Survey.** During the third phase of data collection, 54 COs identified from the document review completed an institutional survey to provide greater detail on their support to national governments for ECD and early stimulation and responsive care programming (see Annex E). These data addressed substantial gaps in programming monitoring data, especially on the content and evidence associated with parenting programmes and frontline worker capacity development. In addition, the survey contained questions to understand the impact of the COVID-19 emergency on UNICEF's work in early stimulation and responsive care programming, and upstream advocacy and systems strengthening.
61. **Key Informant Interviews/Focus Groups.** During the fourth phase of data collection, evaluators interviewed a total of 16 UNICEF staff members, including 6 Regional ECD Advisors or Focal Points, and 10 Global ECD Advisors or Focal Points. In addition, 5 external international ECD experts were interviewed to understand outsider perspectives about the organization's role and leadership in the field on a global level. The focus of these interviews was on the most significant changes made to early childhood policies, systems and practices under UNICEF's leadership, as well as an examination of UNICEF's comparative advantage in advancing a new vision for ECD and early stimulation and responsive care. See Annex G for the interview protocols for both target groups.
62. **Case Studies.** During the fifth stage of data collection Six countries were selected for case studies based upon UNICEF's monitoring data for parenting programs, and through consultations with UNICEF's ECD Section. These countries met criteria for inclusion as case studies, including: (1) UNICEF had supported national governments in implementing parenting programs that focus upon early stimulation and responsive care; (2) they represented a range of parenting programmes that were poised for scaling; (3) they represented a range of UNICEF regions and contexts; and (4) there was sufficient evidence for a more in-depth case study. The final selection included: Jordan (MENA), Mali (WCA), Paraguay (LAC), Rwanda (ESA), Serbia (ECA). and Thailand (EAP).
63. The focus of the case studies was on assessing the extent to which governments have prepared parenting programmes for scaling, and to provide a more in-depth examination of quality and impact of parenting programmes and initiatives. Case studies included a review of approximately 200 documents regarding government policies, plans, secondary data, relevant national training curricula, and guides and tools from the selected parenting programmes. Remote interviews were conducted with 15 UNICEF staff members to better understand the steps the UNICEF COs took to ensure parenting programmes were of high quality, were effective, and could be scaled effectively. An exploration of monitoring and evaluation tools, evaluations, and data for these programmes was undertaken to assess the evidence of impact on caregiver capacities, parenting outcomes, and child development. Annex G also contains a generic initial interview script, which was tailored to each CO in light of document review and institutional survey results. See Annexes H and I for a more detailed summary of the case studies.
64. **Data Analysis.** The majority of the data collected for this evaluation was qualitative in nature and analysed using qualitative coding, trends analysis, and descriptive frequencies. A total of 184 codes were created to align passages of text with the evaluation themes, questions and the core dimensions of the theory of change. The evaluators utilised Dedoose, an online platform for managing, coding, and analysing the data (see Annex D, Dedoose Coding Manual). In total, approximately 2,000 passages of text were coded from the document review alone. Qualitative trends analysis included a case-based approach to identify different combinations of factors that were critical to a given outcome in given contexts (in this case, early stimulation and responsive care). Descriptive statistics used to describe quantitative information from 157 COs include different types of data, such as rating scales on the maturity of programming, the number of children or parents reached, and the percentage of countries engaged in various activities within a region. Descriptive

statistics were also applied for the institutional survey with 54 COs. All data were then examined for triangulation (or commonalities) in the results from the various methods to draw conclusions.

65. **Data Visualization.** An [interactive google map](#) of the evaluation data was prepared to facilitate the rapid assessment and dissemination of information on the impact of COVID-19 on parenting and early learning programmes (see Figure 16). This map also includes data layers of the corporate monitoring data for Goals 1 and 2, as well as information on system strengthening and UNICEF strategies.

Figure 16: Impact of COVID-19 on ECD parenting and early learning programmes



66. **Evaluation Limitations mitigation measures.** In light of the global outbreak of the COVID-19 pandemic, the evaluation team could not undertake primary data collection activities through direct contact with stakeholders and beneficiaries, and observations of the implementation of interventions; hence we modified the original evaluation design and methods accordingly. Namely, international travel and all fieldwork had to be eliminated from the evaluation exercise. This limitation placed a substantial constraint on our ability to evaluate program scaling and impact (Themes 2 and 3). For example, the evaluation team had planned data collection with government representatives, implementing partners, and with beneficiaries (i.e., parents and children) from selected programmes to directly assess the impact of UNICEF support on child, parent, and frontline worker outcomes. Instead, we amplified our review of documents on a global, regional, and country level to ensure a robust qualitative database was in place to assess trends in UNICEF strategies, outputs, and outcomes. In addition, we conducted six in-depth case studies that consisted of reviewing program documents, manuals and available statistical data, and interviews with UNICEF staff members to examine the evaluation themes in greater detail as they related to UNICEF supported parenting programmes. Finally, we added questions to an institutional survey to assess the impact of COVID-19 on early learning and parenting programmes and on government systems that deliver these programmes.
67. **Ethical Engagement of Evaluation Participants.** No beneficiaries were involved in this evaluation due to the restrictions placed on the evaluation team resulting from the COVID-19 pandemic. Key informants were informed of the purpose of the evaluation and their identity was protected through anonymous identifiers. Quality control and assurance to UNICEF evaluation reporting standards were upheld by all evaluation team members.

CHAPTER 3: EVALUATION FINDINGS

Theme 1: UNICEF Global Leadership






3.1 Institutional Readiness and Internal Coherence

EQ 1.1 - To what extent has UNICEF been successful in discharging its role as a global leader in ECD (and early stimulation and responsive care, in particular) with regional and COs in both emergency and development settings?

• Key Findings:

UNICEF was successful in discharging its role as global leader in ECD when ROs and COs had sufficient human and financial resources to make it an explicit development priority that was integrated into its results frameworks. While ECD is prioritised in UNICEF's current Strategic Plan, there is a lack of internal coherence on ECD as it relates to multisectoral programming and the engagement of parents.

Box 2: Overview of findings on institutional readiness and internal coherence

	Common Agenda	ECD development priorities and programmatic focus on most vulnerable
	Mutually Reinforcing Activities	Adoption of core ECD messages and programme convergence across sectors
	Shared Measurement System	ECD positioning in UNICEF monitoring and evaluation systems
	Backbone Function	Internal capacity development and organizational resources for achieving results
	Continuous Communication	Internal planning and management of ECD programmes for achieving results

Evaluation Criteria

Internal Coherence - The synergies and interlinkages between the interventions carried out by UNICEF on global, regional and country levels, as well as the consistency of these interventions with relevant international norms and standards for children's rights



Weak– Limited to no evidence of institutional readiness



Initiating – Some evidence of institutional readiness, but gaps and challenges remain



Established– Substantial evidence of institutional readiness

Common Agenda

68. For UNICEF, the common agenda was evaluated by examining evolutions in HQ, RO, and CO development priorities for ECD, and the extent to which they address the most vulnerable child populations. **ECD was named an explicit development priority in 44 out of 54 (81%) of countries in our surveyed sample, which was directly associated with UNICEF's global leadership in declaring ECD an explicit priority in the 2014-2017 Strategic Plan.** In ECAR and ESAR, the priority was associated with government support to implement the Nurturing Care Framework. In Kenya, Rwanda, Uganda, and South Africa, ECD priorities included designing, modelling, and scaling an integrated package of essential ECD services. In LACR, the priority was associated with government support to implement Care for Child Development. In Chile, Colombia, and Paraguay, the development priority was focused upon inadequate care practices and the prevention of violence through parenting programs. In Honduras, development priorities included the implementation of the National Early Childhood Development Policy and improving access to comprehensive ECD services for children ages 0 to 6 years. In MENA, UNICEF has advocated for multi- and cross-sectoral programming to deliver holistic ECD programming. Positive parenting programs have been implemented to prevent violent behaviour against children and to instead promote early stimulation and responsive care practices. In EAPR the regional 'Early Moments Matter' headline provided vision for the region and made it easy to communicate the regional priorities. In SAR, UNICEF has promoted greater inter-ministerial collaboration through quality ECD multi-sectoral approaches. In Pakistan, with human capital development declared a national priority by the Prime Minister, UNICEF accelerated support for ECD based on the Nurturing Care Framework, including a mapping exercise which yielded recommendations to develop a multisectoral ECD policy framework.
69. **Recognizing ECD as an explicit development priority over time was transformative within some ROs and COs.** For example, in WCAR, there was no evidence of ECD as an explicit development priority for any of the countries or for WCARO in 2014. In 2017, ECD was named as an explicit development priority in WCAR, Senegal, and Mali. WCARO annual reports indicated that ECD was named an explicit development priority in the region due to four primary factors: 1) raised awareness in the region as a result of new evidence on the importance of the early years on brain development and its impact on school readiness and future generations; 2) evidence from MICS that demonstrated a majority of children ages 0-5 years in the region do not receive adequate social emotional and cognitive stimulation or responsive care (such as in Senegal); 3) the recognition that ECD has become a top priority for many donors and partners; and 4) the opportunity to support existing programs and initiatives by leveraging new investment for ECD. This story of change was echoed by key informants in other regions (such as ECAR and LACR), further demonstrating the importance of UNICEF's global influence in identifying ECD an organizational priority. When MICS (or other survey data) were not available, ensuring the buy in for the common agenda was more challenging for COs, even if the agenda was aligned with national development goals.
70. **Early learning was also considered a development priority in 52 out of 54 (96%) of countries within our sample.** In ECAR, the priority has been on children with disabilities (CwD), in particular early detection and early intervention (EDEI). In ESAR, the goal has been to increase enrolment and retention of girls and boys in pre-primary education in Kenya, to improve early learning outcomes in South Africa, to increase access to early learning opportunities for children in Uganda, and to scale a play- and competency-based pre-primary curriculum in Rwanda. In LACR, early learning tends to be integrated into the ECD interventions such as Care for Child Development, and only Paraguay focused upon it as an explicit development priority. In MENAR, the State of Palestine prioritised the improvement of learning environments in public kindergartens, while Jordan recognised the importance of early childhood education (ECE) for human development and also focuses on child protection. In WCAR, RO reports from 2014, 2017, and 2019 also indicated early learning as a development priority, with a specific focus on out-of-school children given that

the gross enrolment ratio for pre-primary education averages 32% in the region. In EAPR all countries investigated in the document review have early learning as a development priority. The countries increased access to pre-primary education enrolment rates through conventional classroom-based programmes as well as exploring the impact of community-based and alternative early learning programmes. In SAR, the countries investigated here have early learning as a development priority and deliver early learning programmes, like the Anganwadi Centres in India.

71. **Regions and country offices that identified early learning and ECD as explicit result areas in their CPDs were more likely to be engaged in early stimulation and responsive care programming when compared to countries that did not have these result areas. A majority of countries in our survey sample (72%, or 39 out of 54 countries) had identified ECD as an explicit output or outcome in their results frameworks.** Key informants stressed that they often positioned ECD within the sector that provided the greatest strategic entry point for early stimulation and responsive care programming to be scaled and was also based upon internal capacity and resources. A majority of the evidence from the document review indicates ECD was positioned within education (54%) or as an explicit, stand-alone result area (27%). The integration of ECD results within health had fewer passages of text coded in the document review (11%), as did child protection (4%) and social protection (1%) (see Annex B, Figure 8). Thus, some COs have made ECD an explicit result area in their country plans. However, the goal of integrating early stimulation and responsive care into the health sector programme monitoring, as identified through UNICEF's Global ECD Framework and Strategic Plan, has only been marginally achieved on a global level.
72. **UNICEF-supported programming was targeted towards the most vulnerable children through its common agenda for ECD, resulting in the emergence of UNICEF as a global leader and advocate for early stimulation and care programming in emergencies.** CO annual reports and CPDs provided evidence of equity in the provision of early stimulation and responsive care programming for specific groups of children (see Annex B, Figure 7), with more emphasis on children with disabilities than on any other group (27% of the 164 coded passages). There was also evidence of recent global efforts to ensure consideration for children with disabilities in ECD programming across all sectors, especially within parenting programmes in LACR, ECAR, MENAR, and ROSA. However, more work is required to institutionalise this workstream, such as through more robust monitoring measures for young children with disabilities and their parents within each goal area. Children living in poverty (17%), from marginalised ethnic/cultural groups (12%), from remote and hard to reach areas (11%) and living in humanitarian situations (10%) were also referenced. Migrant children (8%), out of school children (7%), working children (1%), and gender-based programming (7%) were also important in some regions. For example, in EAPR there has been a focus on children living in poverty, among them ethnic minorities, remote children, and urban poor. UNICEF's role as an emergency responder has also been crucial in reaching the most vulnerable child populations (especially where no other partner exists), although recent global efforts have focused more on advocacy and system strengthening for ECD in emergencies.

Mutually Reinforcing Activities

73. For UNICEF, mutually reinforcing activities are evaluated by examining the extent to which the organization has adopted core ECD messages and the multisectoral programming approach. **Global programme narratives about healthy brain development, the Nurturing Care Framework, and other global goods produced by UNICEF HQ to promote integrated ECD programming for the most marginalised child populations have been largely adopted by ROs and COs in the common agendas.** A majority of surveyed COs (85%, or 46 out of 54) indicated they used the Nurturing Care Framework as an organizing framework for communicating ECD. RO and CO reports and plans mentioned a range of core messages provided in global ECD programme guidance documents, and a majority of surveyed countries had

integrated this messaging into its advocacy with governments. In total, we coded 205 passages of text in the document review that represented core ECD messages (see Annex B, Figure 6) and 79% (43 out of 54) surveyed COs indicated they used the global ECD Programme Guidance to frame their work in ECD. Consideration for equity in the provision of ECD services was mentioned the most in the document review (33% of the 205 coded passages). There was also evidence on narratives associated with integrating systems or providing multisectoral programming (22%), the importance of investing in ECD (15%), and the importance of early stimulation and responsive care in the development of young children (13%).

74. **UNICEF’s current Strategic Plan for 2018-2021 emphasises the importance of multisectoral ECD packages, which consist of “at least two interventions that address stimulation for children aged 0-59 months” (such as early learning and nutrition).** UNICEF envisages the delivery of a range of integrated services through strengthened health platforms and a multisectoral approach to health, bringing frontline workers and families closer to the health systems they rely on, and improving system linkages at the household, community, and facilities levels. As part of this approach, health platforms for the frontline delivery of antenatal care, delivery, post-natal care, immunization and HIV prevention, and community health workers, schools, and childcare centres, provide the opportunity for an integrated delivery of services that are child-oriented and holistic and offer better value for money (UNICEF Strategic Plan, Theory of Change Paper, 2018).
75. **Globally 68% (107 out of 157) countries reported to have two or more ECD interventions delivered as a package in 2018 (see Figure 17). According to the Strategic Plan 2018-2021 Results Framework, the target for 2018 for this output was 16 countries, which was well exceeded with 107 countries.** Eastern and Central Asia and Latin America and the Caribbean had the highest percentage of countries with ECD packages in their regions (86% in Eastern and Central Asia, and 81% in Latin America and the Caribbean). Many of these packages integrated parenting programmes, or training of frontline ECD workers, alongside direct services to children. Thus, multi-sectoral ECD packages are strongly associated with early stimulation and care interventions.

Figure 17: Number of Countries with Two or More ECD Interventions Delivered as a Package in 2018

Region	# of countries with two or more ECD interventions delivered as a package	% of countries with two or more ECD interventions delivered as a package	# of countries in region without ECD package	% of countries in region without ECD package	# of countries reporting
EAP	15	56%	12	44%	27
ECA	18	86%	3	14%	21
ESA	15	71%	6	29%	21
LAC	29*	81%	3	8%	36
MENA	8	40%	12	60%	20
SA	6	75%	2	25%	8
WCA	16	67%	8	33%	24
Global	107	68%	46	29%	157

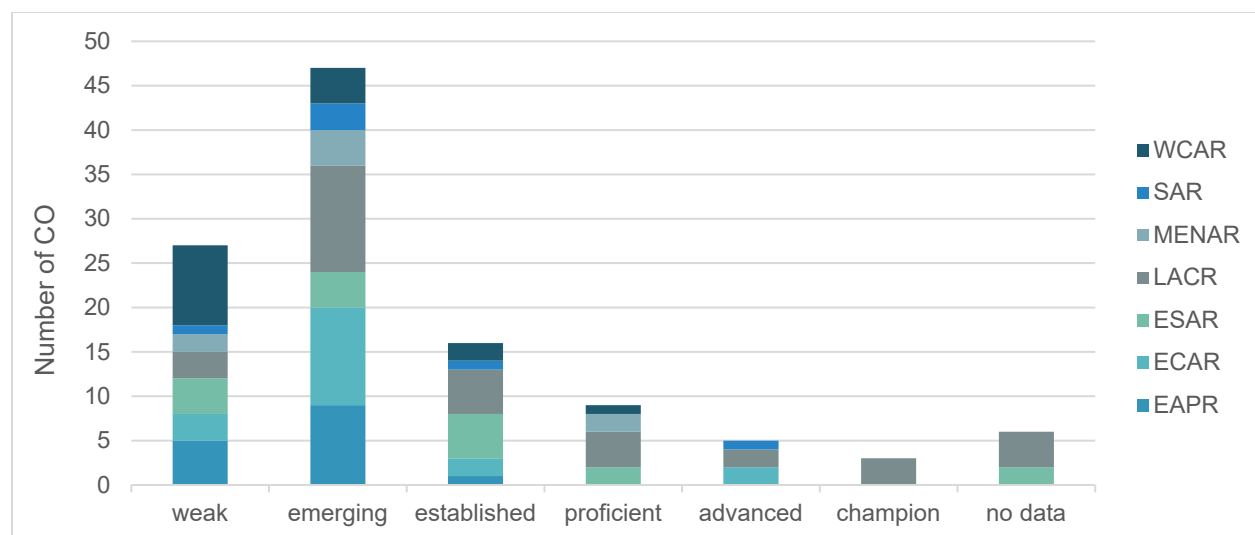
* Four countries reporting ‘no data’ on ECD packages in LACR

Source: SMQ portal 2018

76. However, **these countries are in diverse stages of system strengthening on a 6-point maturity scale from ‘weak’ to ‘champion’ (see Figure 18).** The maturity status of most countries is ‘emerging’ with 47 countries, followed by ‘weak’ with 27 countries, ‘established’ with 16 countries, ‘proficient’ with 9 countries, ‘advanced’ with 5 countries, and finally ‘champion’ with 3 countries (see Box 3). This means that the largest portion of countries have ‘emerging’ systems to roll out ECD packages, i.e., they have at least two interventions that address stimulation for children aged 0-59 months adopted by the government, but they

are lacking a costed action plan to scale up under the government's ownership. The data shows that the shift towards multisectoral ECD packages has clearly gained significant momentum, well in accordance with the targets put forward in UNICEF's current Strategic Plan. On the other hand, the fact that the majority of countries are either in 'emerging' or 'weak' stages of the implementation of multisectoral ECD packages means that there is continued need for further support in many countries.

Figure 18: Maturity of Multisectoral Packages Implementation for 2018



Source: SMQ portal 2018

Box 3: Measurement Scale for Intervention Maturity

- 1 - Weak - At least two interventions that address stimulation for children aged 0-59 months, with support of partners such as UNICEF, NGOs and SCOs.
- 2 - Emerging - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government but lacking a costed action plan to scale up under the government's ownership.
- 3 - Established - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up under the government's ownership.
- 4 - Proficient - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up and a national coordination mechanism under the government's ownership.
- 5 - Advanced - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up and a national monitoring system under the government's ownership.
- 6 - Champion - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up, a national monitoring system and a coordination mechanism under the government's ownership.

Source: SMQ portal 2018, indicator 1.h.1-3

77. The regionally disaggregated data reveal a maturity range from LACR at the most mature end to WCAR at the least mature end of the implementation spectrum (see Figure 18). In LACR, 14 out of 29 countries reporting to have ECD packages have 'established or above' systems (with four countries reporting to have 'no data' on ECD packages). In WCAR however, only 3 out of 16 countries reporting to have ECD packages

have 'established or above' systems. The data reveal a regional difference in the coverage of the early stimulation and care programmes in relation to the need for the programmes. In Eastern and Central Asia, Eastern and Southern Africa, Latin America, and the Caribbean and South Asia, 75% or more of the countries had two or more ECD interventions delivered as a package in 2018 (Table 21). The Middle East, and North Africa, and Western and Central Africa, 44%, 60%, and 33%, respectively, had *no* ECD packages in 2018.

Shared Measurement Framework

78. For UNICEF, the shared measurement system is evaluated by examining the positioning of ECD within corporate monitoring and evaluation systems, including the extent to which there are clear indications of programme convergence in strategic plans and results frameworks. **UNICEF current Strategic Plan, theory of change and results framework do not reflect multisectoral programming, nor do these documents identify opportunities for synergies in mutually reinforcing strategies, outputs, and outcomes associated with early stimulation and responsive care programming in ECD.** While ECD is prioritised in UNICEF's current Strategic Plan, UNICEF's work on early stimulation and responsive care has not been sufficiently defined, codified, or integrated into the current Strategic Plan and results framework. Because UNICEF has struggled to implement multisectoral programming internally, the organization has also been less successful in supporting governments in this type of collective impact initiative.
79. Multisectoral programming in early stimulation and responsive care requires a **clear vision for programme convergence and a common measurement framework** that identifies synergistic outputs and outcomes for systems, frontline workers, and parents. Programme convergence can be expressed **geographically** (such as in the delivery of multiple services within targeted communities) or **thematically** (such as through an integrated ECD parenting package focused on nurturing care). Neither approach is clear in the current Strategic Plan. UNICEF has a strong community presence – this fact was consistently referenced as one of the comparative advantages of the organization for early stimulation and responsive care programming. However, **geographic convergence** would require a more robust community engagement model for ECD than currently exists, as well as disaggregated spatial data on programme implementation. Promising examples from WCAR (such as through child-friendly communities) and in other countries that have integrated health, emergency response, and communication for development programming with parenting programmes offer ways of conceptualizing and operationalizing geographic convergence. There is strong evidence that parent and community engagement are closely intertwined in early stimulation and responsive care programming, and C4D provides an opportunity to strategically connect all of the work being done with parents in this manner.
80. For **thematic convergence**, a common suggestion by informants is to think of ECD as *the* integrated outcome for UNICEF's work for this period of development, and to also make synergistic parenting outcomes more explicit by acknowledging the role of parents in accelerating results for children in the next Strategic Plan. Recent global efforts to create an organization-wide parenting strategy point to promising practices for thematic convergence. The Nurturing Care Framework was also consistently referenced as an effective tool for multisectoral ECD programme planning by ROs and COs. Its simplicity in design and in conveying the key message of holistic child development has been transformative for international development agencies, governments, and INGOs. In EAPR the focus on operationalization of the Nurturing Care Framework, with partners and donors, provided an opportunity to better define the indicators and objectives of integrated ECD and parenting programmes and to collaborate across sectors. However, there is consistent evidence that more work needs to be done on identifying the continuum of integrated ECD

packages for children and parents beyond the first 1,000 days. Further, there is little to no evidence or evaluations that have proven the added benefits of multisectoral programming for parents and children. This finding was related to the infancy of UNICEF's work in multisectoral programming (which is 'weak' or 'emerging' in status for the majority of countries) and a lack of a common measurement framework to assess the added benefit of this approach for programme outputs, outcomes, and impacts (see Annex C, Table 19).⁴⁴

81. **A noticeable gap in UNICEF's work with parents and early stimulation and responsive care programming is that it has not been sufficiently codified or integrated into the current Strategic Plan, theory of change, and results framework.** There are currently only two parenting outcomes in the Strategic Plan theory of change in Goal 1 and 3 (Outcome Indicator 1.20 "percentage of children receiving early stimulation and responsive care from their parents or caregivers"; and Outcome Indicator 3.2, "attitudes towards corporal punishment," which currently does not include disaggregated data for the 0-5 age group). In addition, the current monitoring systems and tools (the SMQs and RAMs) do not capture this body of work, which touches all of the Strategic Plan goal areas. For example, we found limited evidence on the types of parenting programming being supported by UNICEF, the age groups reached by these programmes, the content of these programmes, and the outcomes and impacts of these programmes in the document review and SMQs and RAMs. Thus, a majority of the work being supported by UNICEF on parenting is currently "invisible" within the organization. This evaluation represents the first attempt to answer these basic questions, which are summarised in the results for Theme 3 on programme delivery, design, quality, and impact. Further, the terms "early stimulation and responsive care" are not sufficiently defined within programme guidance, leading to different sector definitions and practices. Given the significance of providing early stimulation and responsive care as a core intervention of any ECD programme, these findings represent a significant leadership gap in UNICEF's global role for ECD.

Backbone Function and Continuous Communication

82. For UNICEF, the backbone function is evaluated by examining internal capacity development in ECD programme staff and the extent to which the organization has invested in the necessary human and financial resources for achieving results. Continuous communication is evaluated by examining the extent to which internal planning and management of ECD programming is sufficient for achieving results. **The common, integrated ECD agenda has advanced under enormous financial and human resource constraints, which is an unsustainable strategy for a corporate priority.** There is substantial evidence that UNICEF ROs and COs have relied upon existing human resources to promote early stimulation and responsive care programming, with relatively limited financial resources (see Annex B, Table 7). ECD budget utilization varied widely by CO from 1% to 100% (see Annex C, Table 33). Five countries (Serbia, Chile, Colombia, Honduras, and the State of Palestine) allocated 50% or more of their Goal 1 CO utilization for ECD programming. Seven countries allocated 10% or less of their Goal 1 CO utilization for ECD programming (primarily in WCAR). About one-half of the countries in our sample saw increases in this percentage from 2018 to 2019 (primarily within ESAR), while the other half saw decreases in this percentage (primarily in WCAR). Within regions such as ECAR, LACR, and EAPR, there were marked differences in ECD budget utilization as a percentage of Goal Area 1 budget utilization; in ROSA the ECD budget utilization as a percentage of Goal Area 1 budget utilization is low. However, UNICEF does not

⁴⁴ The Strategic Monitoring Questions (SMQs) are the primary vehicle through which UNICEF collects data from COs to report on the Strategic Plan. A majority of indicators from the SP results framework are calculated through the SMQ country data. At this point UNICEF only monitors whether two or more ECD interventions were combined and delivered as a package through at least one existing platform to address the holistic early childhood development of children 0-59 months through UNICEF supported programmes during the year of reporting, and whether the package is adopted at scale.

report budget utilization specifically for early learning within Goal Area 2, so the budget data is incomplete. For example, early stimulation and care related interventions and results in parts of EAPR and ROSA are reported under education.

83. **With all available sources combined over a 5-year period, the ECD operating budget was USD 31.1 million, which equates to less than 1% of UNICEF's overall annual organizational budget (estimated at USD 6.4 billion in 2019).**⁴⁵ From 2014-2019, an ECD operating budget was provided to HQ, RO, and CO through a mix of funding sources, the largest proportion from the private sector. HQ received a total of USD 18.3 million (USD 8.3 million from private sector; USD 6.02 million from 7% aside funds; USD 2.17 million from regular resources, thematic funds, and institutional budget; and USD 1.82 million from governments). ROs received the least amount of funds, 262,000 USD from 7% aside funds; but there is evidence that donor funding was sought by ECARO and LACRO. CO received USD 12.6 million from UNICEF's corporate grants through the 7% aside funds.
84. **The fact that a majority of the ECD global operating budget came from private sources is noteworthy, but there is a substantial gap in UNICEF's internal investment in ECD, given that ECD was elevated as a global corporate priority.** The lack of investment in ROs is also striking, especially given the extensive capacity development and institutional capacity building that has taken place when Regional Advisors were in place to advance the ECD agenda internally. **There is a strong correlation between COs that have received these funds and evidence on early stimulation and responsive care programming.** This finding does not consider other investments by UNICEF for ECD related programming, such as in education, to which the organization has committed to giving 10% of its operating budget. A closer examination of each sectoral contribution to the 0-8 age group financing would provide a clearer indication of UNICEF's overall investment in ECD.
85. **Internal governance structures have not kept pace with the integrated vision for ECD. While UNICEF has practiced Matrix Management structures to facilitate collaboration on programming planning for ECD, this governance structure has not been sufficiently resourced or formalised within management practices,** which are insufficient for coordination and collaboration to promote integrated programming. According to key informants, more recent efforts to develop an organization-wide parenting framework across all sectors and over the life course offer a promising example of effective multisectoral programming that spans early childhood and adolescent development. There is also evidence that suggests multisectoral programming is more effective internally within countries, where teams are smaller and often integrated under one Programme Manager or the Deputy Representative.
86. **UNICEF has tried to address these shortcomings through internal capacity development at the global and regional levels for COs** (see Annex B, Table 7). For example, ESARO reported capacity development for each CO to implement and scale integrated ECD packages in the health, education, nutrition, and child protection sectors through the steps contained in the ECD Framework for Action, which is based upon the Nurturing Care Framework. LACRO reported capacity development for CO in contextualizing and rolling out Care for Child Development within the region. This included the development of training materials, toolkits, guides, and technical notes for addressing children with disabilities and violence in the early years. LACRO also helped COs prepare emergency plans that incorporated the provision of ECD kits and/or an explicit ECD response plan. WCARO has provided technical assistance alongside HQ in finalizing the Care for Child Development training package, with a new module on caregiver

⁴⁵ Data were obtained through spreadsheets provided by the ECD team, as well as the UNICEF 2019 Annual Report.

support. WCARO also mobilised internal partnerships between ECD, Education, and Nutrition to obtain financial resources for nurturing care programming in Mali, Niger, and Burkina Faso.

87. However, **there is also strong evidence from key informant interviews both internal and external to the organization of shortcomings in staffing, including a need for ECD Specialists who are P4 or P5 grade or higher. The logic is that ECD requires dedicated and highly skilled technical staff members who are able to coordinate work in early childhood both *within* and *across* the sectors.** Staff members require skills in participatory planning processes and negotiation, and to be empowered to suggest common areas for programme convergence and advancement with staff members of all professional grades, and across all sectors. This requires sufficient content knowledge that is interdisciplinary in nature, as well as specialised knowledge in neuroscience research, best practices in ECD programming, and direct assessment and the design of evaluations that are useful for estimating programme efficacy and impact. In many cases, because ECD was only named a recent organization priority, existing staff members, often at the P3 level and sitting in education or health sections, have been asked to coordinate work for this age group across organizational sectors or divisions without having sufficient skills, knowledge, and power to influence changes in practice.

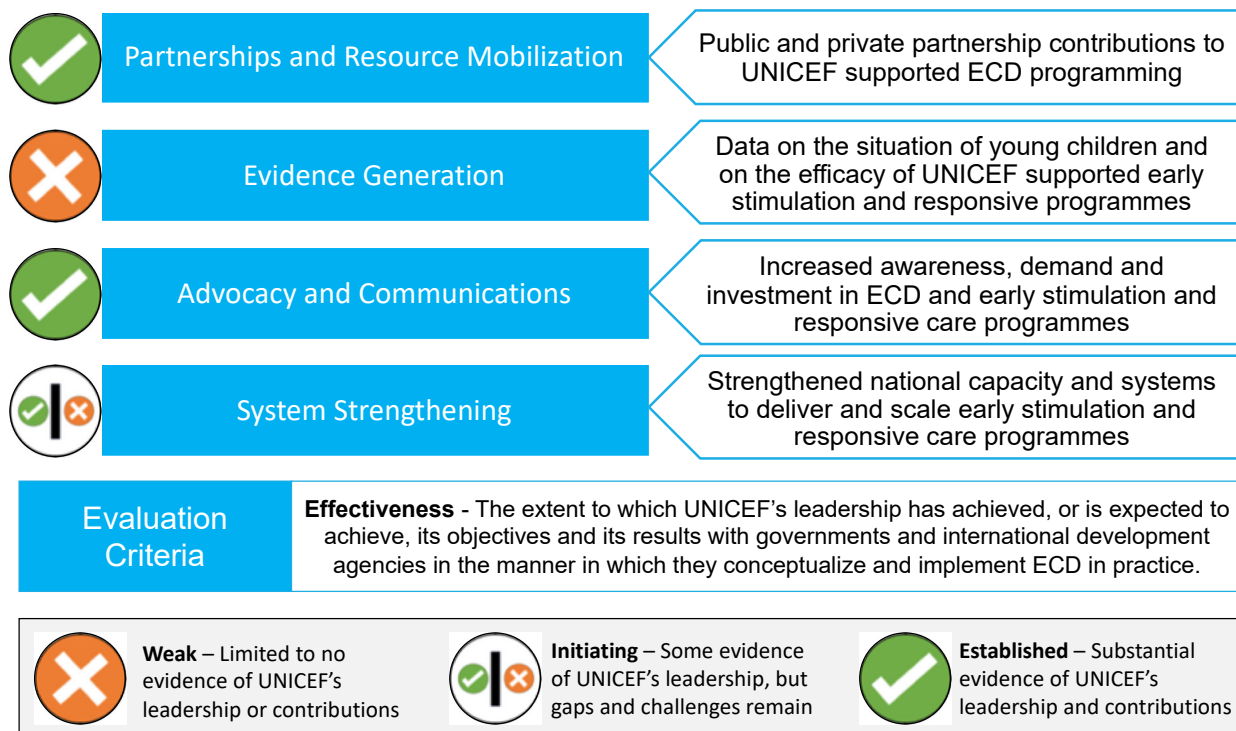
3.2 UNICEF's Global Leadership Strategies for ECD

EQ 1.2 – Which strategies has UNICEF implemented to advance early childhood development, and early stimulation and responsive care? How relevant and effective are these strategies in development, humanitarian and peacebuilding contexts?

- **Key Findings:**

- UNICEF implements four primary strategies to achieve its programmatic goals, including partnerships and resource mobilization, evidence generation, advocacy and communications and system strengthening. Advocacy and system strengthening were identified as most effective for development context, while partnerships and resource mobilization and system strengthened were most effective in humanitarian and peacebuilding context. Evidence generation is the least effective strategy, largely due to the human and financial resources required to conduct research or evaluations.

Box 4: Overview of findings on UNICEF strategies and their effectiveness



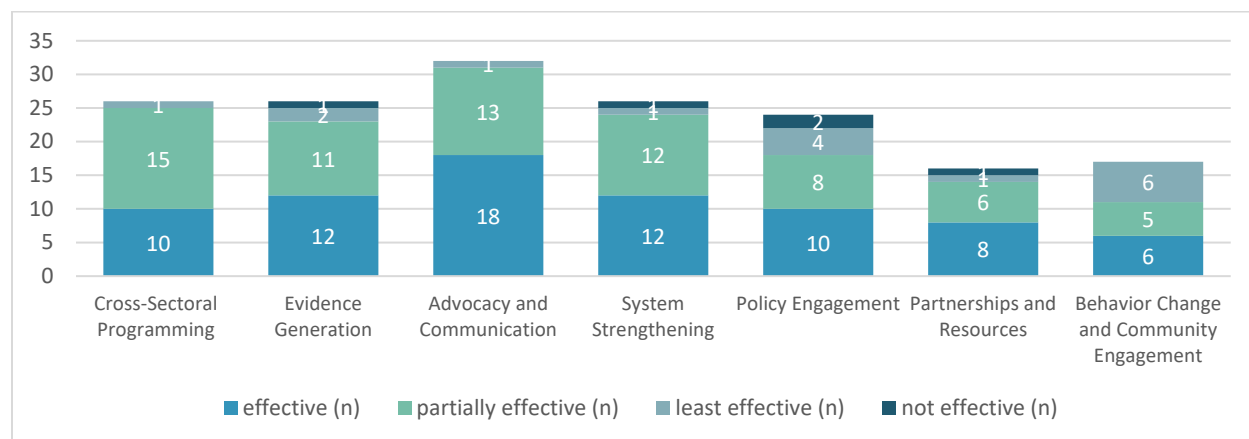
88. A significant amount of evidence was found on UNICEF's leadership strategies to promote early stimulation and responsive care programming, especially as it applied to partnership and resource mobilization and advocacy and communications. Some evidence of UNICEF's leadership in system strengthening was identified, but gaps and challenges remain in creating the necessary enabling environment for the scaling of early stimulation and responsive care programmes. There was limited to no evidence of UNICEF's leadership or contributions in evidence generation, which is the costlier strategy among the four we examined.

89. **Government capacity and the situation of children in different contexts influences operational choices in the selected strategies.** According to UNICEF's ECD Programme Guidance, in each country, the analysis of the situation of children, government capacities, partnerships, and the availability of resources determines the scope and scale of programmes as well as UNICEF's value added. By mapping the context, UNICEF, in partnership with governments and other constituents, determines the appropriate programming approaches to maximise results. The focus and scope of ECD programming are significantly influenced by the government's ability to implement ECD-friendly programmes and policies considering its financial and human resources, as well as the effectiveness of its systems and the delivery platforms in place. Additionally, given that UNICEF programming in a country is implemented with and through other partners, the programmatic response is influenced by the presence as well as the capacity of these other actors. The ECD programme will differ across countries because it needs to be adapted to leverage the strengths of the context and respond to the needs.

90. **UNICEF implements complementary strategies to achieve its programmatic goals, and to adjust to contextual changes in the operating environment.** The document review revealed more evidence on system strengthening (40%) and evidence generation (26%) by UNICEF COs than on advocacy and

communications (14%), partnerships and resource mobilization (13%) (see Annex B, Figure 9). This trend was confirmed by the institutional survey, but we also found that advocacy was the most common strategy employed by UNICEF in combination with other strategies (see Figure 19). The UNICEF strategies that were rated by the COs as effective at getting the government to prioritise and invest in early stimulation and responsive care programming were system strengthening and advocacy and communication. In humanitarian contexts, partnerships and resource mobilization and system strengthening were the most commonly used strategies.

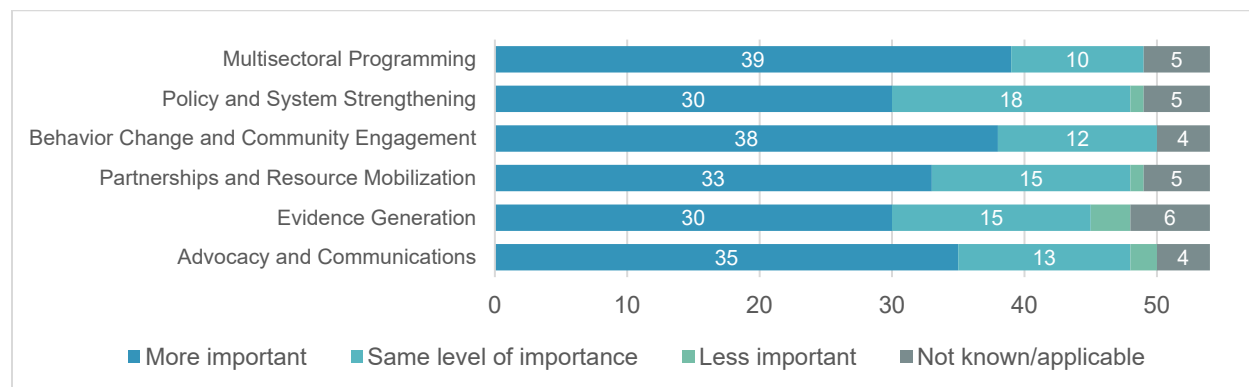
Figure 19: UNICEF strategies for investing in early stimulation and responsive care programming



Source: Institutional Survey, N=54 Country Offices

91. **COVID-19 has elevated the importance multisectoral programming, behaviour change and community engagement and advocacy and communications.** For example, a majority of the 54 surveyed COs indicated that **multisectoral programming, behaviour change, and community engagement and advocacy are more important now in light of the pandemic** (see Figure 20). This trend reflects the need for virtual and remote programme delivery through community-based engagement platforms and to communicate important messages for nurturing care. Donor interest in supporting early stimulation and responsive care increased in 7 COs, decreased in 6 COs, was unchanged in 10 COs, and was too early to assess in 21 COs.

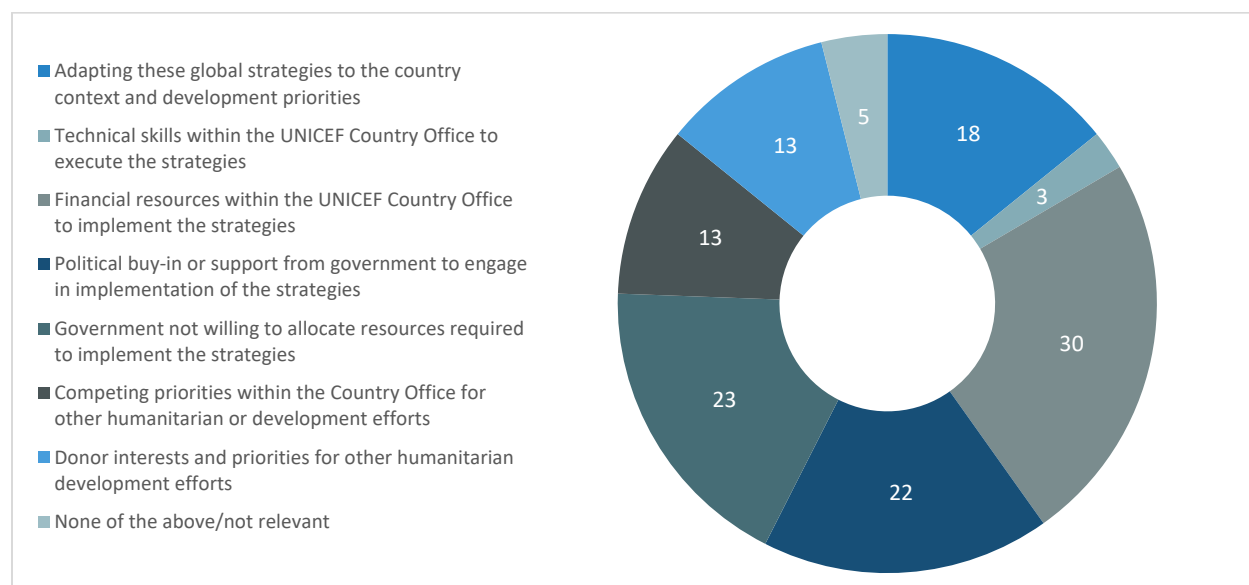
Figure 20: Impact of COVID-19 on UNICEF's leadership strategies



Source: Institutional Survey, N=54 Country Offices

92. **Major challenges in implementing UNICEF global change strategies were associated with: financial resources; government allocation of resources to implement the strategies; political buy-in; and adaptation to the country context.** The most frequently mentioned obstacles to UNICEF's achievement of results for children were a lack of scaling and/or sustainability of programmes, a delay in implementation of programmes, issues with the quality of programmes, and a general lack of coordination (see Figure 21). The most promising mitigation measures included: advocating for ECD; focusing on coordination efforts; and piggybacking on existing programmes and community-based programmes.

Figure 21: Challenges in implementing UNICEF's leadership strategies



Source: Institutional Survey, N=54 Country Offices

3.3 Effectiveness of UNICEF's Leadership on ECD

EQ 1.2 – Effectiveness of UNICEF Strategies. Have there been significant advances in ECD and delivery of early stimulation and care programmes by governments globally during the evaluation period? To what extent can these advances be attributed to the leadership and support provided by UNICEF?

- **Key Finding:**

- UNICEF's leadership on ECD was transformative for the international development community over the evaluation period in raising awareness about and gaining buy-in for an integrated ECD agenda, especially given the lack of investment by the organization in sufficient human and financial resources for effective multisectoral programming.

93. **UNICEF has combined partnerships, advocacy, and public communications strategies to increase awareness of ECD, which has led to new priorities and champions for ECD in some countries.** In Paraguay, the Early Moments Matter campaign reached more than 1.125 million people with messages on

the importance of investing in ECD, including 73 influencers, more than one million tweets, and more than 200,000 Facebook views. This campaign contributed to making early childhood a national priority and influenced the design of the Social Protection System for this age group. In Serbia, UNICEF brokered partnerships with key national media and corporate partners Nordeus and VodaVoda to support the launch of the Early Moments Matter Campaign during the Parenting Month. This resulted in more than 4.8 million views on television and over 37,000 pageviews on Serbia CO's website, and a digital display campaign that had over 11.6 million impressions and was amplified by some of the country's most relevant influencers. Rwanda CO reached more than one million people nationwide through a mass media campaign and more than 334,000 parents to increase awareness on the importance of ECD services. In Jordan, nationwide community-based events to end violence reached 40,000 persons, and its social media campaign on Violence against Children, specifically the message that corporal punishment is an unacceptable way of disciplining children, gained 2.2 million impressions resulting in support for the idea that corporal punishment is an unacceptable way of disciplining the children. In Ghana, the country's public communications efforts through the Early Moments Matter Campaign conveyed consistent messaging on the importance of fathers in young children's development and on the right age of school enrolment that reached 2.8 million people through social media platforms, one million through traditional media, and 70,000 new followers on social media. In Thailand UNICEF partnered with Central Group (retail) on the #EatPlayLove campaign to increase awareness of the importance of the first months and years of a child's life and the impact of early experiences on brain development. In Palestine UNICEF utilised the Bank of Palestine ATM machines to promote messaging on ECD targeting parents. This partnership allowed for much broader dissemination of messaging than would have otherwise been possible.

94. UNICEF advocacy for a holistic approach to ECD (the Whole Child approach) and its efforts in stimulating investment and demand for early stimulation and responsive caregiving have global benefits beyond discreet organizational goals. **UNICEF efforts have made a positive contribution in raising awareness and demand for ECD among international development agencies, governments, non-governmental organizations, as well as within the private sector.** These include: (1) the publication of The Lancet Series that summarised research in the neurosciences on the importance of healthy brain development and the role of experience, including stimulation, in promoting that development; (2) the co-development with WHO and the World Bank of the Nurturing Care Framework, which provides a simple and clear vision for integrated ECD programming; (3) the establishment of UNICEF's role as the global steward of the ECD indicator in the Sustainable Development Goals, SDG target indicator 4.2.1, which aided in mobilizing a global partnership with the World Bank and the private sector for ECD (such as the Lego Foundation, IKEA Foundation, and the H&M Foundation); (4) the global reach of the Early Moments Matter Campaign and Parenting Hub, which helped to raise awareness among decision makers, service providers, parents, and the general public on the importance of the early years for lifelong thriving; (5) the production of academic research and global programme guidance on ECD, parenting, and public financing for ECD; and (6) the establishment of global, regional, and country level networks for ECD, such as ECDAN and the ECD Peace Consortium, which have highlighted UNICEF's power as a technical leader and convener of diverse partnerships for the sharing of good practices and for advocating for investment in ECD.
95. **UNICEF has successfully leveraged public-private partnerships to implement early stimulation and responsive care programming. In total, we coded 99 passages of text associated with the partnership and resource mobilization strategy** (see Annex B, Figure 10). A majority of these narratives indicate UNICEF's efforts to establish and activate ECD Networks (47%), followed by public partnerships (33%) and private partnerships (13% financial, 7% non-financial). A majority of evidence on UNICEF's partnerships represents public sector implementing partners (41% of 232 passages of text), followed by INGOs, NGOs and Civil Society implementing partners (16%), the media (13%), academia (12%), international development agencies (12%) and the private sector (6%) (see Annex B, Figure 11). For

example, in 2018, Thailand CO established new partnerships with the National Human Rights Commission of Thailand for advocacy on the ECD Act, the Thai Health Promotion Foundation, and the Equitable Education Fund to advocate for greater investment in children. EAPRO and ROSA work closely with the Asia-Pacific Regional Network for Early Childhood (ARNEC).

96. **UNICEF's public partnerships have led to substantial increases in funding for ECD programming, especially in WCAR where more than USD 166 million was raised.** The WCARO raised USD 6 million as a recipient for "Education Cannot Wait", as well as USD 15 million for Burkina Faso, Mali, and Niger for early learning. In 2017 and 2019, Senegal reported a collaboration with the World Bank to strengthen ECD services for early stimulation and care at the community level. This included USD 60 million in resource mobilization from the World Bank and the Global Partnership for Education. In Niger, UNICEF's public partnerships and policy and systems strengthening with the government in the process of developing a new Education and Professional Training Sector Plan 2020-2022, and a Financial Simulation Model in particular, enabled the mobilization of USD 85 million for sector interventions in early learning from the Global Partnership for Education. The ECARO was also successful in mobilizing USD 2 million from a bilateral donor for ECD in six Western Balkans countries and Moldova. In LACR, UNICEF's leadership in a national education network in Honduras was credited with securing a donation of USD 10.2 million from the World Bank.
97. **UNICEF's private partnerships have mobilised resources for demonstration models in WCAR, ECAR and ESAR with the aim of scaling effective approaches through public systems.** With support from UNICEF HQ, resources were obtained for early stimulation and responsive care programming from the H&M Consciousness Foundation and the Lego Foundation. The private sector (tea companies) in Rwanda also increased ECD investment through the provision of integrated ECD services in 12 districts with tea plantations. Engaging the private sector as new champions for ECD by sharing evidence on nurturing care increased awareness of the sensitivity and developmental importance of the early years among tea companies which motivated their investment in early stimulation and responsive care services.
98. **When UNICEF was able to generate evidence on children's developmental status or on public financing for ECD and combined this with advocacy and communications, it has been able to increase public investment in ECD in some countries.** For example, in Senegal, UNICEF's advocacy efforts with the Ministry of the Economy, Finance, and Planning using data on children's developmental status led to an increase in budget allocation for early childhood from 0.5 percent to 0.9 percent. In Burkina Faso, there was evidence of increased budget allocation to ECD in 2017, due to the evidence-based advocacy efforts of the CO with the Ministry of Education during the development of the Education Sector Plan 2017-2030. The budget allocation to ECD (against the overall education sector budget), rose from 0.4 percent in 2016 to 2.0 percent in 2017. The Mali CO reported that UNICEF's public partnerships and support for policy engagement and systems strengthening, namely revising the national early learning strategy, resulted in increased budget allocations to the preschool subsector from 0.01 percent to 4.0 percent. In South Africa, UNICEF's supported the reprioritization of budgets including a 25% allocation increase in the ECD subsidy for poor children. The Rwanda CO reported that the creation of the National ECD Programme and Policy have been credited with increasing ECD budget allocation in which 21 districts.
99. **UNICEF's technical support has enabled the strengthening of national capacity and systems in some countries. For example, the coordination of ECD services was strengthened in Kenya through its financial and technical support which permitted joint field visits and planning that improved accountability and deterred duplication of efforts.** In Rwanda, technical support to the National ECD Programme provided direction to ECD programming and coordination across the sectors through the ECD Network. With over 20 established positions across all the thematic areas financed by central government,

ECD and family coordination mechanisms have been strengthened at the national and decentralised levels. Burkina Faso CO's technical support facilitated the creation of sub-national ECD coordination mechanisms within a multi-sectoral nutrition coordinating unit in the Office of the Presidency. In 2019, Ghana CO reported its technical support to the Ministry of Education (MoE) resulted in the development of a policy framework and costed implementation plan for ECD. Thailand CO is providing technical support to develop nutrition guidelines and practices for ECD services. In Lao UNICEF is providing technical support to the Ministry of Education. Palestine CO continued playing a significant technical and coordination role in facilitating the engagement of various government ministries, UNWRA, and the World Bank through regular meetings of the national and sub-national ECD committees and technical working groups. Pakistan CO's sustained technical assistance to the KP government included coordination; contracting, managing and quality control of technical service providers; and technical inputs, all of which significantly advanced the readiness of the province to scale up ECE. Results included a prototype for holistic child development and early learning in a secure, stimulating, and creative environment; and approved early learning development standards and teacher training manuals.

3.4 UNICEF's Leadership and Positioning for ECD

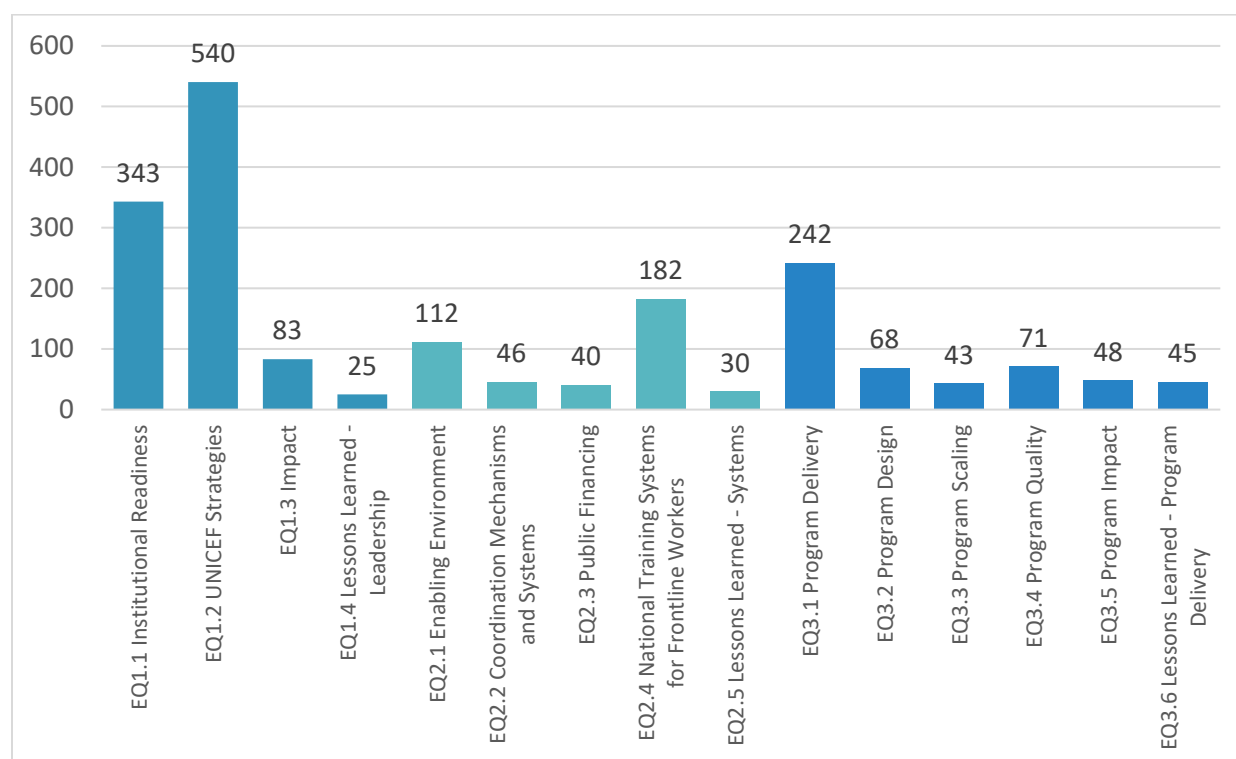
EQ 1.4 – Global Positioning. What positioning, policy and institutional adjustments, if any, are necessary to strengthen UNICEF capacities for global leadership in ECD?

- **Key Findings:**

- UNICEF has a strong comparative advantage for multisectoral programming on a global level. However, a lack of evidence on the situation of young children and parents, and on the efficacy of UNICEF-supported programmes places the organization at a disadvantage in maintaining its global leadership and positioning for ECD.

100. **UNICEF has positioned the organization as an ECD leader and expert, policy influencer, capacity developer, and service provider.** This trend is clearly seen in the number of text passages coded for UNICEF's strategies (N=540), the enabling environment for ECD (N=112), national training systems from frontline ECD workers (N=182), and for program delivery (N=242) (see Figure 22). This trend reflects several factors. First, since UNICEF did not explicitly address early stimulation and responsive care programming until 2017, the institution is in the early stages of translating these concepts into practice. Thus, there is more information about what UNICEF is trying to do and less information about the results of these efforts at this time. This trend also reflects UNICEF's strategic decision to shift from service provision to system strengthening. Another reason this trend might exist is related to the need for UNICEF to demonstrate results for children with governments. As a result, UNICEF has focused its efforts on supporting governments to train frontline workers and in program delivery to gain buy-in for early stimulation and responsive care programming before it can convince governments to improve the enabling environment for ECD. Finally, other factors such as the availability of suitable measures for assessing parent outcomes and child impacts, UNICEF CO human and financial resources, country context variables, and priorities are likely contributing to this trend in the data from the document review.

Figure 22: Summary of Coded Text Passages, by Evaluation Theme and Sub-Question



Evaluation Theme 1: UNICEF Leadership | Evaluation Theme 2: System Strengthening | Evaluation Theme 3: Program Delivery and Quality

N=1,918 passages of coded text

Data Source: Document Review, 2014-2019

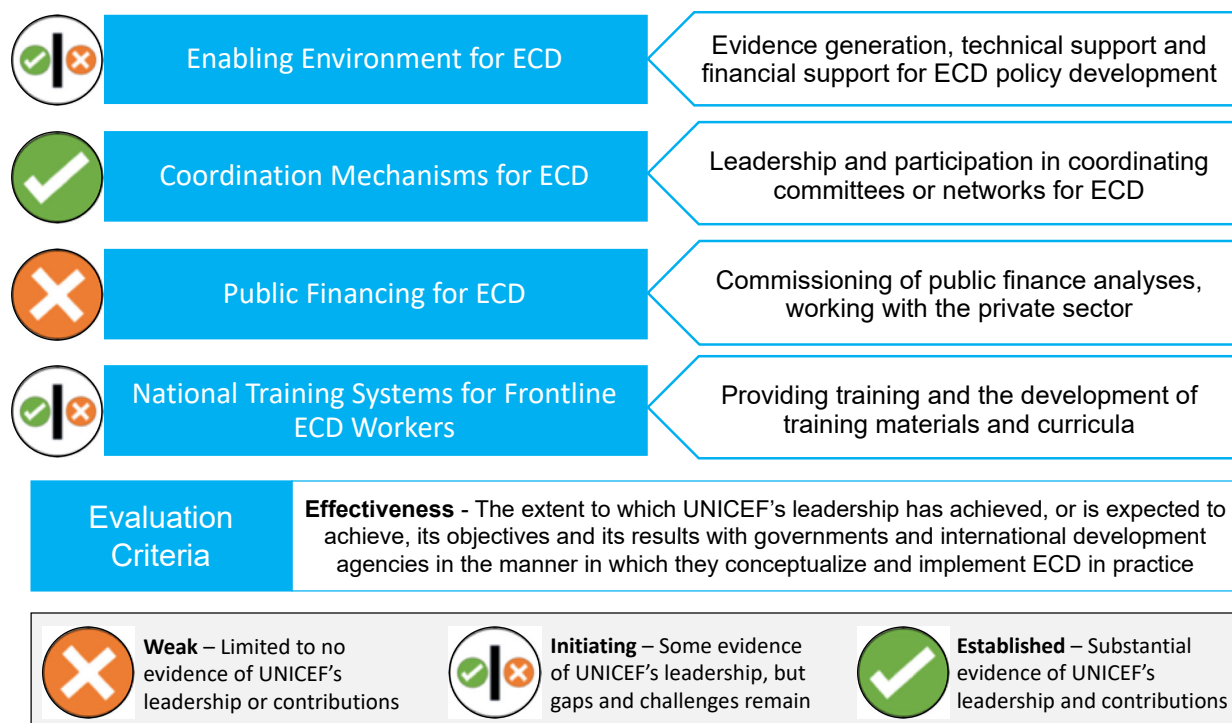
101. **UNICEF has a strong comparative advantage for multisectoral programming when compared to other international development agencies that focus on young children because the organization includes all sectors in its programming goals and workstreams. However, there is a lack of programme coherence and understanding of UNICEF HQ's desired approach to multisectoral programming for ECD hampers progress.** Multisectoral programming requires collaboration around opportunities for mutually reinforcing strategies across the sectors, which UNICEF has accomplished to some extent through integrated strategies and tools, such as the Early Moments Matter Campaign, the Care for Child Development Package, and the Nurturing Care Framework. Multisectoral programming also requires clear sectoral objectives for the early childhood period in order to inform programme convergence. For example, global efforts in ECE point to promising practices on defining the learning needs of children 0-8 years through a clear conceptual framework and blueprint for systems strengthening aspects of the pre-primary subsector using standardised diagnostic tools.
102. **However, UNICEF's investments in integrated ECD on a global level do not correlate with results for frontline workers, parent, or child outcomes and impacts on a country level** (see Annex C, Table 34). This finding is very significant, because without evidence on the situation of young children, UNICEF's system strengthening work is less effective. This finding is primarily related to 4 factors: (1) a lack of a common measurement framework, systems, and tools to assess changes in frontline worker capacities, parent outcomes, and child development that are associated with early stimulation and responsive care programming; (2) weak national systems and resources to monitor and evaluate the impact of early stimulation and responsive care programming; (3) the absence of well-designed randomised controlled

trials, and (4) the absence of direct behavioural measures of parent and child outcomes using standardised assessments that are brief, reliable, validated, and culturally appropriate. Evidence from child protection provides a good practice to consider for a specific sector, including the articulation of parenting programme strategies that have demonstrated a reduction in harmful practices, as well as clear measures for assessing the impact of these programmes. However, UNICEF does not have strong evidence on the impact of integrated ECD packages on parental early stimulation and children's development, and many questions remain on what mix of interventions are operationally feasible and effective in development, humanitarian, and fragile contexts.

Theme 2: System Strengthening

103. Overall, the evaluation found substantial evidence of UNICEF's leadership and contributions in supporting governments to establish coordination mechanisms required for multisectoral programming. Some evidence was found on UNICEF's leadership in promoting a strong enabling environment for ECD, but gaps and challenges remain in developing and implementing integrated ECD policies. Some evidence of UNICEF's leadership to promote national training systems for frontline ECD workers was identified, but gaps remain in the monitoring and supervision of these workers. There was limited evidence on UNICEF contributions to public financing for ECD as a basis of system strengthen, but this is a new area for the organization.

Box 5: Overview of findings on system strengthening



104. The analytical framework⁴⁶ against which the subsequent evaluation questions were evaluated recognises that strengthening sectoral and multisectoral policies and systems for ECD and the capacity to scale the delivery of programmes and services can be achieved through:
- Strengthening government's capacity to, or assisting government, to generate evidence on the need for early stimulation and responsive care programmes.
 - Contributing to the development and drafting of policies, legislation, and national plans. Contributions can include leading and participating in forums, committees, providing technical inputs to these documents (either directly or through consultants).
 - Drafting new or revising existing curricula for ECD programmes and pre-service training of frontline workers that engage with parents. Developing new or revising existing training programmes used in pre-service training of frontline workers that engage with parents.
 - Strengthening sectoral capacity to advocate for and mobilise funding for programmes by developing their capacity to quantify resource requirements and propose appropriate funding mechanisms for the phased implementation and/or expansion of programmes.
 - Assisting government to revise and adapt existing regulations, procedures and processes to institutionalise practices and procedures required to deliver ECD programmes and services. This can include procedures and regulations related to planning, budgeting and human resource management.
 - Piloting programmes to demonstrate their effectiveness and test how service modalities can be incorporated into government service delivery systems.
105. The contributions required will depend on the context, informed by the existence of policies in relevant sectors, the sophistication of training systems, the degree to which human resource policies and practices are formalised, the extent of decentralisation in the allocation of roles and responsibilities, and the presence of revenue and expenditure assignments.

3.5 Enabling Environment

EQ 2.1 – How has UNICEF supported governments in the delivery and the scaling up of early stimulation and responsive care services through relevant sectors? Do countries have the required legal, financial, and institutional arrangements, as well as policies and sectoral plans, to support the delivery and scaling up of early stimulation and responsive care? What was UNICEF's contribution in establishing these?

- **Key Finding:**

- UNICEF makes significant contributions to the development of policies and national ECD plans, but few COs focus their support on strengthening systems to scale up early stimulation and responsive care programmes.

106. **UNICEF is more involved in higher level policy work, than activities required to support government in the delivery and scaling up of programmes.** A majority of UNICEF COs support rather than lead policy

⁴⁶ Barberton, C. 2020. Conceptual framework for thinking through the scaling-up of ECD interventions. Cornerstone Economic Research. Unpublished document.

development activities associated with ECD (see Figure 23). The number of mentions of activities core to strengthening the scaling up of programmes in the document review, namely “coordination mechanism and systems” and “public finance” are much lower than references to other activities (see Annex B, Figure 5). There are only 46 passages of text out of 2,000 referring to “coordination mechanisms and systems” and 40 referring to “public financing”. This in comparison to 112 passages to “enabling environment”. These numbers suggest that country offices work on higher level activities related to the enabling environment, but not the specific factors that contribute to the functioning of the bureaucratic systems involved in actual delivery.

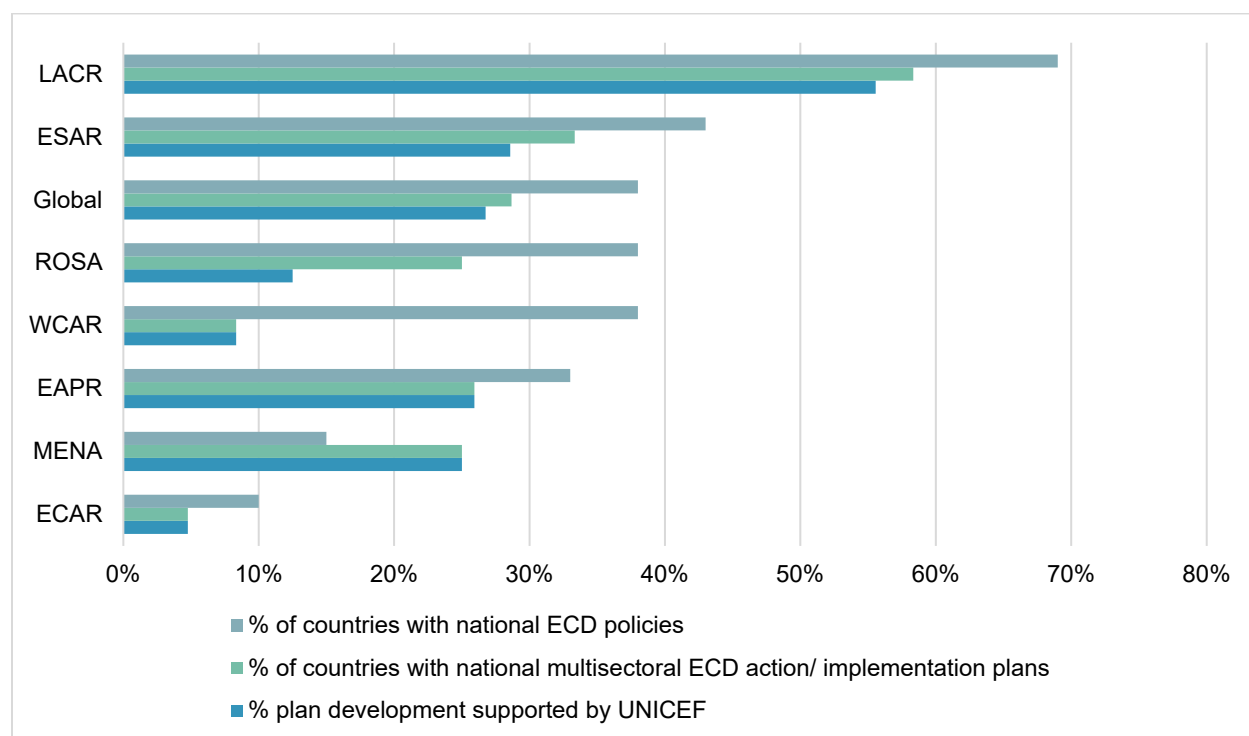
Figure 23: Policy development activities reported by COs

Typology of Activities	UNICEF's Role		Policy process has not got to this level
	Leads	Supports with other role players	
Propose policy options	41%	53%	6%
Develop regulations to support policy	49%	45%	6%
Develop intergovernmental arrangements for service delivery	32%	47%	21%
Recommend funding mechanisms for programmes	27%	52%	21%
Strengthen the systems required for policy implementation	20%	48%	32%
Support monitoring and evaluation of programmes	29%	61%	10%

Data Source: Institutional Survey, N=54

107. **Except for LACR, the majority of countries had no national ECD policies and implementation plans, but UNICEF is working towards this objective.** In 2018, 60 (38%) of the countries reported having a national ECD policy, which is lower than the target of 85 set by UNICEF (see Figure 24). In 2018, 45 countries (27%) reported having national multisectoral ECD action/ implementation plans, of which 42 were developed with support from the UNICEF country office, underscoring the critical importance of UNICEF's work in this area (see Annex C, Table 23). WCAR is a notable outlier as 9 (38%) of the countries have a national ECD policy, but only one has an ECD implementation plan.
108. Notable findings from the document review include the following. In EAPR, UNICEF China provided technical inputs to key national guidelines, policies and laws, including the drafting of the Early Childhood Care and Education Law. In Lao UNICEF supported the development of the draft early childhood education policy and the pilot of a Mother and Early Childhood Grant. In ESAR, UNICEF contributed to the development of national ECD policies in Uganda and Rwanda, and in Kenya, UNICEF provided technical support to the education sector which led a process to develop a cross sectoral ECD policy. In LACR, UNICEF Chile was working to leverage a National Plan of Action for Children and Adolescents to shape policies for ECD services. In MENAR, UNICEF has supported national governments to plan and implement frameworks and strategies that expand the coverage of education policies to include one year of mandatory, universal pre-primary education or kindergarten. In ROSA, UNICEF Sri Lanka played a key role in developing the National Preschool Education Policy, led by the National Education Commission. UNICEF supported the Ministry of Women and Child Affairs (MOWCA) in developing a National Policy for Child Day-Care Centres, complementing the National Guidelines for Child Day-Care Centres introduced in 2017. In WCAR, UNICEF expressed a desire to leverage education sector and social protection policies, but no results were reported due to challenges associated with weak governance systems.

Figure 24: Status of national ECD policies and implementation plans, 2018



Source: UNICEF RAM/SMQ Data, 2018

3.6 Coordination Mechanisms and Systems

EQ 2.2 – Do countries have the required coordination mechanisms and systems in place with all relevant stakeholders and sectors to deliver an essential package of ECD and early stimulation and responsive care programs? What was UNICEF's contribution in moving countries forward in these areas?

- **Key Finding:**

- Many UNICEF COs make valuable contributions to multisectoral coordination through their participation and, in some countries, joint leadership of ECD coordination committees.

109. **UNICEF's technical support and convening power have facilitated the establishment of coordinating bodies that promote cross-sectoral planning at the national and decentralised levels for early stimulation and care services** (see Annex B, Table 11). In ESAR, UNICEF Kenya worked with the Ministry of Health to coordinate a technical working group and other stakeholders to develop a road map and implementation plan for the Nurturing Care Framework and develop an Integrated ECD policy framework. In Rwanda, UNICEF' played a key role in developing the National ECD Programme (NECDP), which seeks to coordinate actors and provide strategic direction to multisectoral ECD programming inclusive of health, nutrition, WASH, social and child protection, and education. The NECDP established 20 positions across the thematic areas which are financed by central government. In ECAR, UNICEF Georgia provided

technical and financial support to the government and municipalities for improving horizontal and vertical coordination and capacity for the implementation of the Law on Early and Preschool Education and Care (EPEC) and related national standards. In [LACR](#), UNICEF [Colombia](#) prepared a Comprehensive Child Care Analysis Guide for national coordinating bodies to strengthen the co-responsibility of mayors in the local planning process. UNICEF [Honduras](#) has focused on establishing a body to oversee the creation of efficient mechanisms for interinstitutional and cross-sectoral coordination for integrated ECD services. In [MENA](#), UNICEF [Palestine](#) has played a significant technical and coordination role in facilitating the engagement of relevant sectoral ministries, UNWRA, and the World Bank. This has involved facilitating regular meetings of the inter-ministerial national and sub-national committees to build a sustainable system for ECD related services. In [WCAR](#), evidence of UNICEF efforts to strengthen coordination capacity were found in 2014 and 2017 reports, but there was no evidence of results in 2019.⁴⁷ In [ROSA](#), UNICEF [Nepal](#) supported the National Planning Commission (NPC) to develop draft national ECD strategy (2019-2030). This strategy will help to improve collaborative efforts among the relevant ministries and stakeholders to ensure holistic early childhood development.

110. **UNICEF’s membership and role in coordinating intersectoral committees varied by country and depended largely on the closeness of the relationship between UNICEF and the relevant ministry.** Where UNICEF has a close relationship with the ministry their role on the committee can include co-chairing the committee, scheduling and coordinating meetings. These roles enable UNICEF to influence who is invited and what items are put on the agenda for discussion. Where UNICEF merely participates in the committee, they are able to use that presence to keep issues on the policy agenda and be aware of opportunities to make technical inputs into policy and planning processes. Notable examples of close relationships are UNICEF [Rwanda](#) which co-chairs the National ECD Committee with the National ECD coordinator; UNICEF [Jordan](#) has a partnership agreement with the National Council for Family Affairs and also supports the council financially. UNICEF Serbia established informal intersectoral groups and an ECD Services Advisory group that includes officials delegated by key ministries. UNICEF [Mali](#) is on the ECD Action Network with government, the World Bank, and Save the Children.

3.7 Public Financing

EQ 2.3 – Is there adequate, efficient, and equitable public financing for ECD, and for early stimulation and responsive care programmes in particular? What has been UNICEF’s contribution to strengthening government capacity to prioritise ECD in the relevant budgets, and to allocate and spend funds efficiently, equitably, and effectively?

- **Key Finding:**

- UNICEF COs lack the capacity and technical knowledge needed to support line Ministries to mobilise and ensure the equitable allocation of public funds to ECD programmes, and to evaluate the efficient and effective use of such funds.

⁴⁷ In WCAR in 2014, UNICEF [Mali](#) reported that its efforts to strengthen coordination capacity at national and regional levels resulted in the revitalization of a national ECD coordination platform, as well as functioning regional ECD coordination mechanisms. In 2017, [Mali](#) was selected by HQ, [WCAR](#), and the World Bank to pilot the ECD Action Network, by the establishment of national inter-ministerial coordination mechanisms. However, no activity was reported on these efforts in 2019 reports. In [Senegal](#), a multisectoral group (Education, Health, Nutrition, Protection, Decentralization, Economy and Finances) was established in 2017 on a national and regional level to address the lack of synergies in the delivery of services in community preschools and to institutionalize the integrated approach into 20 villages.

111. **Only a few UNICEF country offices have the expertise and/or competencies in budgeting, public finance management and costing needed to advocate and lobby for public funding.** To lobby for funding and make specific recommendations about how early stimulation and responsive care programmes should be funded it is necessary to understand the funding mechanisms and budgeting processes related to the services and be able to work closely with the Ministry of Finance. Less than 25% of the COs felt that strong relationships with the Ministry of Finance are relevant to taking programmes to scale.
112. Other notable findings from the survey include the following (see Figure 25 and Annex H for more detailed analysis). At most, 24% of the COs developed, or attempted to develop, an in-depth understanding of the budgeting mechanisms in the country to enable them to advocate for funding effectively. Fewer than 30% of COs helped government officials to prepare budget bids or memos about funding of early stimulation and responsive care programmes. Fewer than 15% of COs have hosted workshops on funding issues; only 12% of COs have assessed or made recommendations on the modalities for including private funding of early stimulation and responsive care programmes. 24% of COs have assessed funding channels for early stimulation and responsive care programmes. 37% of 54 COs have costed their own pilots and only 12 of these costed them in sufficient detail to be useful for informing resource allocation. 52% the COs indicated they have costed government programmes, of which 15 indicated there was follow through with and/or use by the line Ministry that could potentially impact on resource allocations for the relevant programmes. Only 5 out of these 28 COs indicated they had engaged with the Ministry of Finance on the costing.

Figure 25: Public financing activities reported by COs

Typology of Activities	Explicit focus	Early stimulation and responsive care are a component	Not done
Public expenditure reviews	13%	28%	44%
Budget briefs or budget analyses	15%	39%	35%
Review funding mechanisms	13%	24%	46%
Reviews of budgeting processes	9%	22%	54%
Stakeholder mapping and analyses	31%	22%	28%
Frontline workforce assessments	11%	19%	50%
Cost of Inaction / Cost benefits	6%	11%	56%

Data Source: Institutional Survey, N=54

113. **Good practices regarding costing, public finance management and leveraging observed in the case study countries show how varied the type of support that is required.** UNICEF Jordan has a long and close working relationship with government and has seconded an official to government to provide technical support. The CO has a good understanding of public finance management arrangements, and so has helped ministries prepare work plans and advised on resource requirements. The CO estimated the unit costs for the parenting programme to help line Ministries prepare budgets for the programme. UNICEF Rwanda supported the development of a national ECD policy and 5-year Strategic Plan that were costed and endorsed in 2016. These documents outline cross-sectoral interventions in health, nutrition, WASH, education, child protection and social protection. When the CO helped to establish a coordination structure in the line Ministry, the government created a separate budget line for it, which lead to resources being available for policy development activities. The CO has also started working with local governments to build their capacity to plan and budget for ECD. UNICEF Thailand, as part of their demonstration ECD project, built the capacity of selected local authorities to plan and budget for the programme so that these funding arrangements could be replicated in other local authorities. Also, the Social Policy Unit is working with the

Ministry of Finance and the Parliament Budget Office to build capacity to improve public finance reporting on children. UNICEF [Serbia](#) prepared a costing of a kindergarten programme that was used to prepare a request for a loan from the World Bank, which is currently funding the roll out of a UNICEF supported programme. UNICEF [Paraguay](#) developed a method for tracking expenditures on children, which was adopted by the General Budget Office of the Ministry of Finance.

114. **UNICEF COs provided technical support to governments to cost education sector plans, which include early stimulation and responsive care** (see Annex B, Table 12 and Figure 15).⁴⁸ In [ESAR](#), UNICEF [Kenya](#) supported county-level governments with budgeting for integrated ECD plans that commit local funding to improve these services. UNICEF [Uganda](#) worked with the UNHCR, the Office of the Prime Minister and the Ministry of Education to develop a national Education Refugee Response plan that includes ECD services in six refugee-hosting districts in the West Nile. In [WCAR](#), information for 2019 indicates that all five COs covered by the document review were supporting the development of Education Sector Plan (ESP), and specifically ensuring the inclusion and costing of preschool education in these plans. The key drivers for these changes were UNICEF's leadership, technical support, and evidence-based advocacy on the need for early learning and school readiness in their countries during the education sector planning processes with government representatives. In [EAPR](#), UNICEF [Lao](#) is working with partners to influence education policy, and advocate for increased investments in equitable early childhood and primary education and develop a national costed action plan for early childhood education.
115. **Only a few UNICEF COs provide evidence that their work has contributed to leverage increased government budgets for early childhood education programmes** (see Annex B, Table 12). These countries are [Burkina Faso](#), [Mali](#), [Senegal](#), [South Africa](#), and [Rwanda](#). On the other hand, UNICEF has successfully leveraged partnerships to mobilise substantial financial resources for early stimulation and care services in certain countries through bilateral and multilateral donors. Most of the evidence on UNICEF's efforts to influence public financing for early stimulation and care services discusses what the COs are currently doing as well as challenges in this area of work, rather than the results of these efforts.⁴⁹

3.8 National Training Systems for Frontline Workers

EQ 2.4 – Are service providers and frontline workers across relevant sectors that engage with young children and families adequately trained and supported to deliver early stimulation and responsive care interventions and quality services? Are early stimulation and responsive care programmes adequately staffed, equipped, managed, harmonised and monitored? What was UNICEF's contribution in these areas?

- **Key Finding:**

⁴⁸ Other notable efforts on costing sector plans included the following. In [ECAR](#), [Tajikistan](#) reported UNICEF's support to the government on developing transparent financial mechanisms for early childhood education through a budget brief and costed scenarios within the State Programme on Preschool Education 2020-2025. In [MENA](#), the [State of Palestine](#) reported UNICEF support for a costed communication for development (C4D) ECD Strategy developed jointly with adolescents with disabilities and families with children with disabilities, endorsed by the Ministry of Social Development (MOSD) to improve early stimulation and responsive care practices among parents.

⁴⁹ For example, in [LACR](#), [Honduras](#) reported contributing to strategic and integrated planning and budgeting so that the Honduran State would be in a strong position to deliver 15 identified early stimulation and care services in a timely manner. [Chile](#) reported its contribution in modifying the subsidy system for preschool education to promote universal service care for early childhood. There was no evidence of public financing for early stimulation and responsive care programming in [MENA](#), most likely due to the protracted conflict in the region.

- UNICEF COs' monitoring and evaluation activities mostly focus on measuring the reach of programmes (e.g., the numbers of children reached), rather than contributing to the development of systems that can be used to monitor and manage the activities of frontline workers to ensure programmes are implemented with fidelity.

-
116. **Most UNICEF COs contributed directly to building the capacity of frontline workers, through regional training or trainer of trainer programmes.** Various UNICEF CO have supported the design and implementation of capacity development workshops for decision makers, service providers, and practitioners who work with or support frontline workers (see Annex B, Figure 16). Other efforts included providing governments with the technical assistance to design standards related to ECD centres, preschool teachers, parenting programmes, and children's early learning and development, as well as efforts to improve or strengthen the national education curriculum.
 117. The content of UNICEF-supported frontline workers trainings covered: core information on ECD practices for health and education practitioners (such as in [Serbia](#), [Jordan](#), and [Palestine](#)); how to provide parenting support in refugee camps (such as in [Jordan](#)); how to engage parents through home visits (such as efforts led by the ESARO); positive parenting and discipline (such as in [Paraguay](#) and [Palestine](#)); how to address the unique needs of children with disabilities, children living with HIV and tuberculosis, and children in remote rural areas (such as in [Tajikistan](#)); the training of preschool teachers in national curriculum and standards (such as in [Georgia](#), [Serbia](#), [Uganda](#), and [Mali](#)); a comprehensive teachers instruction manual ([Sri Lanka](#)); and supporting the development of training materials for frontline volunteers and caregivers and the 'Child-Friendly Kindergarten' programme (in [China](#));
 118. As regards assisting with the actual provision of training, UNICEF [Lao](#) assisted with providing continuous professional development support at provincial, district and school/community levels and the revision and piloting of pre-primary teacher's guidebooks. UNICEF [Thailand](#) provided training in holistic ECD and developed a facilitators' manual for ECD caregivers incorporating early learning and development standards. UNICEF [Timor-Leste](#) provided training to preschool facilitators. UNICEF [India](#) provided training to master trainers, supported professional teacher development on supportive supervision / monitoring and enhanced assessments, and provided training on interpersonal communication skills.
 119. **UNICEF's work on developing national curricula for early stimulation and responsive care programming primarily targeted preschool and kindergarten education and included technical support in the design of the curricula as well as the preparation of guidebooks and resources for practitioners.** These efforts helped to ensure that early stimulation and responsive care, specifically play-based teaching and learning, parenting programmes, and the unique stimulation and care needs of bilingual children and children with disabilities, were integrated into the different curricula.⁵⁰
 120. **Only a few UNICEF COs contributed directly to the development of new curricula.** From the documentary evidence and the written responses in the survey it would seem that only ten COs in the sample contributed to the development or revision of curricula related to early stimulation and responsive care services. UNICEF [Rwanda](#) commissioned the drafting of a Parenting Curriculum (2019). UNICEF

⁵⁰ Globally, around 30% of countries have a policy environment that supports mother tongue/ multilingual education in some form, however there are significant differences between regions (see Annex C, Table 26). For example, while in 2018 in SAR 88% of countries report to have a policy environment that supports mother tongue/ multilingual education, only 5% of countries in MENAR report so. Globally, in 2017 and 2018 around 30% of countries had human and material resources that supported mother tongue/ multilingual education in some form, which represented a drop from 2016 (41%) (see Annex C, Table 27).

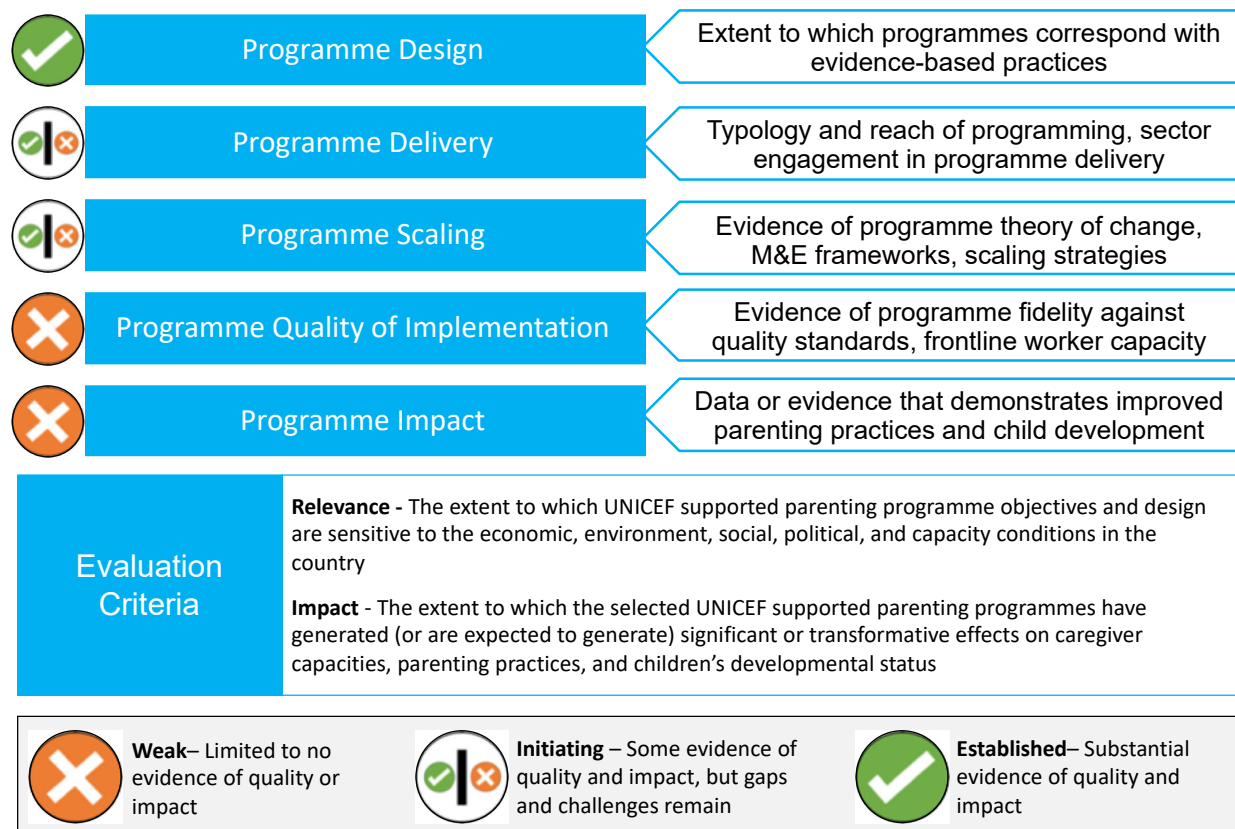
Serbia developed the Years of Ascent Curriculum for preschools, and modules for training home nurses were added to the pre-service training curriculum. UNICEF Jordan made changes to the KG curriculum to include parental engagement (not yet rolled out) and UNICEF Thailand developed training modules and the curriculum for the training of ECD workers.

121. **Very few UNICEF COs took steps to develop or strengthen the systems in government required to professionalise and develop a national workforce for early stimulation and responsive care.** Only 13 sampled UNICEF COs participated in the development of minimum competency standards and/or career pathways for the early stimulation and responsive care workforce and 10 CO were involved in developing key performance indicators for monitoring the work of frontline workers. The survey assessed the extent to which COs supported ministries to appoint a professionalised workforce for early stimulation and responsive care programmes. Activities included identifying management capacities required and presenting these in an organogram, preparing job descriptions of management required, helping government to approve new posts and helping government get posts funded. At best, only 30% of 54 COs engaged with these activities at a level required to make an impact.
122. **UNICEF COs' monitoring and evaluation activities mostly focus on measuring the reach of programmes (e.g., the numbers of children reached), rather than contributing to the development of systems that can be used to monitor and manage the activities of frontline workers to ensure programmes are implemented with fidelity.** There was little evidence in the document review that UNICEF has supported governments to monitor and certify frontline workers. The survey and case studies suggest only 15 COs contributed to the development of systems with this capacity.
123. Some good examples are noted in the case study countries. UNICEF Thailand contributed to the development of the system that was used by the NGOs responsible for implementing the programme. This system was later adopted by some local authorities when they took over responsibility for the programme. UNICEF Jordan developed a comprehensive monitoring and reporting system (Bayani) for the programmes provided through their Makani centres. UNICEF Serbia helped the Ministry of Education and institutes to improve the system for self and external evaluation of the preschools and supported the development and piloting of monitoring instruments for home visiting services that nurses use. The office is currently supporting the digitisation of the monitoring systems. UNICEF Rwanda developed a system for monitoring ECD which can be rolled out as funding becomes available. UNICEF Paraguay has planned the development of a monitoring system.

Theme 3: Programme Quality and Impact

124. Overall, the evaluation found substantial evidence that UNICEF-supported early stimulation and responsive care programmes were well designed. There is some evidence on programme delivery and scaling, but gaps and challenges remain in relation to the strength of multisectoral programing. There is limited to no evidence on programme quality of implementation or on programme impact.

Box 6: Overview of findings on programme quality and impact



3.9 Program Delivery

EQ 3.1 – What are the range of interventions or programs being supported by UNICEF in early stimulation and responsive care? Is their reach and coverage adequate and equitable?

• Key Findings:

- UNICEF has focused its efforts primarily on public ECD programmes, working with governments to deliver parenting and early learning programmes. UNICEF is reaching some of the most marginalized child populations, but it is difficult to assess the adequacy of programme coverage. Many COs reported that there is a strong focus on children with disabilities, children living in poverty, children in remote/hard to reach rural areas, children in poor urban areas, and children from marginalised cultural or ethnic groups

- Typology of Programmes.** The evidence from the document review indicated that UNICEF has primarily focused its efforts on public early learning programmes and parenting programmes. Community programmes were also common, however, while humanitarian programmes were only applicable in some

of the countries. The institutional survey confirmed 69 UNICEF supported parenting programmes across 52 COs, and that UNICEF supported early learning programmes were present in 52 COs. About 40% of the parenting programmes (28 out of 69) were associated with Care for Child Development, while a majority (60%) were stand-alone programmes (not associated with an existing ECD or ECE package). Results from the secondary data analysis, which were based on a larger sample, showed that 33 (21%) of 157 COs reported supporting ECD programmes in humanitarian settings (see Annex C, Table 30), reaching 266,529 children in formal or non-formal early learning/pre-primary education through UNICEF-supported programmes (Annex C, Table 30).

126. **Current Status of Programmes.** Globally, the number of children enrolled in UNICEF-supported early learning programmes has grown exponentially by more than 60 percent, from 673,835 in 2016 to 1,096,060 in 2018 (see Annex C, Table 29), and the secondary data analysis revealed that it was common for UNICEF to support governments in more than one type of early stimulation and responsive care programmes (see Annex B, Figure 17 and Table 14). In addition, 68% (107 out of 157) of COs reported that in 2018, they had integrated two or more different ECD interventions and delivered them as a package (Annex C, Table 21), far exceeding the Strategic Plan (2018-2021) target of 16 COs. Globally, there was a drop in community engagement associated with multilingual education, from 51% of COs reporting community engagement in some form in 2016 to around 25% in 2017 and 2018 (see Annex C, Table 26).
127. **Government Partners.** Of the 69 UNICEF-supported parenting programmes reported in the institutional survey, 61 (88%) received contributions from the Ministry of Health, 51 (74%) from the Ministry of Education, 29 (42%) from the Ministry of Social Protection, 24 (35%) from the Ministry of Child Protection, and 9 (13%) from the Ministry of Finance. A majority of parenting programmes (61%) received contributions from two or more ministries. Ghana, Honduras, the Republic of Moldova, Rwanda, and Serbia engaged five ministries in their parenting programmes. These contributions were made through financing, training of frontline workers, creation of curricula, provision of supplies/resources, monitoring/certification, etc. For the 52 early learning programmes, 33 (63%) received contributions from the Ministry of Health, 52 (100%) from the Ministry of Education, 21 (40%) from the Ministry of Social Protection, 13 (25%) from the Ministry of Child Protection, and 21 (40%) from the Ministry of Finance. A majority of the reported early learning programmes (79%) also received contributions from two or more ministries. China, Kenya, the Republic of Moldova, Rwanda, and Cuba engaged five ministries in their early learning programmes.
128. **Implementing Partners.** The implementers of community-based programmes included parents themselves (through peer and participatory learning), as well as community leaders, ECD practitioners, and faith-based organizations (see Annex B, Figure 18). In WACR, a good example is Ghana, where parents have been trained in play-based teaching, child protection, health promotion, and malaria prevention. In Senegal and Mali, parents have been empowered to serve on ECD centre management committees, alongside educators who teach parents about nutrition and psychosocial stimulation practices. In EAPR, COs increased access to pre-primary education both through conventional classroom-based programmes and through community-based and alternative early learning programmes. China piloted community-based ECD centres and Lao rolled out a community-based school readiness (CBSR) programme in hard-to-reach remote communities. It should be noted that UNICEF was also involved as a direct service provider, especially in lower income countries and in the delivery of humanitarian programmes.
129. **Targeted Beneficiaries.** The institutional survey data indicate that a majority of UNICEF-supported parenting programmes (59%) are open to parents of all children in the country (see Figure 26). However, many COs reported a strong focus on children with disabilities (48%), children living in poverty (57%), children in remote/hard to reach rural areas (61%), children in poor urban areas (48%), and children from marginalised cultural or ethnic groups (41%). A similar pattern of results was seen for UNICEF-supported

early learning programmes (see Figure 27), with the exception of humanitarian settings where more children were reached by early learning programmes than through parenting programmes (46% vs 29%). In this sample of 54 COs, there was little regional variation in the child age targets of parenting programmes and early learning programmes, although it is worth noting that for some regions the sample included few COs and may not be representative of the whole region (range: 2 to 13).

Figure 26: COs reporting that specific child groups are a focus of the parenting programme

Target Population	# (%) of 54 COs that completed the survey
All children in the country	41 endorsed (59%)
Children with disabilities	33 endorsed (48%)
Migrant/immigrant children	20 endorsed (29%)
Children living in poverty	39 endorsed (57%)
Children in remote/hard to reach rural areas	42 endorsed (61%)
Children in poor urban areas	33 endorsed (48%)
Children in humanitarian settings	20 endorsed (29%)
Working children	5 endorsed (7%)
Children from marginalised cultural or ethnic groups	28 endorsed (41%)
Children living/residing in institutions	11 endorsed (16%)

Source: Survey Responses

Figure 27: COs reporting that specific child groups are a focus of the early learning programme

Target Population	# (%) of 54 COs that completed the survey
All children in the country	38 endorsed (73%)
Children with disabilities	27 endorsed (52%)
Migrant/immigrant children	18 endorsed (35%)
Children living in poverty	33 endorsed (63%)
Children in remote/hard to reach rural areas	36 endorsed (69%)
Children in poor urban areas	30 endorsed (58%)
Children in humanitarian settings	24 endorsed (46%)
Working children	4 endorsed (8%)
Children from marginalised cultural or ethnic groups	22 endorsed (42%)
Children living/residing in institutions	5 endorsed (10%)

Source: Survey Responses

130. **Most parenting programmes target parents of children ages 6 years and younger, but focus primarily on infants and toddlers.** For example, the institutional survey indicated that nearly all parenting programmes (87%) address parents with infants and toddlers (see Figure 28). **By contrast, early learning programmes supporting children's school readiness are generally focused on preschool age and kindergarten age children.** Similarly, for public education, community-based, and humanitarian settings, the focus of the early learning programmes is on preschool and kindergarten age children (see Figure 29). Across the 54 COs, there was little regional variation in the age and child groups that are the focus of parenting programmes and early learning programmes.

Figure 28: COs reporting that specific child age groups are a focus of the parenting programme (by programme focus)

Age Group	# (%) of 54 COs that completed the survey
Child Development - Infants and toddlers (0-2)	60 COs endorsed (87%)
Child Development - Preschool age (3-5)	52 COs endorsed (75%)
Child Development - Kindergarten age (5-6)	32 COs endorsed (46%)
School Readiness - Infants and toddlers (0-2)	8 COs endorsed (12%)
School Readiness - Preschool age (3-5)	32 COs endorsed (46%)
School Readiness - Kindergarten age (5-6)	35 COs endorsed (51%)

Data Source: Institutional Survey, N=54

Figure 29: COs reporting that various child age groups are a focus of the early learning programme (by type of programme)

Age Group	# (%) of 54 COs that completed the survey
Public education early learning opportunities - Infants and toddlers (0-2)	23 endorsed (44%)
Public education early learning opportunities - Preschool age (3-5)	43 endorsed (83%)
Public education early learning opportunities - Kindergarten age (5-6)	40 endorsed (77%)
Community-based early learning opportunities - Infants and toddlers (0-2)	18 endorsed (35%)
Community-based early learning opportunities - Preschool age (3-5)	33 endorsed (63%)
Community-based early learning opportunities - Kindergarten age (5-6)	25 endorsed (48%)
Home-based early learning opportunities - Infants and toddlers (0-2)	18 endorsed (35%)
Home-based early learning opportunities - Preschool age (3-5)	22 endorsed (42%)
Home-based early learning opportunities - Kindergarten age (5-6)	14 endorsed (27%)
Humanitarian early learning opportunities - Infants and toddlers (0-2)	15 endorsed (29%)
Humanitarian early learning opportunities - Preschool age (3-5)	25 endorsed (48%)
Humanitarian early learning opportunities - Kindergarten age (5-6)	23 endorsed (44%)

Data Source: Institutional Survey, N=54

131. In **EAPR**, early learning programmes have focused upon access to pre-primary education, implementing integrated ECD packages, and supporting community-based programmes. In terms of access to early learning programmes, 12 out of 14 COs reported net enrolments in pre-primary education over 50%, and 6 COs report 80% or higher. At least 11 COs are implementing integrated ECD packages combining health, parenting, stimulation WASH, and/or nutrition. A growing number of countries now focus on the youngest children, “First 1000 Days”, with 11 of these COs piloting or designing integrated ECD/parenting packages. The reviewed documents show that UNICEF delivers community programmes, early learning programmes, and parenting programmes. In Lao, for example, the community-based school readiness (CBSR) programme promoted greater demand creation, where Village Education Development Committees, trained with UNICEF’s support, played a critical role in community and parent mobilization, which realised enhanced community ownership and mutual accountability. There is limited evidence, however, that UNICEF-supported programmes have a beneficial impact on frontline workers, parents, or children.
132. In **ECAR**, improving access to preschool education and home visiting were the key strategies for supporting families to provide nurturing care to young children. Serbia leveraged resources to scale-up implementation of inclusive, quality preschool services in partnership with the Ministry of Education and the World Bank. These achievements created a platform for wider reform of preschool education led by the

Ministry aimed at the expansion of 17,000 preschool spaces, benefiting a total of 48,000 children. In Kyrgyzstan, UNICEF provided technical support to the Government of Kyrgyzstan for the introduction of Child Development Centres to reach the Government target of 80% coverage and reach, as an alternative early learning opportunity for young children and to promote nurturing, positive parenting across the country.

133. In **ESAR**, there was evidence of early learning programmes, parenting programmes, and humanitarian programmes. Kenya reported that pre-primary enrolment increased due to its efforts in supporting the government to make gains in reaching remote areas and disadvantaged communities. In Uganda, UNICEF support for 7,450 ECD centres reached more than 211,000 parents and 350,000 children with school readiness parenting programmes, including more than 6,000 children with disabilities and 113,000 refugee children. In Rwanda, a form of Care for Child Development reached about 10,000 families through home visitation to improve the home environment for optimal child development. Humanitarian programs were found in Kenya, Rwanda, and Uganda. In Rwanda, UNICEF continued to provide ECD response to children at the Mahama Refugee camp which is hosting people from Burundi. A total of 5,481 children aged 3-6 years received integrated ECD services at the camp (2,813 boys and 2,668 girls). In addition, 893 children under 3 years of age received early stimulation, nurturing care, and learning in 72 home-based groups (495 boys; 398 girls). A total of 723 frontline workers were trained to provide integrated and quality ECD services (359M, 364F). The annual target of 300 was exceeded due to the change in approach from the use of paid to volunteer frontline workers, which called for an increased number of frontline workers who work on a rotational basis. In Uganda, in refugee-hosting districts, 110,775 refugee children (50% girls) were enrolled in pre-primary education, constituting 61% of eligible refugee children in these districts. Sixty-two per cent (target 25%) of ECD frontline workers in 27 focus districts were trained according to national standards.
134. In **LACR**, the focus has been on parenting programmes, early learning programmes, and community programmes. The LACRO has provided substantial internal and external support for the roll-out of Care for Child Development in the region and as a result, all of the countries in our document review sample were implementing parenting programs. The LACRO has emphasised the need to address children with disabilities in the provision of early stimulation and care services. Paraguay reported extensive work on supporting children with disabilities to access early childhood programs and services, and in ensuring the government implements preschool programs, especially in areas of exclusion. Honduras reported working on increasing coverage of early learning with the Education Secretariat through three delivery models: home education, education in community centres and education schools. Chile reported working on integrating information on young children's development into existing education programs to improve their quality.
135. In **MENAR**, there was more evidence in the document review on early learning and parenting programmes, and limited evidence on humanitarian programmes. In Jordan, the *Makani (My Space)* programme provided an integrated package of services reaching 20,000 children and over 42,000 caregivers through the Better Parenting Programmes. UNICEF Jordan also introduced the Zero-to-Three Programme (for parents and children from birth to 3 years old; the Parent and Child Programme (including an Early Learning Readiness component for parents and children 4-5 years old) to stimulate the development of young children and ensure that children's social and cognitive readiness for school is enhanced. In 2018, 57,078 parents benefited from the parenting sessions. Jordan also made considerable progress towards realizing the rights of the country's 4 million children. During the 2018/2019 school year, 84% of children aged 4-5-year enrolled in kindergarten, and in 2019 the CO supported 3,798 children (50% female) with pre-primary education. In the State of Palestine, UNICEF has supported the MoE to implement a strategy that extends service availability and improves programme quality to raise awareness on the early

detection of children with developmental delays and improving the learning environment in public kindergartens.

136. In **SAR** in 2019, **ROSA** prioritized primary health care (PHC), and adopted a multi-sectorial approach bringing together health, nutrition, ECD, and communication for development (C4D), and supported COs help provide PHC at the community level. Although there is little evidence in the reviewed document that UNICEF is working on strengthening public financing for early stimulation and care services within the region, UNICEF has supported curriculum development and the training of frontline workers at 2,501 ECE centres enrolling 77,201 pre-primary aged children (61% girls) in 2019. In Nepal, UNICEF is promoting use of early learning and development standards (ELDS) through summative and formative assessments and is supporting the Education Review Office (ERO) on national assessments based on ELDS. The Education Review Office is sampling 10-15 districts per year and has assessed 40 districts to date. ROSA also supported the development of policy and systems for ECE, non-formal education (NFE) such as alternative learning pathways, and education management information systems. As a result, a total of 302,192 out-of-school children (55% girls) gained access to pre-primary, formal and non-formal education through direct UNICEF support. Disparities exist in access to preschool, however, with children in rural regions seeing less attendance
137. In **WCAR**, the focus has been on early learning and multisectoral packages that address children's holistic development, as well as community-based and humanitarian programmes. Mali reported its multisectoral programming strategies reached 50,000 children living in regions affected by conflict who benefited from access to education, including cognitive and psychosocial activities, parenting education and the construction of ECD centres. UNICEF Mali's C4D strategies led to an increased demand for services through the "Mama Yaleen" model (parents training other parents), which grew from 1,600 to 4,000 parent trainers who reached more than 300,000 parents with ECD messages. In Senegal, the 2012-2018 CPD indicated that enrolment rates for primary education increased as a result of the introduction of preschool classes in two of the poorest regions in the country. In Niger, the 2019-2021 CPD told a similar story, that UNICEF advocacy efforts to promote preschool enrolment contributed to increased enrolment in primary school by 3%. In Ghana, Niger, and Senegal, parenting education programs have been a component of community-based preschools and ECD centres. There is evidence that Senegal, Mali, and Niger have implemented Care for Child Development. School readiness has been the focus of parenting education in Niger, Ghana, Burkina Faso, and Mali. In Ghana, parenting education programs focused on violence prevention in 2014.

3.10 Programme Design

EQ 3.2 – To what extent do UNICEF-supported interventions correspond to evidence-based good practices? What was UNICEF's role in creating and supporting these interventions?

- **Key Findings:**

- UNICEF supported early stimulation and care programmes have adopted evidence-based practices, with the exception of encouraging children's agency and promoting autonomy-supportive parenting and teaching.

138. **The document review revealed that programs were designed to promote early stimulation and responsive care (41% of 101 passages of text), to promote the holistic delivery of ECD services through multisectoral packages (37%), and to convey important information about ECD practices (22%) (see Annex B, Figure 19 and Table 15).** For the institutional survey, UNICEF staff respondents were provided with a list of 18 “best practices” in parenting (based on the scientific literature on parenting and ECD, and consistent with the Nurturing Care Framework),⁵¹ and asked whether the practice is included in the ECD programmes they support. All of these practices are examples of components of nurturing care such as responsive caregiving and opportunities for early learning, although some of them (e.g., supporting children’s developing sense of autonomy and agency by giving children choices, and respecting their opinions, while still remaining “in charge”) are not explicitly mentioned in UNICEF’s messaging on the topic.
139. The number and percentage of parenting programmes (out of 69) for which COs endorsed each best practice (i.e., reported that the practice was included in the programme) is shown in Figure 30. The most highly endorsed practices (90% endorsement or more) are shown in bold, and the least endorsed (75% or less) are shown in red. **All 18 of these best practices were endorsed by a majority of surveyed COs (59% of the country offices or more).** Five of the practices were endorsed by a large majority (90% or more) of COs. These highly endorsed practices correspond to UNICEF’s efforts to raise awareness regarding (1) brain development (2) play-based interactions, (3) discouraging use of corporal punishment, (4) age-appropriate play and learning materials, and (5) parental warmth. Apparently, UNICEF messaging regarding these five practices has been well received and is reported by COs to be part of the large majority of ECD programmes.

Figure 30: Evidence-based best practices of UNICEF-supported parenting programmes

Best Practices (Parenting Programmes)	# (and %) of 69 UNICEF-supported parenting programmes
1. Encourage parents’ awareness of healthy brain development	62 (90%)
2. Encourage parents to engage in play-based interactions with children	67 (97%)
3. Encourage parents to provide children with challenges (e.g., tasks, activities) that are neither too easy nor too hard, but appropriate for the child’s developmental level	51 (74%)
4. Encourage parents to support children’s behaviour by giving them just enough help so they can succeed in doing things on their own	51 (74%)
5. Encourage the use of “serve and return” interactions with children (e.g., asking questions, listening, and being responsive)	57 (83%)
6. Encourage consistency of parenting practices, including discipline practices (e.g., following through on promises).	52 (75%)
7. Discourage parenting that is psychologically or emotionally coercive (e.g., parent uses guilt, shame, shouting, rejection as punishment)	58 (84%)
8. Discourage the use of corporal punishment (e.g., smacking, slapping, hitting, beating)	62 (90%)
9. Encourage the provision of age-appropriate play and learning materials in the home	62 (90%)
10. Encourage parents to provide children with praise, attention, and encouragement	61 (88%)
11. Encourage parents to show children warmth and love (e.g., telling them, “I love you”, hugging them)	64 (93%)

⁵¹World 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*. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.

Best Practices (Parenting Programmes)	# (and %) of 69 UNICEF-supported parenting programmes
12. Encourage parents to provide children with age-appropriate problems to solve	44 (64%)
13. Encourage parents to support children's developing autonomy and sense of agency (e.g., giving children choices, and respecting their opinions, while still remaining "in charge")	48 (70%)
14. Encourage parent to support children's health and physical development by providing children with adequate hygiene and nutrition	60 (87%)
15. Encourage parents to practice stimulation (serve-and-return interactions, learning activities, modelling)	56 (81%)
16. Encourage parents to provide support and responsiveness (trust, attachment, sense of security, encouragement, support for agency)	58 (84%)
17. Encourage parents to provide structure (routines, consistent discipline, supervision, protection from harm)	55 (80%)
18. Encourage parents to promote the socialization of children (conveying values, habits, and attitudes of society)	41 (59%)

Data Source: Institutional Survey, N=54

140. In contrast, 6 practices were endorsed by only 75% or fewer COs (see Figure 30). These include: (1) providing children with developmentally appropriate challenges, (2) providing children with just enough help, (3) encouraging parenting consistency, (4) providing children with age-appropriate problems to solve, (5) support for autonomy and agency, and (6) promoting socialization. These least endorsed items all reflect the importance of autonomy-supportive parenting, which has been shown to promote children's healthy development, in both more individualistic and in more interdependent cultures,^{52 53 54} as well as across levels of socioeconomic status within a culture.⁵⁵
141. Autonomy support refers to a set of behaviours that help children develop a sense of agency, and consequently, a willingness to accept challenges and solve problems: (1) providing children with the appropriate amount of help for their skill level (i.e., scaffolding, providing "just enough" support); (2) encouraging and appropriately praising children; (3) taking children's perspectives; and (4) providing children with choices and following their lead. The most versus the least endorsed practices might also differ from one another in a variety of other ways (e.g., it may be more difficult to introduce unfamiliar practices to parents, or the practices themselves might vary in difficulty), but a review of UNICEF's messaging about responsive parenting, such as the Nurturing Care Framework and *The Lancet* series on Advancing Early Childhood Development: From Science to Scale (2017), reveals that although this messaging emphasises the importance of both responsive caregiving and opportunities for learning (stimulation, including play), it does not specifically address autonomy supportive practices. Consequently, it seems likely (although not certain) that the importance of autonomy-supportive practices is not well as

⁵² Meuwissen AS, Carlson SM (2018). An experimental study of the effects of autonomy support on pre-schoolers' self-regulation. *J Appl Dev Psychol*. 60:11-23

⁵³ DiStefano R, Galinsky E, McClelland MM, Zelazo PD, Carlson SM (2018). Autonomy-supportive parenting and associations with child and parent executive function. *J of Appl Dev Psychol*, 58:77-85.

⁵⁴ Cheung CS, Pomerantz EM, Wang M, Qu Y. (2016). Controlling and autonomy-supportive parenting in the United States and China: Beyond children's reports. *Child Development*, 87:1992-2007, 10.1111/cdev.12567

⁵⁵ Joussemet M, Koestner R, Lekes N, Landry R. A longitudinal study of the relationship of maternal autonomy support to children's adjustment and achievement in school. *J Pers*. 2005 Oct;73(5):1215-35. doi: 10.1111/j.1467-6494.2005.00347.x. PMID: 16138871.

well understood among COs and frontline workers, and therefore not as likely to be emphasised in programme design.

142. COs were also asked about best practices included in any early learning programmes they support. As with the parenting programmes, Figure 31 indicates practices endorsed by 90% or more of the COs (shown in bold) were considered the most highly endorsed. The most highly endorsed practices concerned (1) brain development, (2) play-based interactions, (3) age-appropriate play and learning materials, (4) age-appropriate play and learning materials, and (5) praise, attention, and encouragement. These are all key features of the Nurturing Care Framework. Given the overall high levels of endorsement, practices endorsed by 80% or fewer (shown in red) were considered the least endorsed. These practices included four different forms of autonomy support: (1) providing children with just enough help, (2) serve and return interactions, (3) discouraging teaching that is psychologically coercive, and (4) support for autonomy and agency. Decades of research on autonomy-supportive teaching has established clearly that it supports academic engagement and achievement, as well as other important developmental outcomes.⁵⁶ As with autonomy-supportive parenting, this research shows that autonomy-supportive teaching has similar effects across both more individualistic cultures and more interdependent cultures.⁵⁷ The document review indicates although UNICEF has promoted responsive caregiving, it has not specifically emphasized the multicultural importance of autonomy support. UNICEF could usefully place a greater emphasis on practices related to autonomy support not only in parenting programmes, but also in early learning programmes.

Figure 31: COs indicating whether UNICEF-supported early learning programmes include particular evidence-based best practices

Best Practices (Early Learning Programme)	# (and %) of UNICEF COs Endorsing
1. Aims to stimulate healthy brain development	48 (92%)
2. Provide opportunities for children to engage in play-based interactions with caregivers or other children	51 (98%)
3. Provide children with challenges (e.g., tasks, activities) that are neither too easy nor too hard, but appropriate for the child's developmental level	46 (88%)
4. Support children's behaviour by giving them just enough help so they can succeed in doing things on their own	40 (77%)
5. Use "serve and return" interactions with children (e.g., asking questions, listening, and being responsive)	38 (73%)
6 Discourage teaching that is psychologically or emotionally coercive (e.g., uses guilt, shame, shouting, rejection as punishment)	41 (79%)
7. Discourage the use of corporal punishment (e.g., smacking, slapping, hitting, beating)	45 (87%)
8. Provide children with age-appropriate play and learning materials	51 (98%)
9. Provide children with praise, attention, and encouragement	47 (90%)

⁵⁶ Reeve J, Cheon S H, (2021) Autonomy-supportive teaching: Its malleability, benefits, and potential to improve educational practice, *Ed Psychol*, 56:1, 54-77. <https://doi.org/10.1080/00461520.2020.1862657>

⁵⁷ Nalipay MJN, King R, Cai Y. (2020). Autonomy is equally important across East and West: Testing the cross-cultural universality of self-determination theory. *J Adol*, 78: 67-72. <https://doi.org/10.1016/j.adolescence.2019.12.009>

Best Practices (Early Learning Programme)	# (and %) of UNICEF COs Endorsing
10. Provide children with age-appropriate problems to solve	45 (87%)
11. Support children's developing autonomy and sense of agency (e.g., giving children choices, and respecting their opinions while still remaining "in charge")	41 (79%)

Source: Survey Responses

3.11 Programme Scaling

EQ 3.3 – Are UNICEF-supported programmes taking the necessary steps to ensure interventions can be scaled (e.g., developing a theory of change and M&E framework, designing appropriate curricula and tools for training frontline workers, embedding interventions into existing sectoral programmes and platforms.)?

- **Key Findings:**

- Very few of the programmes that UNICEF pilots are designed to be taken to scale because the focus is on proving effectiveness rather than on developing an understanding of what it takes to institutionalise the programme in government systems.

143. **There was limited evidence in the document review on UNICEF's efforts to support programme scaling, despite making this a goal in certain regions and countries** (see Annex B, Figure 21 and Table 16). Most of the information indicated that UNICEF has considered scaling preparedness and costing more than the country context, or programme norms and standards. In ESAR, UNICEF has supported governments to prepare for scaling the "Let's Play" by providing them with the tools to plan, implement, cost and evaluate the project with support from IKEA. UNICEF Kenya supported the costing of "Let's Play" with a to supporting scaling it in the future. UNICEF Rwanda has relied on the strong enabling environment that has been formed through the National ECD Policy which aims to increase access to ECD services by 45% in 2024. They have worked through communities to mobilise awareness and demand for services, since ECD services only reach 1% of children ages 0-3 years. LACRO reported the continued scaling of Care for Child Development through existing government sectors. UNICEF Paraguay mentioned the need to be actively engaged with municipal-level actors as a mechanism for scaling proven programs. The CO also reported that scaling was a challenge in terms of being able to reach the most marginalised groups, including indigenous children, children living in rural areas and children with disabilities. UNICEF Senegal's CPD for 2019-2023 indicates that if multisectoral or integrated approaches such as ECD are to be scaled up, sectoral roles have to be clarified and guidance included in national policies and Strategic Plans.
144. **Programme materials provided have been codified in some detail and it appears the information and knowledge required to replicate the programmes elsewhere are embedded in the materials.** The COs that responded to the survey questions about the extent to which features of the programmes they supported had been codified during the design phase of the project indicated that 75% or more of the workforce and programme management dimensions and 71% or more of the programme features had been codified. The features that were codified the least were physical spaces and facility standards, which most

likely reflects that many of the UNICEF supported programmes built capacity in existing delivery systems as opposed to piloting a standalone intervention.

145. **Few UNICEF COs: (a) provide support over a long enough time period and (b) work on the kinds of systems issues required to embed programmes in the processes of government bureaucracies that are responsible for scaling the programmes.** Over 80% of 54 COs feel that factors that sit in their policy development comfort zone such as strong technical expertise in early stimulation and responsive care; strong relationships and regular communication with the line ministries and strong relationships with the community stakeholders are important for scaling. However, less than half of 54 COs feel that technical expertise on public administration, decentralisation and public finance were important to scaling, even though all of these contribute to strengthening systems required to take programmes to scale. This finding reflects a lack of knowledge on the part of UNICEF staff on what taking a programme to scale involves. Similarly, only 41% of 54 COs indicated that intergovernmental arrangements had influenced the design of their programmes. UNICEF Jordan has worked with government to embed its Better Parenting Programme into government programmes, which has enabled wide-scale training. UNICEF Serbia developed a comprehensive plan to roll out training on the new preschool curriculum and leveraged funding to implement the 4-year plan. In contrast, COs in Rwanda and Thailand developed comprehensive training packages, but provided them only in selected geographic areas; however, UNICEF has demonstrated that these can be replicated elsewhere.
146. **Communication for Development (C4D) campaigns are an important scaling mechanism, but COs need to take further steps to achieve nationwide reach.** UNICEF Thailand and Paraguay developed websites where the public can access material. Whether this material is accessed at scale depends on the effectiveness of communication campaigns, access to and use of social media and whether frontline workers or public officials referred parents to the websites and materials. UNICEF Thailand has agreed with the Ministry of Health to include references and links (e.g., QR codes) to UNICEF's website in materials that government distributes through clinics, including the health card that is given to every parent. It is not clear that these COs have a plan in place to workshop the materials with all parent facing officials. Within the C4D programme, UNICEF Rwanda has helped the National Children's Commission (NCC) to design, develop, and implement 'Let us Raise Children in Families'. There are about 30,000 Izus (community member elected as a "friend of the family") in the country, and UNICEF intends to use the Izu network to promote child protection issues, early stimulation, and ECD programmes.
147. **Despite the limited examples of UNICEF supported programmes being taken to scale, some good practices were observed.** Successful scaling requires an implementation plan that is comprehensive and scheduled over multiple years. The roll out of the Years of Ascent curriculum in Serbia includes a detailed and comprehensive four-year plan, which is fully funded. To scale programmes across the country it is essential to understand policy implementation at the decentralised level. UNICEF Thailand, through their ECD demonstration centres, demonstrated how to implement a programme within existing structures and budgets at a decentralised level. The experience in UNICEF Jordan shows that through long-term and close working relationship with government, including seconding an official to government, it is possible to fully embed UNICEF programmes into government programmes and budgets. UNICEF Serbia worked with two ministries to formalise the competencies and expectations of the workforce by changing the "Rule Books" for nurses and preschool teachers, which regulate the roles and responsibilities of frontline workers. Perhaps most important is the recognition that achieving impact and roll out at scale requires focused long-term support which UNICEF Serbia and Jordan have provided.
148. **Partnering with the private sector is a cost-effective opportunity for achieving impact, but few UNICEF COs have strategies to engage with the private sector.** UNICEF Rwanda developed a "Private

Sector Engagement Strategy” aimed at establishing linkages between local businesses, nutrition projects and ECD centres. Business, especially in the tea sector, were sensitised on the Children’s Rights and Business Principles and the importance of ECD and establishing child-friendly workspaces. This is a low-cost way to expand access to programmes, especially in countries with industries that employ large low and semi-skilled workforces. Surprisingly, this was not a strategy identified elsewhere. The private sector must be viewed as one of the implementing partners of parenting programmes.

3.12 Programme Quality of Implementation

EQ 3.4 – Are UNICEF-supported early stimulation and responsive care programmes being implemented as intended (with fidelity) and according to parenting and early learning and development standards? What are the challenges associated with implementation? How and to what extent have they been addressed?

• Key Findings:

- There was almost no evidence of efforts to ensure programme fidelity. Fidelity is the extent to which frontline workers adhere to the protocol for programme delivery. Measuring fidelity is a key feature of implementation research, and is essential for determining the impact of the programmes on parents and children.

149. **There is limited evidence of UNICEF’s efforts to improve the quality of early stimulation and responsive care programming, which focused primarily upon improving frontline worker capacity and setting affordances**, such as the construction of ECD centres and the provision of play and learning materials (see Annex B, Figure 20 and Table 17). Most evidence on frontline worker capacity suggested efforts to increase awareness of ECD, play-based facilitation skills, responsive care skills, and classroom management skills. In 2016 globally 83% of 157 COs reported to be working on the quality of the teaching and learning environment for early learning (see Annex C, Table 32). For 2017 and 2018 this number was a bit lower, 73% and 77% respectively. However, most regions rated the quality of the teaching and learning environment between ‘weak’ and ‘initiating’. ‘Weak’ means that: (a) the teachers are not trained on child-centred pedagogy; (b) a curriculum has not been formally approved and whatever exists is not based on child standards; (c) classroom material lists do not exist and thus age-appropriate books, toys/play things, and learning materials are not available for preschool classrooms; (d) there are no standards for the design of classrooms/centres that ensure adequate learning space; and (e) parent participation is not encouraged and is at best extremely limited.
150. **There was almost no evidence of efforts to ensure programme fidelity, or the extent to which frontline workers adhere to the protocol for programme delivery.** Measuring fidelity is a key feature of implementation research,⁵⁸ and is essential for determining the impact of the programmes on parents and children. High quality tools for the assessment of fidelity are freely available, and can be adapted easily to the implementation of specific programmes. **On the institutional survey, none of the 52 COs with parenting or early learning programmes indicated that UNICEF supported the assessment of frontline workers; 23 COs reported that UNICEF has not assessed frontline workers, and 29 COs**

⁵⁸ Peters DH, Adam T, Alonge O, Agyepong IA, Tran N. (2013). Implementation research: what it is and how to do it. *BMJ*: 347:f6753.

did not reply. The document review only yielded one mention of programme fidelity. High quality fidelity data are essential for supporting frontline workers to deliver programmes as planned, and for using evidence to refine and improve programmes.⁵⁹

151. A recent global evaluation of UNICEF's Early Childhood Development Kits for Emergencies underscores the importance of monitoring programme fidelity.⁶⁰ An estimated 142,235 ECD kits were procured by 104 Country Offices from 2009-2018, benefitting approximately 7,111,750 children. The global evaluation had three primary findings: 1) using the kits in non-Western cultures and in low-resource settings requires context-specific local adaptations to ensure the relevance of the play opportunities for children, their parents, and caregivers; 2) the presence of an ECD enabling environment, the safe integration of play opportunities into ECD programming, play affordances, and caregiver training were all important factors shaping the effectiveness of the ECD kit interventions; and 3) without appropriate frontline worker and parent training and high fidelity of implementation, children will not fully benefit from these play opportunities due to the challenges caregivers face when introducing toys into emergency or low-resource settings. An overarching finding was that parents were not fully considered in the design and use of the ECD kits in practice. When parents were involved in making locally relevant toys, case studies found that COs reported that children improved their cognitive, social, and emotional development as a result of play activities, and caregivers reported reduced stress levels in both children and themselves.

3.13 Programme Impact

EQ 3.5 – Are selected early stimulation and responsive care programmes having a demonstrable effect on caregiving practices and children's development, especially for the most vulnerable children, including children with disabilities?

- **Key Findings:**

- With few exceptions, monitoring of children's developmental status has not been integrated into programming practices with support from frontline workers, programmes have not been evaluated using controlled designs and relevant measures, and relevant data have not been integrated into a secure data management system.

152. **There are virtually no outcome data concerning (1) frontline workers' knowledge about ECD and (2) frontline workers' practices.** The limited data that do exist (e.g., from Thailand) suggest that frontline workers who participate in ECD programmes show increased knowledge about ECD. Data concerning outcomes for parents and children are also limited. Moreover, all available parent and child outcomes data are based on parents' reports of their own practices or children's behaviour, and generally do not include comparisons with parents and children who do not participate in the programmes. For example, in Jordan, War Child Holland collected data from parents receiving interventions in refugee camps, and found that after the interventions, parents reported increased knowledge about ECD and an acceleration of their children's development. This evidence is promising, and it is consistent with the *possibility* that the

⁵⁹ McKenna J, Flower A, & Ciullo S (2014). Measuring fidelity to improve intervention effectiveness. *Intervention in School and Clinic*, 50, 15-21. doi:10.1177/1053451214532348

⁶⁰ UNICEF (2019). *UNICEF Early childhood development kit (ECD kit) for emergencies*. New York: UNICEF Evaluation Office.

interventions are effective, but in the absence of an appropriate comparison group, these findings could be attributed to the passage of time, placebo effects, and/or demand characteristics. A good example of a well-designed study is the World Bank-supported Quality for Preschool Impact Evaluation 2017.⁶¹ This could be used as a model for future evaluations.

153. The document review revealed that **many COs reported challenges associated with programme coverage and a lack of data for monitoring and evaluation.** UNICEF Kenya reported a lack of appropriate data to assess progress with implementing the Competency-Based Curriculum and National Pre-Primary Policy and indicated that departments responsible for providing children's services still operate in silos. In Uganda, data on ECD services for children 0-3 are not available, and coverage is skewed towards urban areas, there are few trained teachers, and there is a lack of clarity on appropriate curricula. UNICEF Uganda also indicated a lack of sectoral planning, monitoring, and data systems to effectively coordinate and track progress in the integration of relevant interventions within and across sectors. UNICEF Rwanda also mentioned that data collection on the management of ECD centres is limited to periodic studies or surveys through the Demographic Health Surveys, which are too infrequent to assess progress, and focus on children's physical health. UNICEF Rwanda reported that most parents still lack skills and knowledge to provide nurturing care related to a lack of education and cultural norms and practices.
154. **Overall, there is very limited evidence that any UNICEF-supported ECD parenting programmes have a measurable beneficial impact on either parents (see Annex B, Figure 22 and Table 18) or children (see Annex B, Figure 23 and Table 18).** The document review found that only 9 COs had MICS data associated with early stimulation and responsive care; only 3 are planning a new round of MICS data associated with the ECD module. These MICS data are better suited as baseline measures at the population level because they were collected during the previous UNICEF Strategic Plan (2014-2017) before the organization made early stimulation and responsive care an explicit goal. Some parent outcomes were reported in six countries (Serbia, Rwanda, Chile, Colombia, Jordan, and the State of Palestine), and primarily focused on support for learning (63% of 32 passages of text), and less on the home environment (25%) or parent engagement in ECD centres (12%). Child outcomes were reported in five countries (Kyrgyzstan, Serbia, Tajikistan, Colombia, and Senegal), and primarily focused upon school readiness (attending one-year of preschool) (52% of 31 passages of text), and less on children's cognitive development (26%) or children's social emotional development (22%). As discussed in below (paragraph 121), **most measures used to assess child outcomes are inadequate in their scope and developmental sensitivity** (also see Annex C, Figure 26, 27, 28, and 29).
155. The milestone for this Strategic Plan period is that by 2021, 74% of children will be receiving early stimulation and care. Twelve of the 31 (39%) countries with data have already met or are close to meeting the Strategic Plan 2018-2021 target, reporting that 70% or more of parents provided early stimulation and responsive caregiving. A total of 10 countries (32%) had fewer than 50 percent of children receiving early stimulation and responsive caregiving and will likely not meet the target for the Strategic Plan 2018-2021. These countries are located in ESAR and in WCAR. In the case study, the Thailand CO supported an evaluation of 751 parents/guardians at 27 ECD centres to assess whether they believed the programme was helpful, and to assess parent's reports of what has changed. The vast majority of parents reported that the training was "useful" or "very useful," that they had learned about ECD, and

⁶¹ Wolf S, Aber JL, Behrman JR, & Tsinigo E (2019). Experimental impacts of the quality preschool for Ghana interventions on teacher professional well-being, classroom quality, and children's school readiness. *J of Res on Ed Effectiveness*, 12(1), 10-37.

that they had changed their parenting practices.⁶² This information is useful and shows that the programme has promise, but in the absence of baseline measures and a comparison group, it remains difficult to know whether parents actually changed their practices or merely believed they had, and to what extent their responses reflect experimenter demand (e.g., a desire to meet the experimenters' expectations).

156. **The evaluation found no reported use of reliable, validated, standardised, direct behavioural assessments to measure children's developmental status.** Globally, only 16 out of 48 countries with data on children's developmental status had a MICS ECDI of 80% or more (which is the target set for this indicator) (see Annex C, Figure 32). Countries with the highest percentage of children who are developmentally on track are located in EAPR, ECAR, LACRO, and MENAR. **MICS is useful at the population level, and for some children (between 36-59 months only) it provides information on children's home and ECD environments** (e.g., attendance in ECE programmes; being left alone for more than an hour; availability of books and toys in the home; having an adult engage activities to promote learning and school readiness in the last three days).
157. However, **MICS indicators of children's development are inadequate as potential measures of programme efficacy and impact.** The MICS measure of children's school readiness is based on a single question about *whether children in the first grade of primary school attended preschool during the previous school year*. At the population level, it is indeed important to know about enrolment in preschool, but at the level of individual children, preschool attendance does not in fact provide a measure of school readiness—whether children have sufficient early literacy, numeracy, and executive function skills to function effectively in kindergarten. Rather, the MICS measure simply *assumes* that preschool was effective in ensuring children were ready for school, which is a dubious assumption. In addition, the criterion of “Developmentally on track in 3 out of 4 domains” is a weak standard; it means children may be delayed in 1 out of 4 key domains, which is problematic from a holistic (whole child) view where all domains are essential and interact over time. The criteria for being on track in a domain are also inadequate. For example, children are judged as being on track for *learning* if they are reported by parents to do at least one of only two things: (EC11) Does (name) follow simple directions on how to do something correctly? and (EC12) When given something to do, is (name) able to do it independently? Parent responses to these questions cannot be used to determine whether children's learning skills are “on track,” let alone to measure programme impact.
158. **Only two countries were identified as employing integrated data management systems, and both are middle-income countries.** These include Jordan, which uses a comprehensive monitoring and reporting system (Bayani) for its ECD programmes, and Thailand, which uses a nation-wide system (the Developmental Surveillance System, or DSS) for developmental screening and monitoring. The DSS that includes 116 items covering five developmental domains, including executive function skills, administered at 5 ages between 9 and 54 months. These secure data management systems are important for iteratively and rapidly improving programmes through developmental evaluations, and have the potential to make a major contribution to scientific understanding of human development globally. Most scientific knowledge about children's development is based on very limited samples of children that do not adequately reflect the global majority.⁶³ UNICEF has a unique opportunity to coordinate the collection of data globally and thereby greatly expand scientific understanding of the range of variation in children's development as a function of context.

⁶² Education Services and Training Agency (2020). *Final Report 2, Strengthening Capacity of ECD Teachers and Caregivers*. Thailand: UNICEF.

159. In summary, **data regarding frontline worker, parent, and child outcomes are not being collected in a way that allows for the assessment of fidelity of implementation and programme efficacy. Most studies, with few exceptions, do not use the best available behavioural assessments of children's development.** What is needed are direct behavioural assessments that are brief, reliable, validated, standardised, and normed. An example is the NIH Toolbox Cognition Battery, which is administered on a computer tablet, and is currently available in a wide range of languages, such as French, Spanish, Arabic, and a variety of African languages, including Swahili and Dholuo.⁶⁴ Moreover, and equally important, programme evaluations are not designed as randomised controlled trials (RCTs), which is absolutely necessary in order to measure program efficacy and to determine whether UNICEF-supported ECD programmes have any measurable beneficial effect on children's health and development. Finally, data that are collected are not integrated into secure data management systems, which is an enormous missed opportunity.

⁶⁴ Weintraub S, Dikmen SS, Heaton RK, et al. (2013). Cognition assessment using the NIH Toolbox. *Neurol*, 80(11 Suppl 3):S54-S64. doi:10.1212/WNL.0b013e3182872ded

CHAPTER 4: CONCLUSIONS, LESSONS AND RECOMMENDATIONS

4.1 UNICEF's Global Leadership

Objective 1: To assess the internal coherence and effect of UNICEF's global leadership in early childhood development.

- **EQ1:** To what extent is UNICEF positioned and prepared to lead and support governments and partners in strengthening systems to deliver and scale early stimulation and responsive care programmes? What impact has UNICEF's leadership had on the field of ECD, international development agencies, evidence regarding ECD, and in communicating the importance of early stimulation and responsive care to governments, implementing partners, and development agencies?
- **Summary Finding:** UNICEF has had a substantial global impact on raising awareness about the importance of investing in early childhood; however, it is only somewhat prepared to lead governments in strengthening systems to deliver and scale early stimulation and responsive care programmes.
- **Explanation of Results:** UNICEF is in the early stages of translating an integrated ECD agenda into practice. UNICEF's work on early stimulation and responsive care has not been sufficiently defined, codified, or integrated into the current Strategic Plan and results framework in a manner that supports effective multisectoral programming, especially as it applies to the role of parents in accelerating results for children. Institutional investments in human and financial resources and in the management and coordination structures that are necessary for effective multisectoral programming have not kept pace with the awareness and demand for ECD that has been generated by UNICEF.
- **Implications:** These deficiencies place UNICEF at a disadvantage in maintaining the momentum that has been built externally with governments and with community members to scale integrated early stimulation and responsive care programming. If left unaddressed, UNICEF risks losing its comparative advantage as a global leader for ECD and in achieving results for young children.

160. **Promising Results.** UNICEF has generated substantial awareness and demand for ECD on a global, regional and country level across a wide range of international and national development stakeholders. This demand was strongly associated with prioritization of ECD within the UNICEF Strategic Plan, and with a combination of advocacy, systems strengthening, and partnership and resource mobilization strategies. The organization has positioned itself as a global leader for ECD – as an agenda setter, technical expert, convener, and humanitarian responder. UNICEF is the only UN multilateral agency that encompasses all sectors required for integrated early stimulation and responsive programming, placing it in a unique position to advocate for a multisectoral approach to promoting developmental outcomes in early childhood.
161. **Challenges to Progress.** Institutional investments in human and financial resources and in the management and coordination structures that are necessary for effective multisectoral programming have not kept pace with the awareness and demand for ECD that has been generated by UNICEF. The organization has not sufficiently codified and defined its work in ECD in a manner that supports effective

multisectoral programming, especially as it applies to the role of parents in accelerating results for children. These deficiencies place UNICEF at a disadvantage in maintaining the momentum that has been built externally with governments and with community members to scale integrated early stimulation and responsive care programming. If left unaddressed, UNICEF risks losing its comparative advantage as a global leader for ECD.

Lesson #1: Advocacy is foundational to government buy-in and is crucial for the scaling and the sustainability of ECD programmes.

162. Government buy-in is a prerequisite for government funding and government-led coordination of ECD programmes ('government in the driving seat'). **In order to secure buy-in, it is crucial to advocate with the government from the beginning and to work to position ECD high in their agendas and to tailor advocacy strategies with key stakeholders.** However, global tracking of the Early Moments Matter campaign did not continue beyond 2017, when an evaluability assessment found that more than 2 billion people were reached globally through this campaign, raising an estimated USD 12.8 million for UNICEF supported ECD programmes. Thus, it is not possible with existing data to articulate the total reach of UNICEF's advocacy efforts for ECD, and what impact occurred beyond prioritizing and raising awareness about ECD. As the main strategy that runs in parallel with other UNICEF change strategies, **greater investment in monitoring and evaluating advocacy is required.** This is especially important to ensure UNICEF's effective engagement with the private sector and related business for results initiatives, such as in Rwanda. UNICEF needs to be able to tell the story of change achieved through this foundational strategy.

Lesson #2: Public-private partnerships are seen as a conduit to facilitate national dialogue on early stimulation and responsive care programming and for accelerating results for children.

163. **Partnerships with line ministries/ key ECD players were an important factor for securing government buy-in, and for influencing government policy and commitment to early stimulation and responsive care programmes and services. Partnerships with the World Bank and with the private sector played an important role in resource mobilization, and in achieving results for children.** Successful fundraising by COs helped improve programme delivery and quality. However, on a global level, there is some evidence that UNICEF has had challenges in managing its partnerships with UNESCO and the WHO when it comes to accountabilities for ECD. Namely, there have been challenges associated with roles and accountabilities for SDG monitoring, which UNICEF has thus been able to maintain. However, a recent shift in global corporate priorities to focus equally on adolescent development has led some global public and private partners to wonder if UNICEF is still serious about ECD. This perception has slowed the ability of ECD managers to advance the agenda.

Lesson #3: A multisectoral approach is key for at scale programming for children.

164. For the multisectoral approach to work, effective coordination is essential. **Effective multisectoral programming is seen to be the most challenging strategy to implement.** For successful implementation, COs stressed the need to set realistic timelines and goals: 'realistic integration' (identify and accept limits of integrated effort based on mandates and "capacity comfort zones" of actors; to have clarity on the roles of actors (UNICEF internal and external); and to secure the buy-in of the role-bearers through advocacy. An important part of effective coordination is the use unified assessment tools and

evidence from the different sectors. Other aspects for improving multisectoral programming have been noted above.

Recommendation #1: UNICEF should update its conceptualisation of multisectoral ECD programming to include an explicit articulation of parents' role in accelerating results for children in the early years by clearly articulating shared results and accountabilities among sectors.

165. Key components in the re-conceptualization of the multi-sectoral approach would be to clearly define the common agenda and mutually reinforcing activities for ECD, design a shared measurement system for ECD, and increase investments in the backbone function and continuous communication platforms required for coordination and management across the sectors.
166. The integrated ECD agenda is represented by the synergistic indicator SDG 4.2.1 – that all children ages 8 and under are developmentally on track and reaching their full potential. This common agenda, something to strive for, has been firmly placed on the international development agenda because of UNICEF's global leadership. There is currently no shared measurement system for early stimulation and responsive care programming, or for ECD more broadly, although this evaluation has provided a retroactive theory of change to represent what this system looks like right now and where it might go in the future. Multisectoral programming requires clear sectoral objectives and a common measurement framework that identifies synergistic outputs and outcomes for systems, frontline workers, parents, and children. For thematic programme convergence, it is strongly recommended that UNICEF advocate for the use of the ECDI as *the* integrated impact indicator for all of UNICEF's work for this period of development. Similarly, it is highly recommended that UNICEF make synergistic parenting outcomes more explicit by acknowledging the role of parents in accelerating results for children in the next Strategic Plan.
167. Overall, UNICEF's work in multisectoral programming is 'weak' or 'emerging' in status for the majority of COs, and there is a lack of a common measurement framework to assess the added benefit of this approach for programme outputs, outcomes, and impacts. These activities are represented by UNICEF's sectoral work for ECD. Each workstream is important for its unique contributions to children's physical, cognitive, and social-emotional development, but the power is in the synergistic potential of these mutually reinforcing programme activities. Each goal area should explicitly identify the intended outcomes for parents and children under 8 that are associated with their relevant sector activities. Opportunities for programme convergence should be identified and backed by evidence or research that suggests robust synergistic outcomes are likely to be observed.

Recommendation #2: UNICEF should clarify its budget and allocation for ECD programming and further mobilise additional resources for ECD programming (for 0 – 8 years olds, across all sector) at all levels of the organisation and ensure that the budget for ECD programming is transparent and inclusive of all organisational investments.

168. Internally, the UNICEF ECD Section is providing the backbone function for cross-sectoral programming on a global level through various approaches, including Matrix Management. However, this management approach requires strengthening and formalization within RO and CO staff roles, accountabilities, and work streams. On a regional and country level, the backbone function sits in different sectors, primarily education or health. These staff members should be of sufficient professional grade to ensure the necessary technical skills are in place to effectively manage collaborative planning processes. Internally, the Matrix

Management approach for ECD has provided this platform for continuous communication. Externally, UNICEF's efforts to promote global, regional, and country level networks for ECD have served in this function to some extent to promote continuous communication across the sectors and diverse actors working in this space. It is worth noting also that the UNICEF ECD section is a small team managing big demands, and needs resourced, sustainable human resources, with predictable flexible funding in order to continue this backbone function.

4.2 System Strengthening

Objective 2: To analyse UNICEF's contributions and effectiveness in strengthening national capacity and systems to implement and scale early stimulation and responsive care programs and services.

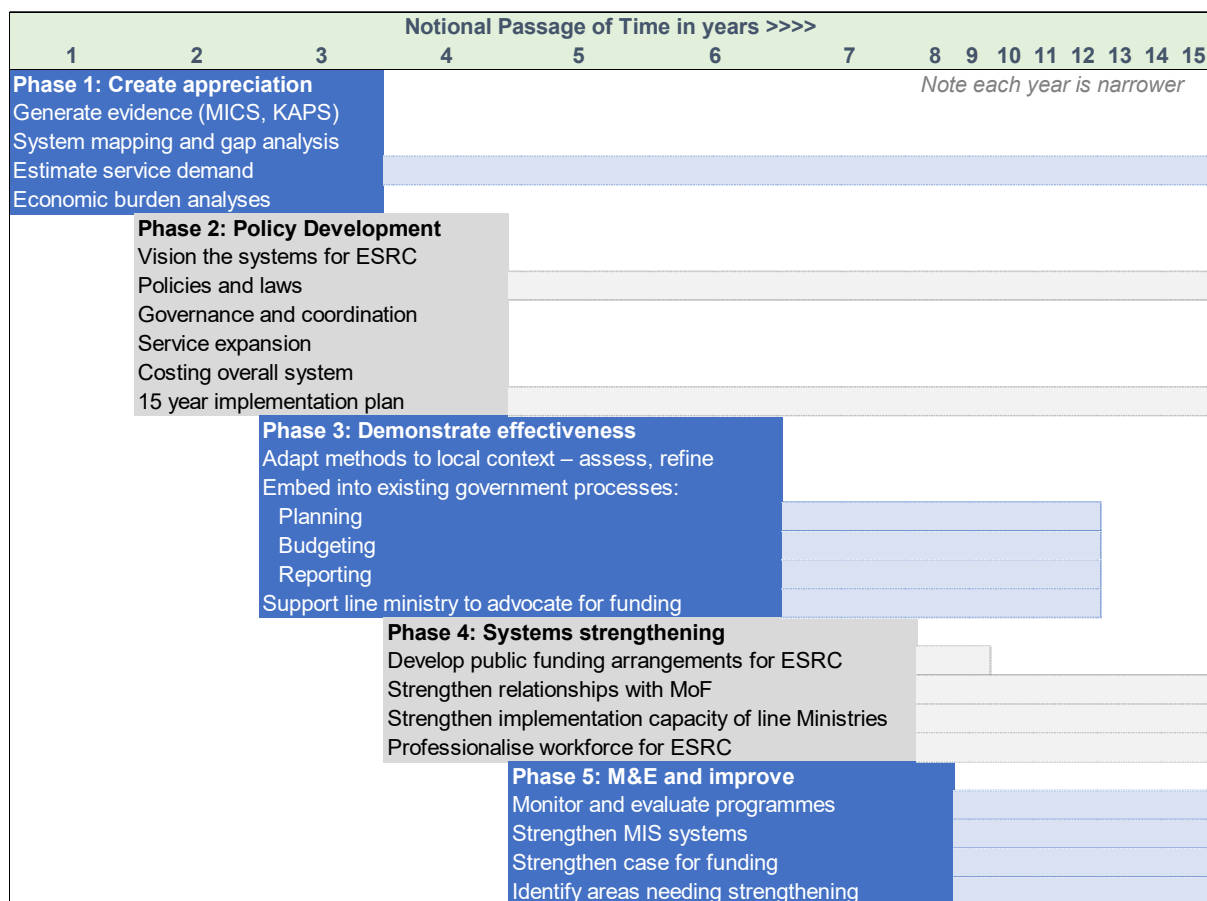
- **EQ2:** To what extent has UNICEF supported governments to strengthen sectoral and multisectoral policies and systems for ECD, including national capacity to scale the delivery of early stimulation and responsive care programmes and services?
- **Summary Finding:** UNICEF Country Offices have made a significant contribution in supporting governments to strengthen sectoral and multisector ECD policies, but have made a far smaller contribution to strengthening national capacity to scale the delivery of early stimulation and responsive care programmes and services.
- **Explanation of Results:** UNICEF COs do not have the required capacity to work on the issues and systems required to assist governments to put policy into practice. Approaches to the scaling of programmes vary, from demonstrating a package of services and their effectiveness to working closely with government to support scaling of programmes to institutionalising new practices and/or programmes.
- **Implications:** These deficiencies place UNICEF at a disadvantage in supporting governments to scale high-quality and sustainable early stimulation and responsive care programmes and services, and slow progress on achieving results for young children.

169. **Promising Results.** UNICEF's contributions to policy development have been providing technical advice and guidance on evidence generation. Most UNICEF COs are active members of ECD committees and other ECD related technical workgroups, with some playing leadership, convening and coordination roles. UNICEF's membership on these committees provides opportunities to strongly influence the issues that are kept on the ECD agenda in some countries, and in others participation ensures that UNICEF country offices are aware of policy issues and opportunities to make contributions. There are a few examples of good practices by UNICEF in piloting early stimulation and responsive care programmes and then building on the pilot to support governments to take the programme to scale. These COs have demonstrated the effectiveness of their interventions, as well as provide long term support and adaptability needed to put policy into practice.
170. **Challenges to Progress.** UNICEF COs, with a few exceptions that are worth observing, do not position themselves to provide long-term support and guidance to government or develop the knowledge of government systems required to put policy into practice.

Lesson #4: Once national level strategies and policies are in place, the focus of UNICEF's work needs to shift to system strengthening and the scaling of programmes.

171. To paraphrase, one of the respondents “*UNICEF does not only work for the capital, we work for the children, especially the most vulnerable in hard-to-reach areas*”. This requires an active effort to ensure programmes are scaled-up and implemented with fidelity across all regions of the country. UNICEF needs to develop the internal arrangements to support implementation of programmes at scale. There are a few phases involved in taking a policy from an idea, to a pilot and into a programme that is implemented and sustained at scale by government. Five phases, with indicative timelines, are proposed in Figure 20.

Figure 32: Phases for taking programmes to scale



172. In order to achieve implementation at scale, some phases involve intensive activity for a limited period, shown by the darker shading, whereas others involve a lot of activity at the start followed by ongoing technical support and guidance for many years. The picture is presented over a notional 15-year time horizon, which itself is a recommendation. COs should develop long-term visions of how they will support scaled implementation. Expanding new programmes in government takes time. It usually takes longer than 10 years for a new programme to be implemented countrywide. COs should identify the capacity in UNICEF that is needed to support the scaling of programmes over a 10 to 15-year time horizon.
173. UNICEF has strengths in the first three phases, which are creating evidence, developing policies, and using pilots to demonstrate the effectiveness of policy interventions. However, most COs do not follow up as

suggested above and few engage with the next two phases of systems strengthening and implementing monitoring systems. Once political buy in has been achieved and the policies exist, UNICEF needs to adapt to engaging with the mechanics and financial arrangements involved in scaling implementation to stay relevant.

Lesson #5: Donors are more likely to support programmes that are holistic rather than narrowly focused.

174. ECD requires a multi-donor, multi-sector approach that focuses on 0-8 years. Donors want to know how a programme will impact across multiple indicators and sectors and they want to know whether there is buy-in from all the relevant sectors in government. Greater emphasis needs to be placed on the importance of monitoring processes during implementation that ensures activities are being carried out with fidelity. Monitoring and evaluation currently tends to emphasise measuring outputs and impacts. This is important, but not sufficient for managing implementation at scale. To manage implementation at scale, M&E needs to focus on measuring and monitoring the allocation of resources (financial, human, capital and other inputs); process variables related to the implementation of the programme to ensure it is being implemented with fidelity; training inputs and programme output. Measuring the impact of programmes on an ongoing basis is not practical.

Recommendation #3: UNICEF should develop in-house capacity of ECD staff/team in public finance for children at all levels of the organisation.

175. **UNICEF COs must employ and develop staff with the right technical and analytical skills to manage system strengthening and scale-up processes.** It is one thing to develop a policy, but it is different thing to build the government systems required to deliver programmes at scale and with fidelity. UNICEF COs need staff that can move beyond policy, to supporting the development and strengthening of government service delivery systems. To be effective, these staff need to work in countries for longer periods than is currently the norm.
176. In larger country offices, there should be staff in the ECD section with the requisite capacities whereas in the smaller country offices, it will be sufficient for the ECD section to rely on staff in the Social Policy Unit. The technical capacity referred to includes knowledge to be able to drive public finance management reforms and public finance analyses; engage with political committees on policy, planning, implementation and finance issues; develop the systems and institutions need to deliver services, and support processes to align government human resource strategies and regulations with the needs of scaled-up programmes. As a minimum, all country offices should have at least one official that is familiar with the 2019 UNICEF Global Guide for Public Financing for ECD.
177. The skills required to provide value in the first three phases (refer to Figure 20) are very different to those required for the last two phases. The first three phases require 'policy minds' and can be achieved by applying toolkits, the last two phases require a different set of skills and the same people to be in place for a long time. It requires understanding how policy objectives fit into government systems, processes, service delivery arrangements, funding, and reporting arrangements. It also requires understanding when and how much change government bureaucracies can usefully absorb each year. UNICEF needs to develop these skills and/or recruit people with these skills and the mind-set that driving through policy changes is a long-term process.

178. UNICEF COs need to develop a better understanding of the public finance management arrangements in their countries and develop the internal capacity to engage with these issues. It is not enough to say this is not their niche and that development banks have more technical capacity in this area. UNICEF should rely on development bank expertise for certain analyses, but UNICEF must have the internal capacity to assess whether UNICEF's policy positions are being funded adequately and appropriately. The existing UNICEF Public Finance for Children (PF4C) guidelines offer substantive guidance in this regard. All UNICEF COs should have a public finance specialist (only a few COs will need more than one individual) who are able to provide cross sectoral support to help navigate the budget processes, structure funding modalities that align with existing government funding arrangements, support carrying through costing exercises, help ministries prepare budget bids and so on.

Recommendation #4: UNICEF ECD vision, including programme design and implementation processes should be aligned with the period covered by the strategic plan with focus on scaling-up and supporting the government to institutionalise, fund, monitor, and assure the fidelity of implementation of ECD interventions and practices.

179. **The institutionalization of systems that outlive people are needed in both UNICEF and many countries that UNICEF operates in.** UNICEF COs must learn how to build long-lasting systems in UNICEF and learn how to help governments implement systems that outlast political cycles and governments. The context will determine what is required, but a scaling-up strategy should identify at least the following: how UNICEF will support the government to institutionalise programmes over the next 10-15 years, indicating the internal capacity in UNICEF that will provide this support; a plan for how the sector will develop the human resources required to support scaled implementation indicating what steps will be taken to ensure the workforce is formally recognised, which training institutions will train the new cadre of workers; UNICEFs strategy to advocate for and mobilise the required public funding. Existing M&E capabilities need to be expanded to measure and monitor the allocation of resources (financial, human, capital and other inputs); process variables related to the implementation of the programme to ensure it is being implemented with fidelity and training inputs and programme outputs. Staff performance management systems must be re-oriented away from an annual focus to incentivising staff to support multi-year planning and implementation support to government.

4.3 Programme Quality and Impact

Objective 3: To assess the relevance and impact of UNICEF's direct support for vulnerable children, parents, and frontline workers participating in early stimulation and responsive care programs in low-resource and emergency settings.

- **EQ3:** What evidence is there that UNICEF direct support for early stimulation and responsive care programs are making a difference on a significant scale for vulnerable children, parents and caregivers?
- **Summary Finding:** UNICEF has not supported adequately designed evaluations of programme efficacy and impact, and as a result, there is no compelling evidence that UNICEF's direct support for early stimulation and responsive care programmes is making a difference for vulnerable children, parents, and frontline workers.

- **Explanation of Results:** UNICEF does not have the necessary measures, tools, and capacities to strengthen government monitoring and evaluation of parenting outcomes and child impacts. While MICS provides population level data to monitor the SDG on children's developmental status, it should not be used to evaluate the impact of UNICEF programming in early stimulation and responsive care.
 - **Implications:** The lack of adequate measures and controlled programme evaluations is a major limitation to the progressive improvement and scaling of these programmes, and it misses an opportunity to make a more compelling argument for the funding and implementation of the programmes globally.
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180. **Promising Results.** There was evidence that the design of programmes adopted evidence-based practices, especially concerning (1) brain development (2) play-based interactions, (3) discouraging use of corporal punishment, (4) age-appropriate play and learning materials, (5) parental warmth, and (6) parental support and responsiveness. UNICEF messaging regarding these practices has been well reflected in the large majority of ECD programmes.
181. **Challenges to Progress.** UNICEF does not have the necessary measures, tools, and capacities to strengthen government monitoring and evaluation of parenting outcomes and child impacts. While MICS provides population level data on children's developmental status, it cannot be used to evaluate the impact of UNICEF programming in early stimulation and responsive care. Moreover, with few exceptions, monitoring of children's developmental status has not been integrated into programming practices with support from frontline workers..

Lesson #6: A major limitation to the progressive improvement of ECD programmes is the lack of adequate evaluations of the benefits of these programmes for frontline workers, parents, and children.

182. Children's cognitive, social, and emotional development are not measured directly using standardised measures of children's development and parent-child interactions. Evaluations are rarely, if ever, designed as experimental or quasi-experimental studies, which are essential for establishing efficacy, and outcome data are generally not integrated into a secure data management system. There is enormous, missed potential for iteratively and rapidly improving programmes, and for making a major contribution to scientific understanding of human development globally.

Lesson #7: The engagement of parents is particularly critical for children with disabilities.

183. UNICEF Palestine reported that children with disabilities and their parents often struggle with stigma and discrimination from those around them, and they also struggle with the challenges of living in a country in which many aspects of life are impacted by the prevailing conflict. Parents who were included in a UNICEF-supported study in Palestine reported that they often struggle with the most basic task, such as transporting their children to receive services, as a result of lack of funding for assistive devices such as wheelchairs, poorly built or damaged roads, and an inability to pay for transportation services. Nonetheless, parents, extended family of children with developmental delays and disabilities, and many community members, leaders, and others all express strong support for the rights of these children to receive an education and participate in social and cultural life of their communities. A similar situation is found in many low-income countries.

Lesson #8: The outbreak of COVID-19 in early 2020 had a substantial impact on the delivery and evaluation of program impact.

184. Asked to what extent COVID-19 has interfered with the delivery of parenting programmes, (96%) of programmes reported, “A great deal”, “A lot”, and “A moderate amount”. For the 53 early learning programmes, (96%) of COs reported, “A great deal”, “A lot”, and “A moderate amount”. Programme delivery shifted to online platforms where possible, and the large majority of COs (87%) indicated that some adaptations to the programmes as a result of the pandemic, including remote delivery, will be retained moving forward. For example, Jordan CO is currently developing a **parenting portal** to provide caregivers with resources during COVID-19 and beyond. Additionally, online versions of the UNICEF-supported parenting programmes are being created so that the programmes can be offered both face-to-face and virtually. An ongoing project for capacity building of preschool teachers as part of the Covid-19 response includes development of video trainings targeting parenting and focusing on supporting families for supporting learning through play. Planned evaluations have been delayed or moved online. For example, in Jordan, War Child Holland reached students online through the KOBO Toolbox,⁶⁵ a suite of free and open-source tools for the collection of field data in challenging environments.

Recommendation #5: UNICEF should increase investment in the development, adaptation, and/or norming and validation of tools for measurement of children’s physical, cognitive, or social-emotional development.

185. A review of relevant UNICEF documents (e.g., the Nurturing Care Framework) revealed that UNICEF clearly encourages responsive parenting but does not mention or explain the importance of autonomy support in particular. Autonomy-supportive practices include (1) providing children with the appropriate amount of help for their skill level (i.e., scaffolding that provides “just enough” support); (2) encouraging children to undertake challenges and praising children appropriately; (3) taking children’s perspectives; and (4) providing children with choices and following their lead. It should be noted that autonomy-supportive practices are not designed to encourage individualism versus interdependence; instead, they are designed to respect children’s rights to freedom of expression and to education by helping them to develop a sense of agency and self-efficacy, which increases curiosity and the motivation to learn, among many other beneficial things. Evidence indicates clearly that autonomy-supportive practices promote healthy development, including educational achievement, in a wide range of domains and cultural contexts—across more individualistic and more interdependent cultures, and across levels of socioeconomic status within a culture.

Recommendation 6: UNICEF should update evaluation strategies and methods to include innovative, more rigorous, and contextually relevant evaluation designs that can provide robust evidence base and reliable assessments of efficacy and impact of ECD programmes on parenting, early stimulation and responsive care.

186. With relatively minimal training, frontline workers who deliver the interventions can assess children’s behaviour directly, using standardised measures. Measures of children’s development should include direct, behavioural measures of parents’ knowledge of parenting skills, parenting practices, and children’s

⁶⁵ <https://www.kobotoolbox.org/>

cognitive and social-emotional development. Measures of children's development should include measures of important foundational neurocognitive processes and skills, such as executive function, problem solving, episodic memory, and social understanding. The healthy development of these skills is essential for learning and adaptation. Without relevant data based on high-quality parent-report tools (e.g., ASQ-3) and standardised behavioural assessments of children's development (e.g., the NIH Toolbox Cognition Battery), it is not possible to evaluate the efficacy and impact of these programmes, or even their promise. Such evaluation is necessary for ongoing programme refinement and improvement, and as a basis and justification for scaling. High-quality assessment tools are freely available.

187. Target outcomes of most interest (e.g., parents' actual parenting practices) should be measured using measures that are standardized, reliable, valid, and developmentally sensitive. With relatively minimal training, frontline workers who deliver the interventions can assess children's behaviour directly, using standardised measures. Measures of children's development should include direct, behavioural measures of parents' knowledge of parenting skills, parenting practices, and children's cognitive and social-emotional development. Measures of children's development should include measures of important foundational neurocognitive processes and skills, such as executive function, problem solving, episodic memory, and social understanding. The healthy development of these skills is essential for learning and adaptation. Without relevant data based on high-quality parent-report tools (e.g., ASQ-3) and standardised behavioural assessments of children's development (e.g., the NIH Toolbox Cognition Battery), it is not possible to evaluate the efficacy and impact of these programmes, or even their promise. Such evaluation is necessary for ongoing programme refinement and improvement, and as a basis and justification for scaling. High-quality assessment tools are freely available.
188. Ideally, these designs would include the random assignment of families or ECD centres to participate either in target ECD programmes or in another form of intervention (e.g., a nutrition intervention that does not focus on stimulation and responsive parenting). Without the use of experimental or quasi-experimental designs, it is simply not possible to evaluate the causal efficacy and potential beneficial impact of these programmes. Such evaluation is important for ongoing programme refinement and improvement and can serve as a basis and justification for scaling. Other designs could be considered for countries where it would be difficult to conduct a well-controlled evaluation (e.g., including an active control condition) due to limited resources or other challenges (such as humanitarian crises). For example, it might be possible to stagger the introduction of an ECD programme to two (or more) locations that are similar in other respects (e.g., similar in language, culture, and socioeconomic status), such that the programme is introduced first at one location (Time 1) followed by a period of time (Lag 1), and then introduced at a second location (Time 2). Parents and children (and caregivers if possible) could be assessed by frontline workers using appropriate measures just before Time 1 and just before Time 2. All participants could usefully be reassessed after another period to time equal in duration to Lag 1. Developmental evaluations can also be useful for programme innovation and scaling, although these designs are not appropriate for summative evaluations of the efficacy and impact of programmes. Similar in some ways to the research and development (R&D) process common in the private sector, developmental evaluations often include an iterative series of "micro-trials with small numbers of children, parents, and practitioners in different settings to facilitate rapid modification and fast-cycle sharing based on who appears to be benefitting from specific interventions and who does not."⁶⁶

⁶⁶ Schindler HS et al. (2017). From innovation to impact at scale: lessons learned from a cluster of research-community partnerships. *Child Dev*, 88(5): 1435-1446. doi:10.1111/cdev.12904

189. This is important for the ongoing evidence-based improvement and adaptation (e.g., to changing circumstances) of particular programmes, and it facilitates the identification of any problems associated with these programmes and their participants. Data management systems also facilitate summative evaluations of programmes, as well as scientific research on parenting, teaching, and children's development more generally. Only two countries were identified as employing an integrated data management system, and both are middle-income countries. These include Jordan, which uses a comprehensive monitoring and reporting system (Bayani) for its ECD programmes, and Thailand, which uses a nation-wide system (the Developmental Surveillance System, or DSS) for developmental screening and monitoring. The DSS that includes 116 items covering five developmental domains, including executive function skills, administered at 5 ages between 9 and 54 months. Both of these systems represent important advances in data management that should be replicated, in a coordinated way, across COs. There is enormous potential for iteratively and rapidly improving programmes, and for making a major contribution to scientific understanding of human development globally, which is important because most of what is known is based on very limited samples that do not adequately reflect the global majority.⁶⁷

ANNEXES

Annex A: Evaluation Team Documents

Terms of Reference and Interim Deliverables

1. [Global ECD Evaluation Terms of Reference](#)
2. [Global ECD Portfolio Review/Mapping Report](#)
3. [Global ECD Inception Report](#)

Document Review – Internal Team Notes

1. [Eastern and Central Europe Regional Analysis](#)
2. [East Asia and the Pacific Regional Analysis](#)
3. [Eastern and Southern Africa Regional Analysis](#)
4. [Latin America and the Caribbean Regional Analysis](#)
5. [Middle East and North Africa Regional Analysis](#)
6. [South Asia Regional Analysis](#)
7. [Western and Central African Regional Analysis](#)

Figure 33: Detailed Evaluation Framework

Evaluation Questions	Assessment Criteria	Indicative Methods	Data Analysis
Theme 1 - UNICEF Global Leadership for ECD and Early stimulation and responsive care			
EQ1: To what extent is UNICEF positioned and prepared to lead and support governments and partners in scaling systems to deliver early stimulation and responsive care systems? What impact has UNICEF's leadership had on the field of early childhood development, international development agencies, evidence in early childhood development, and in communicating the importance of early stimulation and responsive care to governments, implementing partners and development agencies?	0 – UNICEF has had no impact on the field of early childhood development and is not prepared to lead governments in scaling early stimulation and responsive care systems	(1.1, 1.2) Key informant interviews with UNICEF Chiefs and Managers (HQ and RO) (1.3) Key informant interviews with UNICEF partners, donors, experts	(Q1.1-1.4) Thematic content analysis of the qualitative data from the institutional assessment, key informant interviews and document review
1.1 <u>Institutional Readiness</u> . To what extent has UNICEF been successful in discharging its role as a global leader in ECD (and early stimulation and responsive care, in particular) with regional and country offices in both emergency and development settings?	1 – UNICEF has had limited impact on the field of early childhood development and is only somewhat prepared to lead governments in scaling early stimulation and responsive care systems	(1.1, 1.2) Secondary data analysis of UNICEF's corporate monitoring data (1.1, 1.2, 1.3) Strategic document review of UNICEF global program documents, regional plans and country program plans and reports	(Q1.1-1.4) Descriptive statistics to assess global, regional and country trends in UNICEF roles, strategies, readiness, outputs, outcomes, impact and lessons learned
1.2 <u>UNICEF Strategies</u> . Which strategies has UNICEF implemented to advance early childhood development, and early stimulation and responsive care? How relevant and effective are these strategies in development, humanitarian and peacebuilding contexts?	2 – UNICEF has had a good level of impact on the field of early childhood development and is sufficiently prepared to lead governments in scaling early stimulation and responsive care systems	(1.3) Literature review of the latest research on early stimulation and responsive care, including research and evaluations published by UNICEF during the evaluation time period	(Q1.1-1.4) Qualitative analysis (using Dedoose analytics) to understand the effectiveness of different strategies in advancing ECD on a global, regional and country level
1.3 <u>Effectiveness of UNICEF Strategies</u> . Have there been significant advances in ECD and the delivery of early stimulation and responsive care programs by governments globally during the evaluation period? To what extent can these advances be attributed to the leadership and support provided by UNICEF?	3 – UNICEF has had a substantial impact on the field of early childhood development and is substantially prepared to lead governments in scaling early stimulation and responsive care systems, and there is strong evidence of UNICEF's attributions and/or contributions	(1.1-1.4) Institutional survey to address gaps in the data and to assess lessons learned (1.54) All methods will support answering this question	
1.4 <u>Global Positioning</u> . What positioning, policy, and institutional adjustments, if any, are necessary to strengthen UNICEF capacities for global leadership in ECD?	Evaluation Criteria: Internal Coherence and Effectiveness		

Theme 2 - System Strengthening: UNICEF Support to Scale Early stimulation and responsive care Services			
<p>EQ#2: To what extent has UNICEF supported governments to strengthen sectoral and multisectoral policies and systems for ECD, including national capacity to scale the delivery of early stimulation and responsive care programs and services?</p> <p>2.1 <u>Enabling Environment</u>. How has UNICEF supported governments in the delivery and the scaling up of early stimulation and responsive care services through relevant sectors? Do countries have the required legal, financial, and institutional arrangements, as well as policies and sectoral plans, to support the delivery and scaling up of early stimulation and responsive care? What was UNICEF's contribution in establishing these?</p> <p>2.3 <u>Coordination Mechanisms and Systems</u>. Do countries have the required coordination mechanisms and systems in place with all relevant stakeholders and sectors to deliver an essential package of ECD and early stimulation and responsive care programs? What was UNICEF's contribution in moving the country forward in these areas?</p> <p>2.4 <u>Public Financing</u>. Is there adequate, efficient, and equitable public financing for ECD, and for early stimulation and responsive care programs in particular? What has been UNICEF's contribution to strengthening government capacity to prioritize ECD in the relevant budgets, and to allocate and spend funds efficiently, equitably, and effectively? Efforts may include evidence-based advocacy to key stakeholders, supporting line ministers to assist with budget planning and allocation, and promoting coordination among relevant sectors. This may also require understanding what roles private and public sector funding play in ECD in each country.</p> <p>2.5 <u>National Training Systems for Frontline Workers</u>. Are service providers and front-line workers across relevant sectors that engage with young children and families adequately trained and supported to deliver early stimulation and responsive care interventions and quality services? Are early stimulation and responsive care programs adequately staffed, equipped, managed, harmonized and monitored? What was UNICEF's contribution in these areas?</p>	<p>0 – There is no evidence that UNICEF support has strengthened governments' capacities to implement policies and systems for ECD and to scale early stimulation and responsive care programs and services</p> <p>1 – There is limited evidence that UNICEF support has strengthened governments' capacities to implement policies and systems for ECD and to scale early stimulation and responsive care programs and services</p> <p>2 – There is a good level of evidence that UNICEF support has strengthened governments' capacities to implement policies and systems for ECD and to scale early stimulation and responsive care programs and services</p> <p>3 – There is substantial evidence that UNICEF support has strengthened governments' capacities to implement policies and systems for ECD and to scale early stimulation and responsive care programs and services, and there is evidence of UNICEF</p>	<p>(Q2.1-2.6) Key informant interviews or focus groups with UNICEF staff members, government representatives, ECD trainers, and other implementing partners (up to 6 countries)</p> <p>(Q2.1.-2.5) Document review of government policies, plans, budgets and coordination mechanisms for ECD (up to 6 countries)</p> <p>(Q2.5) Review of training materials and curriculum for service providers and the multisectoral front-line workers that engage with young children and families (up to 6 countries)</p> <p>(Q2.5) Observations of national, regional or local trainings for the ECD workforce (up to 6 countries)</p> <p>(Q2.1-2.6) Institutional survey to address gaps in the data and to assess lessons learned (52 countries)</p> <p>(Q2.6) All methods for this question</p>	<p>Theme 1 data analysis procedures +</p> <p>(Q2.1-2.6) Analysis of stakeholders involved in delivering early stimulation and responsive care services</p> <p>(Q2.2-2.5) Alignment of governance structures and processes for strengthening systems for ECD and for scaling early stimulation and responsive care programs and services</p> <p>(Q2.1) Relevance of UNICEF implementation strategies and tools for the country context (alignment with country policies and priorities)</p>

2.6 <u>Lessons Learned</u> . What can UNICEF learn from countries that are effective in delivering an essential package of ECD services to young children and their families? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to more effectively support the scaling up of ECD and early stimulation and responsive care programs at country level?	attributions and/or contributions Evaluation Criteria: External Coherence and Effectiveness		
Theme 3 – Program Delivery and Quality: UNICEF's Impact on Young Children, Parents and Caregivers			
EQ#3: What evidence is there that UNICEF direct support for early stimulation and responsive care programs are making a difference on a significant scale for vulnerable children, parents and caregivers?	0 – There is no evidence that UNICEF direct support for ECD and early stimulation and responsive care is making a difference for vulnerable children, parents and caregivers. 1 – There is limited evidence that UNICEF direct support for ECD and early stimulation and responsive care is making a difference for vulnerable children, parents and caregivers.	Theme 2 methods + (Q3.4-3.6) Focus groups with caregivers (those implementing early stimulation and responsive care programs and services) (up to two countries) (Q3.4-3.6) Observations of caregivers and ECD settings (Q3.5) Questionnaire-based interviews of parents receiving UNICEF supported parenting programs and services to assess parent-reported (a) parenting practices and (b) cognitive, social, emotional, and behavioural development for children ages 0-59 months (up to two countries) (Q3.5) Direct assessments of children ages 36-59 months on their neurocognitive functions (executive function, vocabulary, number sense) (up to two countries)	Theme 2 data analysis procedures + (Q3.1) Content analysis of early stimulation and responsive care interventions (by region, topic, age group, content, enrolment, proportion of parents reached, etc.) (Q3.4) Extent to which parenting programs are adhering to UNICEF standards for parenting programs (Q3.5) Extent to which parents report using the caregiving practices from UNICEF supported programs (Q3.5) Extent to which children's neurobehavioral and social emotional development is meeting or exceeding expectations
3.1. <u>Program Delivery</u> . What is the range of interventions or programs being supported by UNICEF in early stimulation and responsive care? ⁶⁸ Is their reach and coverage adequate and equitable? Adequate refers to the reach of the program (e.g., the number of children and parents served in relation to demand/need). Equitable refers to geographic distribution, context (e.g., development, humanitarian), income, gender and age.	2 – There is a good level of evidence that UNICEF direct support for ECD and early stimulation and responsive care is making a difference for vulnerable children, parents and caregivers.		
3.2. <u>Program Design</u> . To what extent do UNICEF-supported interventions correspond to evidence-based good practices? What was UNICEF's role in creating and supporting these interventions? ⁶⁹	3 – There is substantial evidence that UNICEF direct support for ECD and early stimulation and responsive care is making a difference for vulnerable children,		
3.3. <u>Program Scaling</u> . Are UNICEF-supported programs taking the necessary steps to ensure interventions can be scaled (e.g., developing a theory of change and M&E framework, designing appropriate curricula and tools for training caregivers, imbedding interventions into existing sectoral programs and platforms.)? ⁷⁰			
3.4. <u>Program Quality</u> . Are UNICEF-supported early stimulation and responsive care programs being implemented as intended (with fidelity) and according to parenting and early learning and development standards? What are the challenges associated with implementation? How and to what extent have they been addressed?			
3.5. <u>Program Impact</u> . Are selected early stimulation and responsive care programs having a demonstrable effect on caregiving practices and			

⁶⁸ These data will be collected as part of theme 1 methods (country document review, secondary data, and institutional survey)

⁶⁹ These data were collected as part of theme 1 methods (literature review)

⁷⁰ These data were collected as part of theme 2 methods (scaling analysis)

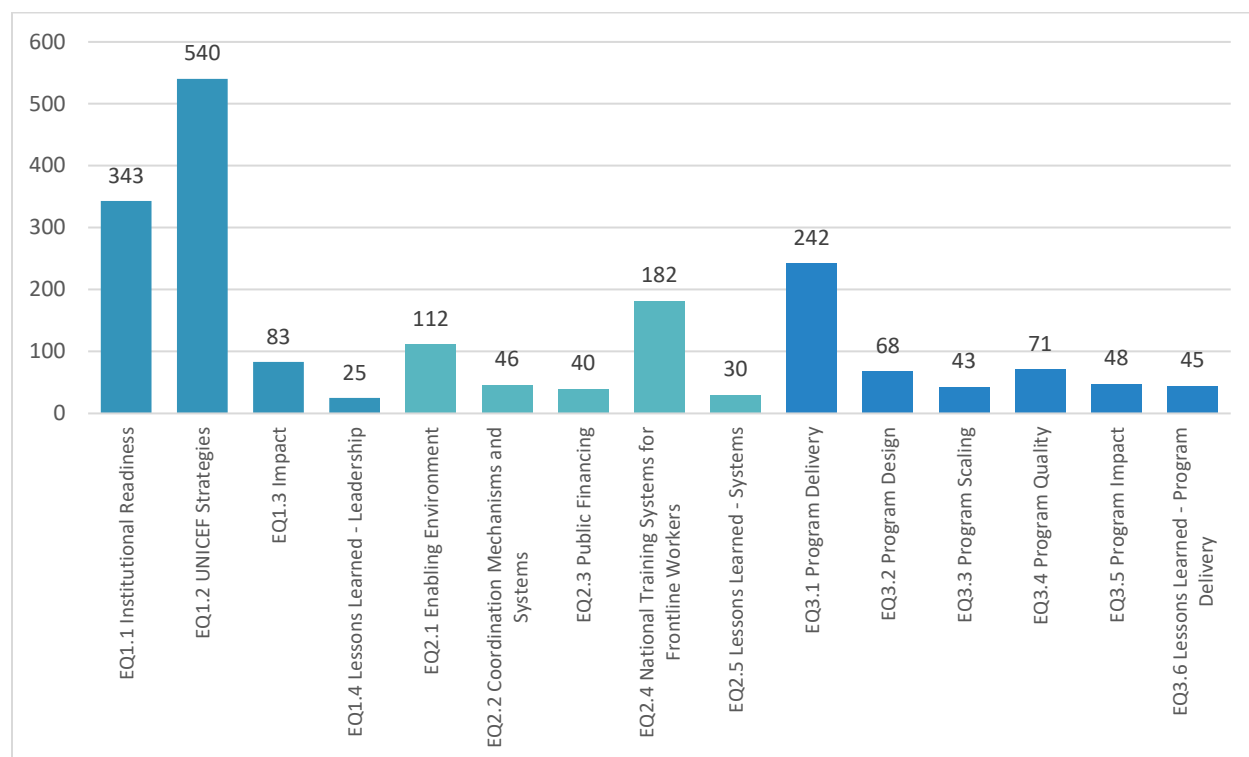
<p>children's development, especially for the most vulnerable children, including children with disabilities?</p> <p>3.6. <u>Lessons Learned</u>. What can UNICEF learn from countries that deliver successful early stimulation and responsive care programs in a variety of contexts (e.g., emergency situations, fragile contexts, very poor rural and urban communities, and with nomadic or ethnic minority populations)? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to improve early stimulation and responsive care programs?</p>	<p>parents and caregivers, and at a significant scale.</p> <p>Evaluation Criteria: Relevance and Impact</p>		<p>(Q3.5) Correlational analysis of parent exposure to a UNICEF-supported parenting program with changes in caregiving practices and children's developmental outcomes</p>
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Annex B: Document Review Data and Trends

Figure 5 summarises the number of passages of text we coded for each evaluation theme and sub-question from the document review (labelled EQ1.1 through EQ3.6 in the figure). This figure succinctly summarises the information contained in the documents and monitoring data (COAR, ROAR, CPDs, and RAM Reports). Namely, as self-reports, these documents emphasise UNICEF's global leadership, such as its strategies to promote early stimulation and responsive care programming. UNICEF has positioned itself as an **ECD expert, policy influencer, capacity developer, and service provider**. This trend is clearly seen in the number of text passages coded for the evaluation questions associated with UNICEF strategies ($N=540$), the enabling environment for ECD ($N=112$), national training systems from frontline ECD workers ($N=182$), and for program delivery ($N=242$).

This trend likely reflects several factors. First, since UNICEF did not explicitly address early stimulation and responsive care programming until 2017, the institution is in the early stages of translating these concepts into practice. Thus, there is more information about what UNICEF is trying to do and less information about the results of these efforts at this time. Another reason this trend might exist is related to the need for UNICEF to demonstrate results for children with governments. As a result, UNICEF has focused its efforts on supporting governments to train frontline workers and in program delivery to gain buy-in for early stimulation and responsive care programming before it can convince governments to improve the enabling environment for ECD. Finally, other factors such as the availability of suitable measures for assessing parent outcomes and child impacts, UNICEF CO human and financial resources, country context variables, and priorities are likely contributing to this trend in the data from the document review.

Figure 34: Summary of Coded Text Passages, by Evaluation Theme and Sub-Question



Evaluation Theme 1: UNICEF Leadership | Evaluation Theme 2: System Strengthening | Evaluation Theme 3: Program Delivery and Quality

$N=1,918$ passages of coded text

Figure 35: Summary of Evidence on Institutional Readiness

	ECD is an explicit development priority			Early learning is a development priority			Human resources / planning			Internal capacity development		
	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019
EAPR	x		x	x		x				x		x
China	x		x		x	x					x	
Lao		x	x	x	x	x					x	
Thailand		x		x	x	x					x	
Timor-Leste	x	x		x	x	x				x	x	
ECAR			x			x						x
Georgia			x			x						
Republic of Kyrgyzstan						x						
Serbia			x			x						
Tajikistan			x			x						
ESAR			x									x
Kenya			x			x			x			
Rwanda			x			x			x			
South Africa	x	x	x			x						
Uganda		x	x		x	x						
LACR			x			x						x
Chile			x									
Colombia		x	x									
Honduras		x	x					x	x			
Paraguay		x	x		x	x			x			
ROSA						x*				x	x	x
India	x	x	x	x	x	x				x		
Nepal			x			x						x
Pakistan		x	x			x				x		x
Sri Lanka		x	x			x						
MENAR		x			x							
Jordan			x		x	x						
State of Palestine			x			x						
WCAR		x	x	x	x	x	x	x	x	x	x	x
Burkina Faso						x						
Ghana						x						x
Mali		x	x					x			x	
Niger						x					x	
Senegal		x	x	x	x	x		x			x	

* it is planned to focus on it from now on

Grey boxes indicate that 2014 and 2017 RO and CO Annual Reports were not included in these regions. However, Country Programme Documents cover multiple years, so an “x” in a grey box indicates the evidence came from plans that included the year 2017. No regional reports are available for MENAR. Orange boxes indicate that COARs/ ROARs not available.

Figure 36: Summary of Evidence on UNICEF Strategies

	Advocacy and Communication			Evidence Generation			Partnerships and Resources			System Strengthening			Technical Assistance		
	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019
EAPR		x	x	x	x		x			x		x			
China		x	x	x	x	x	x	x		x	x	x			
Lao		x			x			x		x	x	x			
Thailand	x	x	x	x	x	x		x		x	x	x			
Timor-Leste		x	x	x	x	x		x		x	x	x			
ECAR						x						x			
Georgia			x			x			x			x			x
Republic of Kyrgyzstan			x			x						x			x
Serbia			x			x			x			x			x
Tajikistan			x			x			x			x			x
ESAR									x			x			
Kenya			x			x			x			x			x
Rwanda			x			x			x			x			x
South Africa					x						x				x
Uganda											x	x			
LACR			x			x			x			x			
Chile		x				x			x			x			
Colombia		x				x		x	x		x	x		x	x
Honduras		x				x		x	x		x	x			x
Paraguay		x	x			x			x			x			x
ROSA				x	x	x		x			x	x			
India		x		x	x	x	x				x	x			
Nepal	x	x		x	x	x	x	x		x	x	x			
Pakistan	x	x		x		x		x		x	x	x			
Sri Lanka		x	x		x	x		x		x	x	x			
MENAR		x			x						x				
Jordan		x	x	x	x	x			x		x	x			
State of Palestine						x			x			x			x

	Advocacy and Communication			Evidence Generation			Partnerships and Resources			System Strengthening			Technical Assistance		
	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019
WCARO	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Burkina Faso		x			x						x	x			
Ghana		x			x	x				x	x	x		x	
Mali	x			x	x	x	x	x	x	x	x	x		x	
Niger		x							x		x	x			
Senegal		x			x	x		x	x		x	x			

Grey boxes indicate that 2014 and 2017 RO and CO Annual Reports were not included in these regions. However, Country Programme Documents cover multiple years, so an “x” in a grey box indicates the evidence came from plans that included the year 2017. No regional reports are available for MENAR. Orange boxes indicate that COARs/ ROARs are not available.

Figure 37: Summary of Evidence on Enabling Environment, Coordination and Management Systems

	Costed and/or Plans			Plans Sector			Government Structures			Institutional Strategies			Laws Regulations and			National Policies*			Coordinating Systems			Management Systems		
	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019
EAPR									x															
China									x			x		x	x	x	x							
Lao		x	x									x			x	x	x							
Thailand					x	x			x			x	x	x	x		x	x						
Timor-Leste	x						x		x						x	x	x							
ECAR									x															
Georgia															x									
Republic of Kyrgyzstan									x						x									
Serbia			x						x															
Tajikistan			x						x						x									
ESAR																								
Kenya			x						x						x			x						
Rwanda			x						x						x			x						
South Africa						x																		
Uganda			x												x									
LACR																								
Chile									x						x									
Colombia																								
Honduras									x						x									
Paraguay		x	x												x									
ROSA																								
India							x	x							x									
Nepal								x	x						x	x	x	x						
Pakistan									x						x									
Sri Lanka		x		x				x					x	x	x	x	x	x						
MENAR																								
Jordan									x						x	x								
State of Palestine			x						x						x			x						

WCARO					x				x						x						
Burkina Faso		x	x											x				x	x		
Ghana	x	x	x					x	x				x	x	x		x	x			
Mali	x		x					x	x		x					x	x				
Niger			x			x												x			x
Senegal			x						x								x				

Grey boxes indicate that 2014 and 2017 RO and CO Annual Reports were not included in these regions. However, Country Programme Documents cover multiple years, so an “x” in a grey box indicates the evidence came from plans that included the year 2017. Orange boxes indicate that COARs/ ROARs are not available.

Figure 38: Summary of Evidence on Public Financing

	Budget Planning			ECD Budget Allocation			Private Funding			Public Funding		
	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019
EAPR												
China		x	x		x					x		
Lao	x				x							
Thailand	x	x	x		x						x	
Timor-Leste	x		x									
ECAR												
Georgia			x									
Republic of Kyrgyzstan												
Serbia									x			
Tajikistan			x			x						
ESAR												
Kenya			x			x						x
Rwanda			x			x			x			x
South Africa					x							
Uganda												
LACR												
Chile						x						x
Colombia												
Honduras			x		x	x						
Paraguay												
ROSA		x										
India		x			x						x	x
Nepal		x				x						
Pakistan												
Sri Lanka	x											
MENAR												
Jordan												
State of Palestine												
WCARO			x				x	x				
Burkina Faso					x						x	
Ghana			x		x						x	
Mali					x				x			
Niger			x								x	x
Senegal		x			x						x	

Grey boxes indicate that 2014 and 2017 RO and CO Annual Reports were not included in these regions. However, Country Programme Documents cover multiple years, so an “x” in a grey box indicates the evidence came from plans that included the year 2017. Orange boxes indicate that COARs/ ROARs are not available.

Figure 39: Summary of Evidence on National Training Systems for Frontline Workers

	Frontline Worker Standards			Frontline Worker Training			Monitoring and Certification			National Curriculum		
	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019
EAPR	x									x		
China	x	x		x	x	x		x	x	x		
Lao	x	x	x		x	x			x	x	x	x
Thailand	x	x	x	x	x	x			x		x	x
Timor-Leste	x	x		x	x	x		x	x	x	x	
ECAR			x			x						
Georgia			x			x						
Republic of Kyrgyzstan			x			x						x
Serbia			x			x						x
Tajikistan			x			x						
ESAR												
Kenya			x			x						x
Rwanda			x			x						x
South Africa		x				x						
Uganda						x						
LACR												
Chile			x									
Colombia												
Honduras		x	x						x			x
Paraguay						x						x
ROSA			x									
India	x	x	x		x	x	x	x	x	x	x	x
Nepal	x		x			x	x					
Pakistan		x	x		x	x				x	x	
Sri Lanka	x	x	x	x	x	x	x	x	x	x		x
MENAR												
Jordan			x			x			x			
State of Palestine						x						
WCARO			x									x
Burkina Faso				x	x	x				x		
Ghana	x	x		x	x	x	x			x	x	x
Mali		x		x		x						x
Niger				x	x	x					x	
Senegal			x	x	x	x					x	x

Grey boxes indicate that 2014 and 2017 RO and CO Annual Reports were not included in these regions. However, Country Programme Documents cover multiple years, so an “x” in a grey box indicates the evidence came from plans that included the year 2017. Orange boxes indicate that COARs/ ROARs are not available.

Figure 40: Summary of Evidence on Program Delivery

	Community Programs			Early Learning Programs			Humanitarian Programs			Parenting Programs			Service Delivery*		
	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019
EAPR															
China	x	x	x					x		x	x	x		x	
Lao	x		x	x	x	x					x		x	x	
Thailand			x	x		x	x	x			x	x	x		
Timor-Leste	x	x	x	x	x	x				x	x	x	x		
Georgia												x			
Republic of Kyrgyzstan			x			x						x			x
Serbia						x			x			x			
Tajikistan						x						x			
ESAR															
Kenya			x			x			x						x
Rwanda			x			x			x			x			x
South Africa														x	
Uganda						x			x			x			
LACR									x			x			
Chile												x			
Colombia												x			
Honduras		x	x									x			
Paraguay					x	x						x			x
ROSA															
India						x		x				x		x	
Nepal			x			x		x			x	x	x	x	
Pakistan					x	x						x		x	
Sri Lanka			x	x		x		x				x		x	
MENAR															
Jordan			x		x	x		x	x		x	x			x
State of Palestine						x			x			x			x
WCARO											x	x			
Burkina Faso		x	x	x	x	x	x	x	x	x			x	x	x
Ghana					x	x				x	x	x		x	x
Mali	x		x	x	x	x	x		x	x	x	x	x		x
Niger	x	x		x	x	x		x	x	x	x	x		x	x
Senegal		x	x	x	x	x					x	x		x	x

Grey boxes indicate that 2014 and 2017 RO and CO Annual Reports were not included in these regions. However, Country Programme Documents cover multiple years, so an “x” in a grey box indicates the evidence came from plans that included the year 2017. Orange boxes indicate that COARs/ ROARs are not available.

Figure 41: Summary of Evidence on Program Design

	Early Stimulation and Responsive Care			ECD Information			Multisectoral Packages*		
	2014	2017	2019	2014	2017	2019	2014	2017	2019
EAPR			x						x
China		x	x		x		x		x
Lao								x	
Thailand			x						x
Timor-Leste	x	x	x		x			x	
ECAR									
Georgia			x						x
Republic of Kyrgyzstan									
Serbia			x						x
Tajikistan			x						x
ESAR									
Kenya									x
Rwanda			x			x			x
South Africa									
Uganda									
LACR			x			x			x
Chile									x
Colombia		x	x						x
Honduras			x			x			x
Paraguay			x						x
ROSA									
India			x						x
Nepal	x			x			x		x
Pakistan			x						x
Sri Lanka			x						x
MENAR									
Jordan		x			x	x			x
State of Palestine						x			x
WCARO		x	x					x	x
Burkina Faso				x	x				
Ghana		x	x	x	x			x	
Mali				x	x	x	x	x	
Niger	x	x			x			x	
Senegal		x	x			x		x	x

Grey boxes indicate that 2014 and 2017 RO and CO Annual Reports were not included in these regions. However, Country Programme Documents cover multiple years, so an “x” in a grey box indicates the evidence came from plans that included the year 2017. Orange boxes indicate that COARs/ ROARs are not available.

Figure 42: Summary of Evidence on Program Scaling

Summary of Evidence on Program Scaling

	Costing Model			Country Context			Norms and Standards/Program Manual			Risk Management Plan			Scaling Mechanisms and Preparedness		
	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019
EAPR						x									
China			x												x
Lao															
Thailand									x						
Timor-Leste															
ECAR															x
Georgia															
Republic of Kyrgyzstan												x			
Serbia															x
Tajikistan						x									x
ESAR															
Kenya			x												x
Rwanda															x
South Africa															
Uganda															
LACR															x
Chile															
Colombia															
Honduras															
Paraguay															x
ROSA															
India						x								x	
Nepal		x													
Pakistan			x											x	x
Sri Lanka						x							x		
MENAR															
Jordan															x
State of Palestine															x

WCARO			x												
Burkina Faso															
Ghana						x									
Mali															
Niger															
Senegal															

Grey boxes indicate that 2014 and 2017 RO and CO Annual Reports were not included in these regions. However, Country Programme Documents cover multiple years, so an “x” in a grey box indicates the evidence came from plans that included the year 2017. Orange boxes indicate that COARs/ ROARs are not available.

Figure 43: Summary of Evidence on Program Quality

	Community Engagement			Frontline Worker Capacity			Program Fidelity			Setting Affordances		
	2014	2017	2019	2014	2017	2019	2014	2017	2019	2014	2017	2019
EAPR										x		
China												
Lao		x								x		
Thailand					x						x	
Timor-Leste		x			x					x	x	
ECAR						x						
Georgia						x						
Republic of Kyrgyzstan			x									
Serbia						x						
Tajikistan			x			x						
ESAR												
Kenya												x
Rwanda			x									x
South Africa												
Uganda												
LACR												
Chile												
Colombia												
Honduras			x			x						
Paraguay						x						
ROSA												
India					x							
Nepal												
Pakistan											x	
Sri Lanka				x								
MENAR												
Jordan						x					x	x
State of Palestine						x						x
WCARO												
Burkina Faso			x									
Ghana		x						x			x	
Mali	x				x	x				x	x	x
Niger											x	
Senegal												

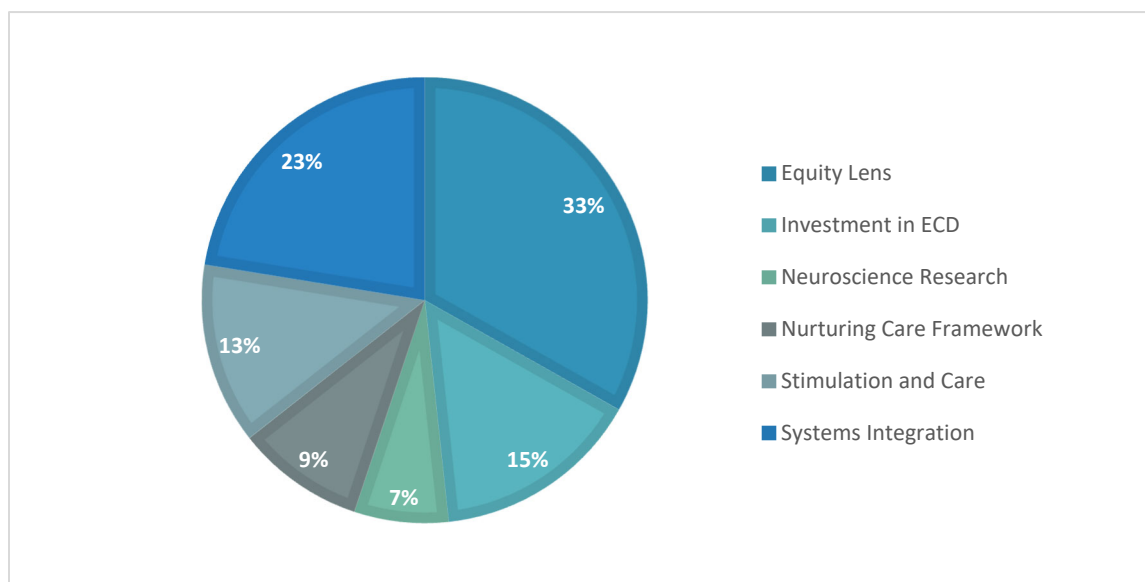
Grey boxes indicate that 2014 and 2017 RO and CO Annual Reports were not included in these regions. However, Country Programme Documents cover multiple years, so an “x” in a grey box indicates the evidence came from plans that included the year 2017. Orange boxes indicate that COARs/ ROARs are not available.

Figure 44: Summary of Evidence on Program Impact

	Child Impacts			Parent Outcomes			MICS 5 Data (2014-2016)	MICS 6 Data (2017-present)
	2014	2017	2019	2014	2017	2019		
EAPR			x					
China		x						
Lao	x		x		x	x		x (2017)
Thailand	x	x	x		x	x	x (2016)	
Timor-Leste		x	x		x		x (2016)	
ECAR								
Georgia							x (2015)	x (2018)
Republic of Kyrgyzstan			x				x (2014)	x (2018)
Serbia			x			x	x (2014)	
Tajikistan			x					
ESAR								
Kenya							x (2014)	
Rwanda						x	x (2015)	
South Africa								
Uganda								
LACR								
Chile						x		
Colombia			x			x		
Honduras								
Paraguay							x (2015)	
ROSA								
India		x	x			x		
Nepal			x		x	x	x (2014)	
Pakistan			x			x	x (2016-17)	x (2017-18)
Sri Lanka		x	x					
MENAR								
Jordan					x	x		
State of Palestine						x	x (2014)	
WCARO								
Burkina Faso	x							
Ghana		x			x			
Mali				x	x		x (2015)	
Niger	x				x			
Senegal	x		x				x (2016/17)	

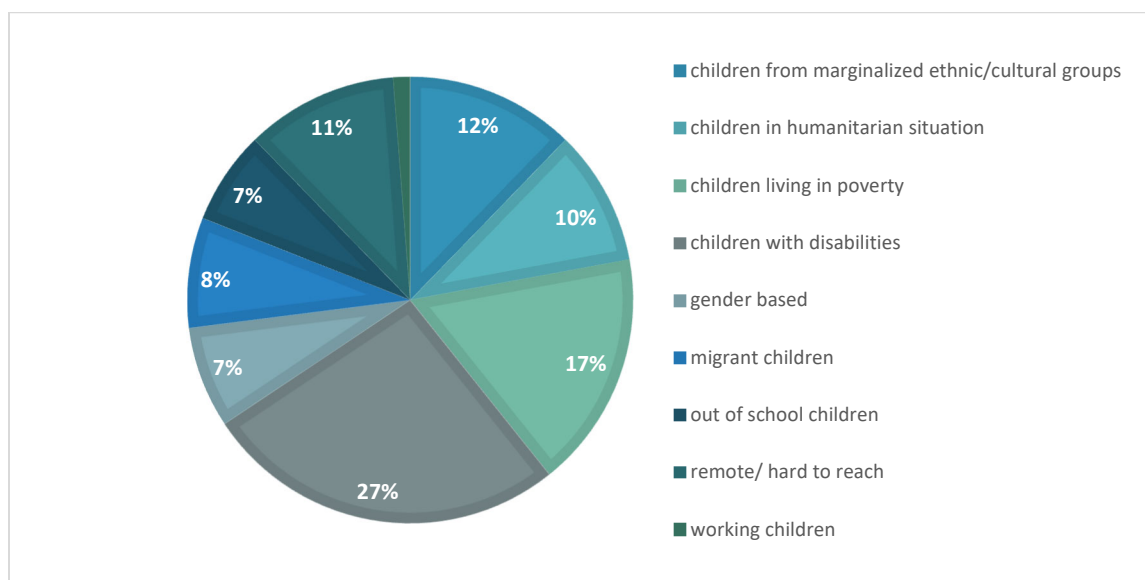
Grey boxes indicate that 2014 and 2017 RO and CO Annual Reports were not included in these regions. However, Country Programme Documents cover multiple years, so an “x” in a grey box indicates the evidence came from plans that included the year 2017. Orange boxes indicate that COARs/ ROARs are not available.

Figure 45: Percentage of Coded Text Associated with Core ECD Messages



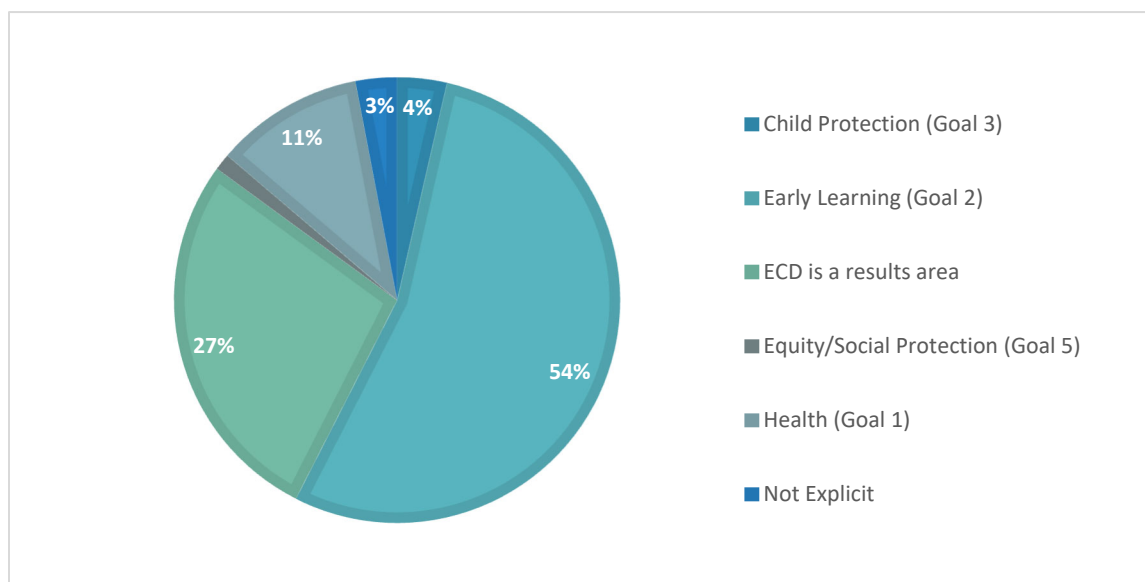
N=205 passages of text

Figure 46: Percentage of Coded Text Associated with Specific Child Groups



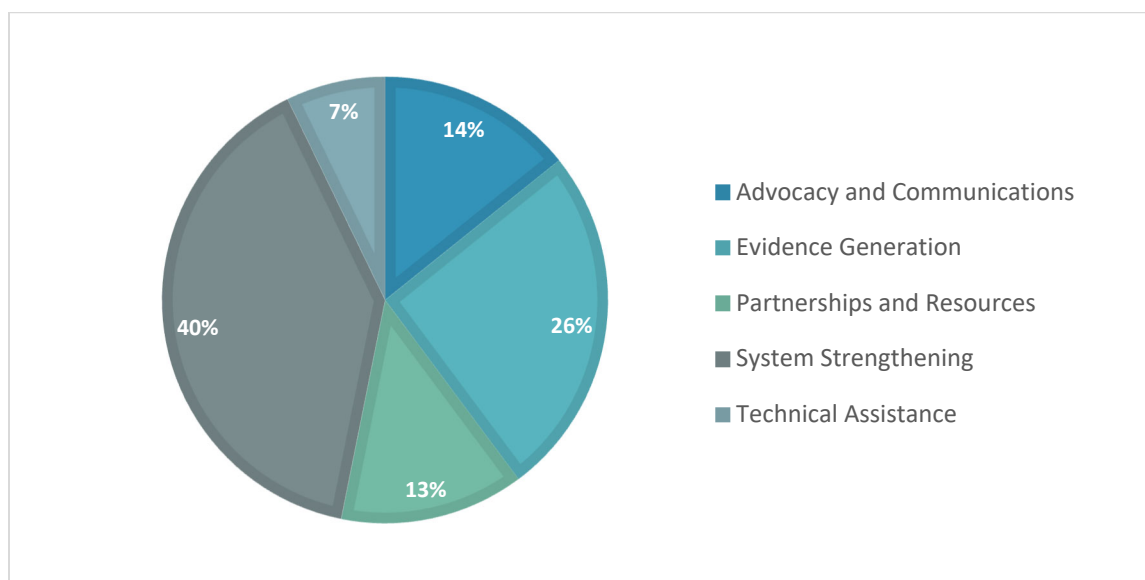
N=163 passages of text

Figure 47: Percentage of Coded Text Associated with ECD Position within M&E Systems



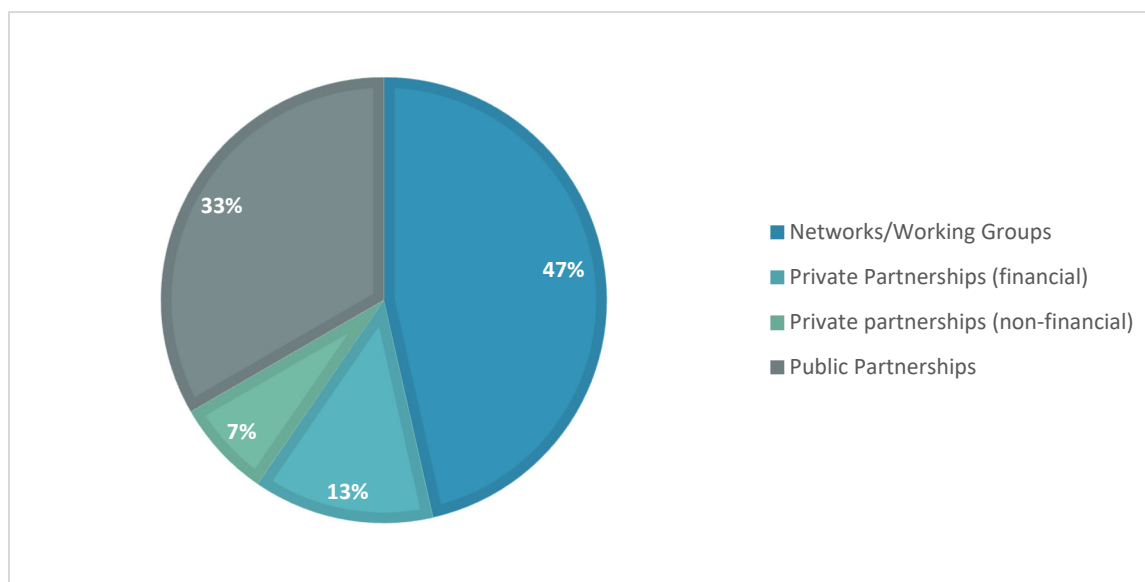
N=167 passages of text

Figure 48: Percentage of Coded Text Associated with UNICEF Strategies



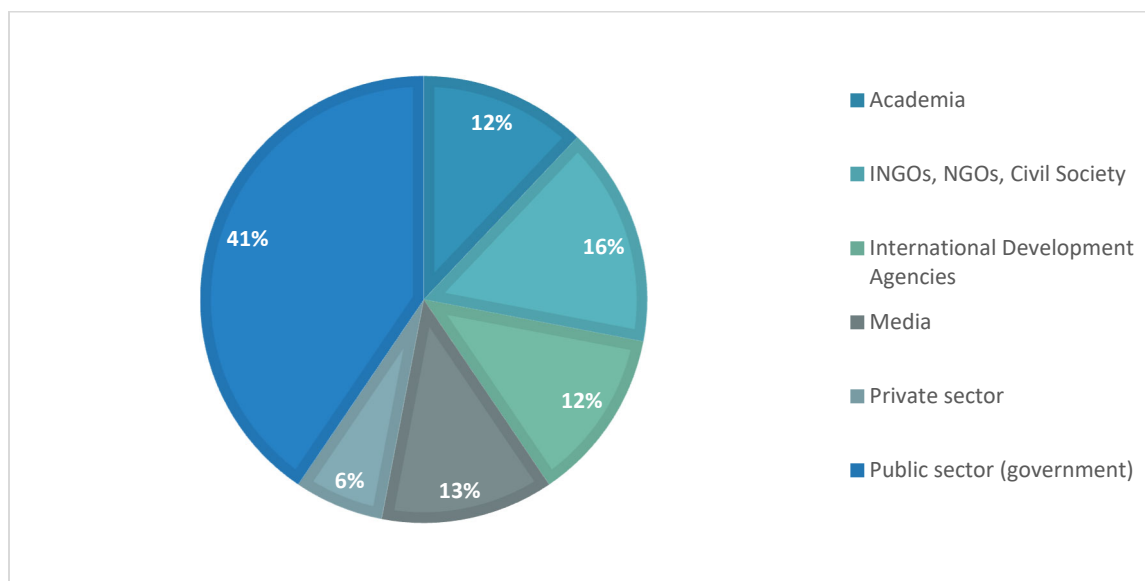
N=681 passages of text

Figure 49: Percentage of Coded Text Associated with Partnerships and Resource Mobilization



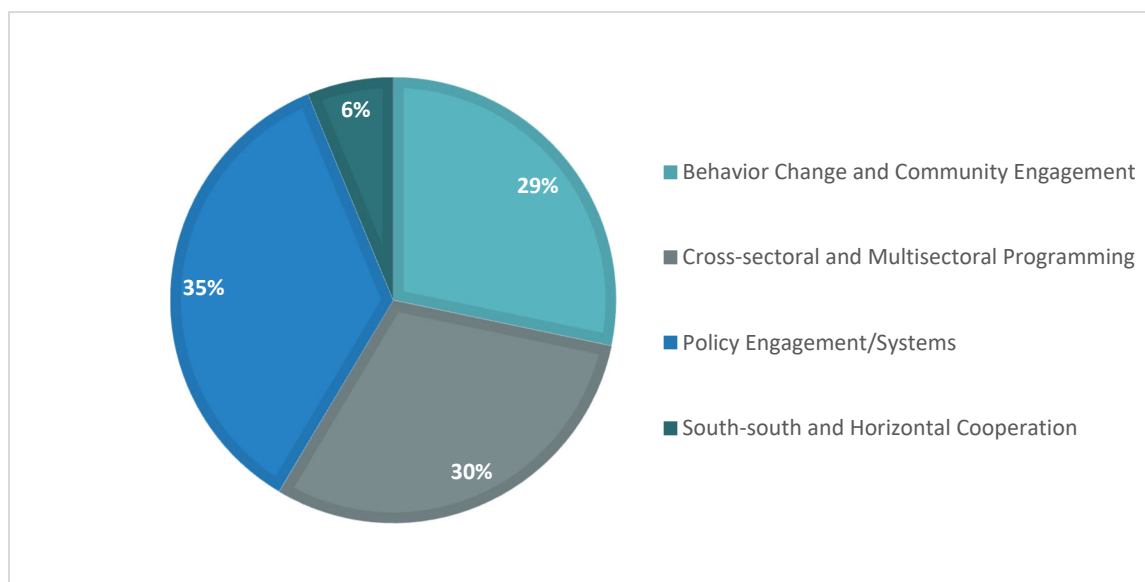
N=99 passages of text

Figure 50: Percentage of Coded Text Associated with Implementing Partners



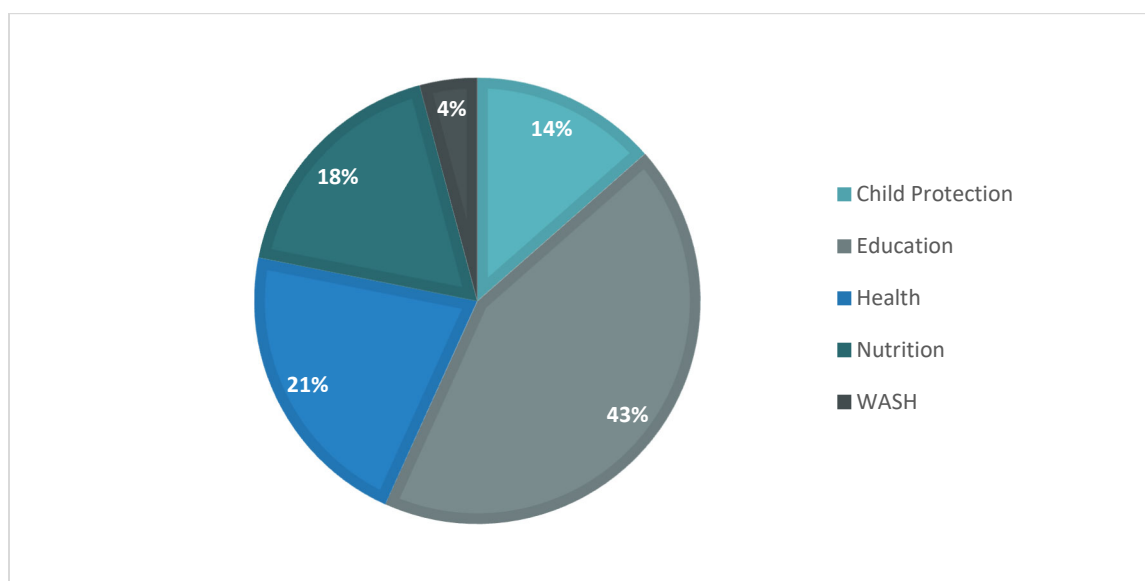
N=232 passages of text

Figure 51: Percentage of Coded Text Associated with System Strengthening Strategy



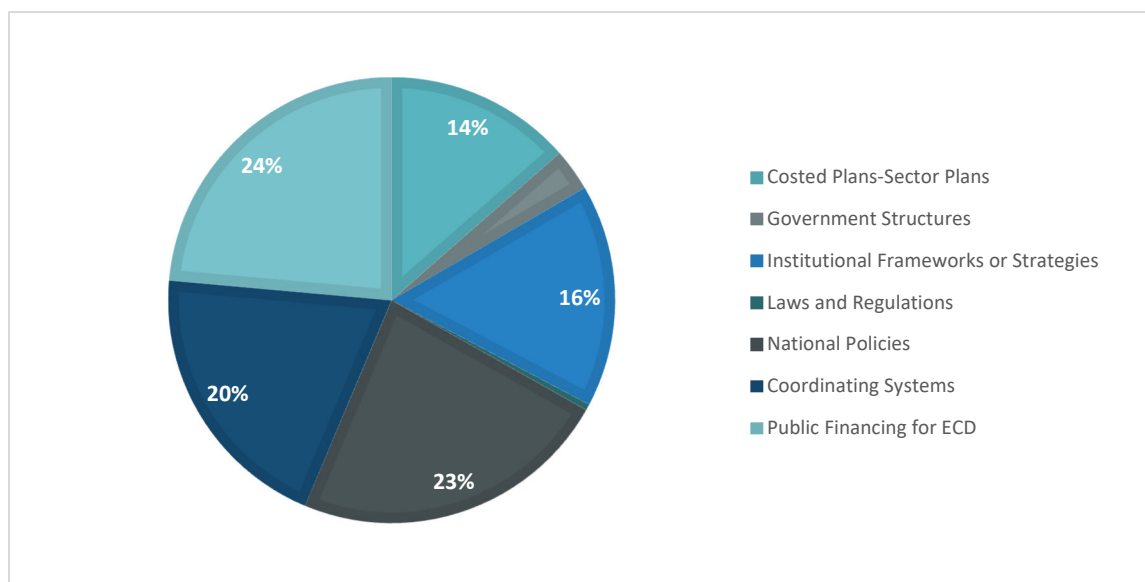
N=304 passages of text

Figure 52: Percentage of Coded Text Associated with Sectors Engaged in Multisectoral Programming



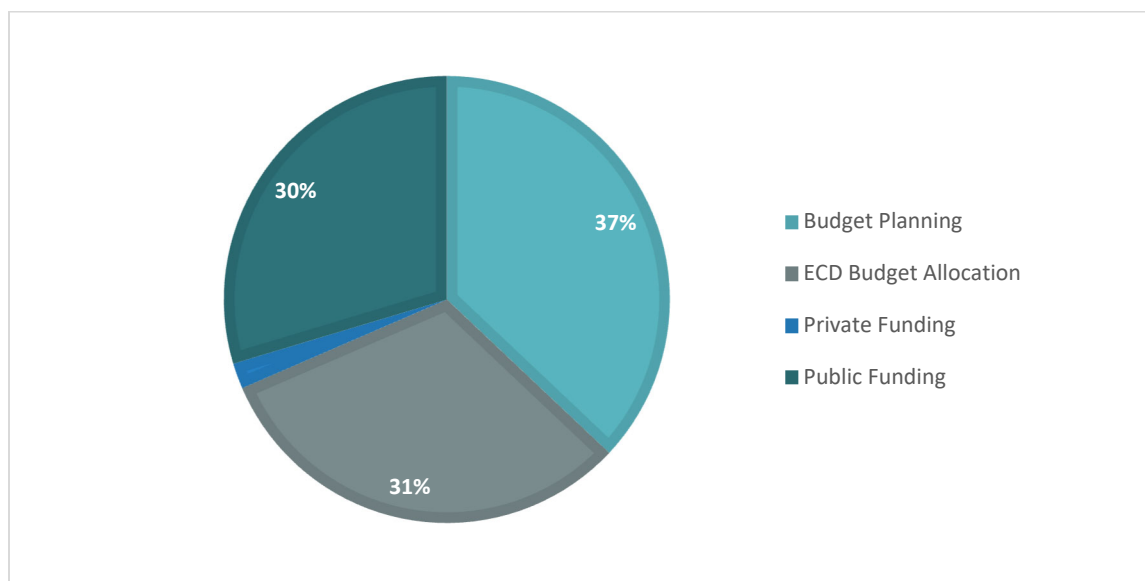
N=192 passages of text

Figure 53: Percentage of Coded Text Associated with System Strengthening



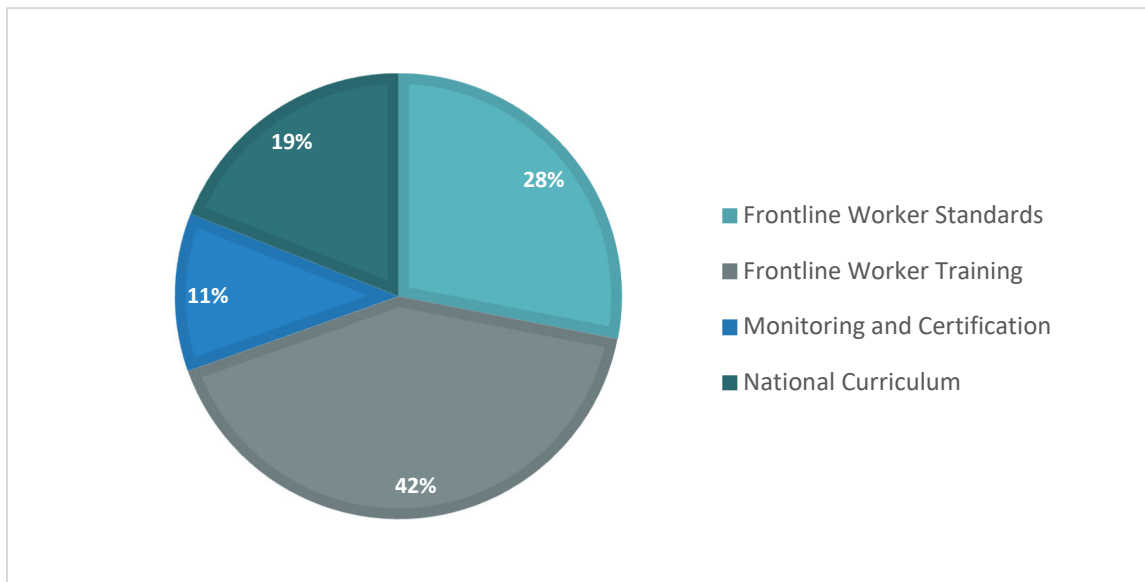
N=229 passages of text

Figure 54: Percentage of Coded Text Associated with ECD Financing



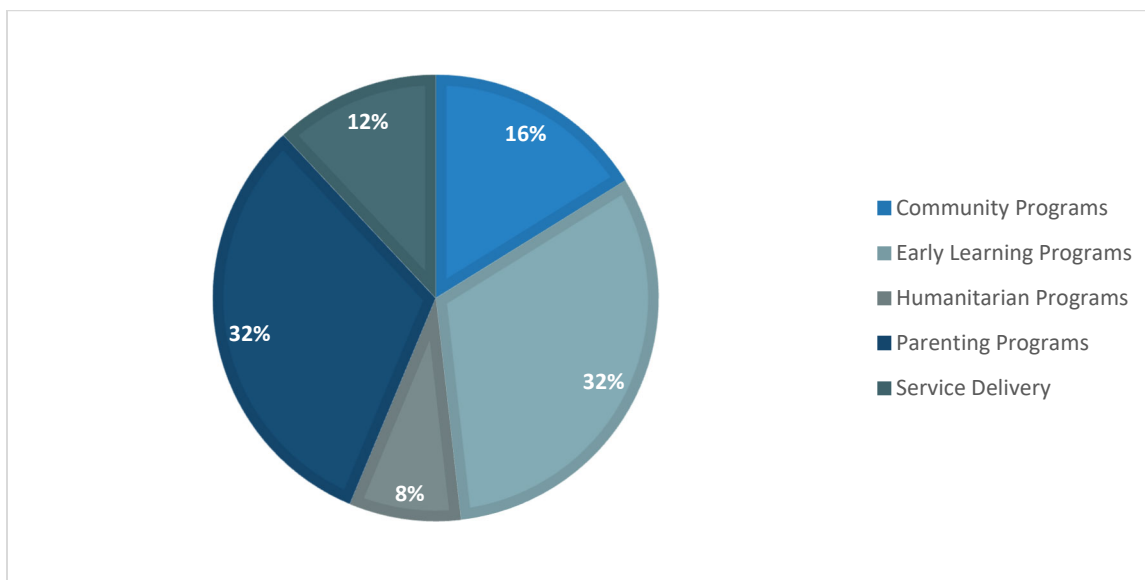
N=54 passages of text

Figure 55: Percentage of Coded Text Associated with National Training Systems for Frontline Workers



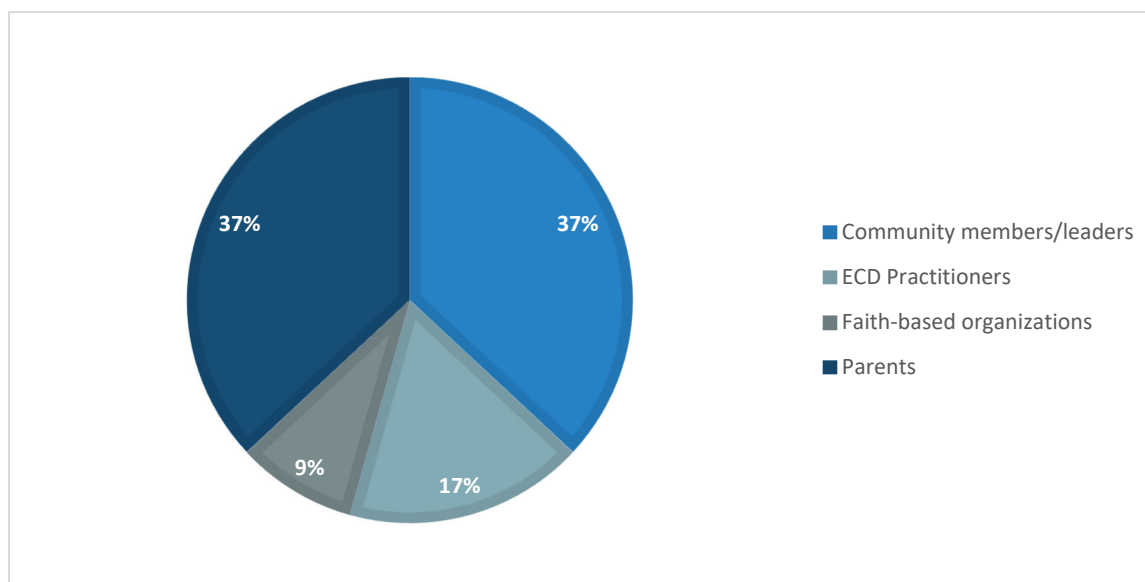
N=253 passages of text

Figure 56: Percentage of Coded Text Associated with Program Delivery



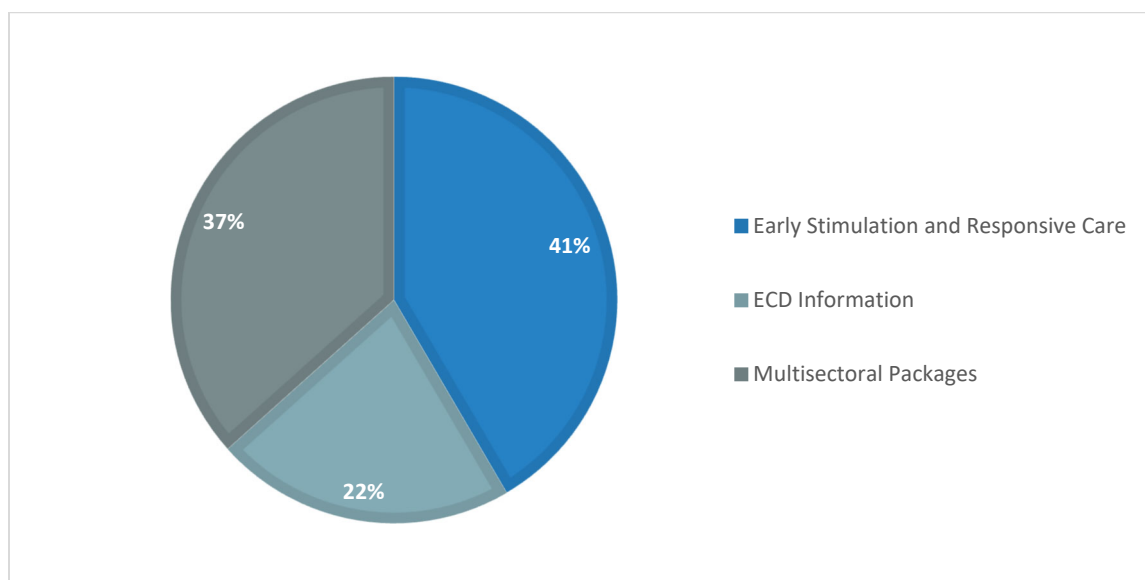
N=334 passages of text

Figure 57: Percentage of Coded Text Associated with Program Implementers



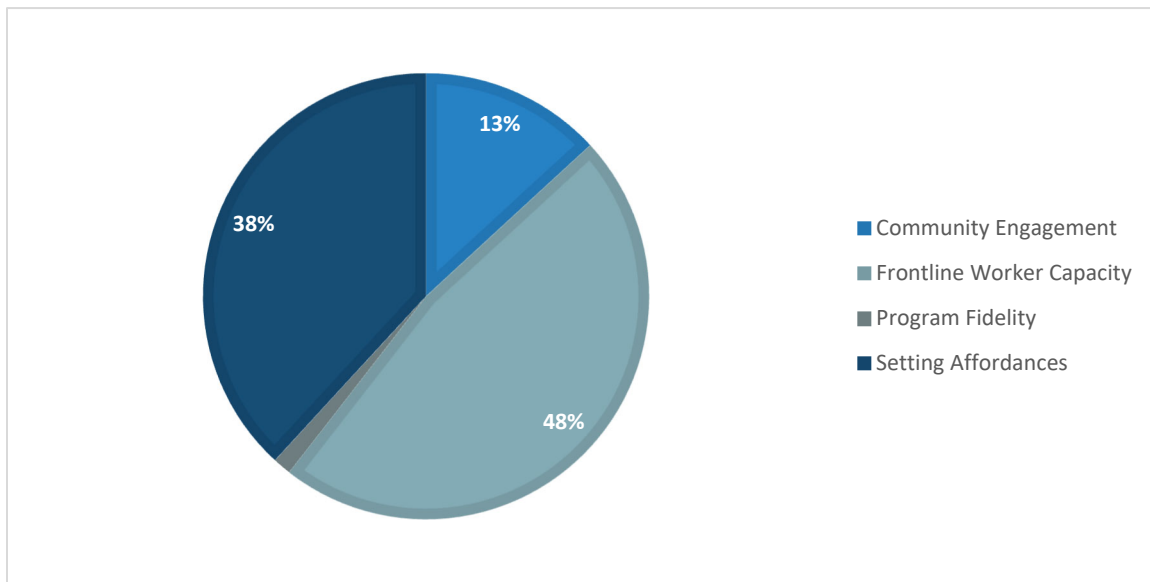
N=92 passages of text

Figure 58: Percentage of Coded Text Associated with Program Design



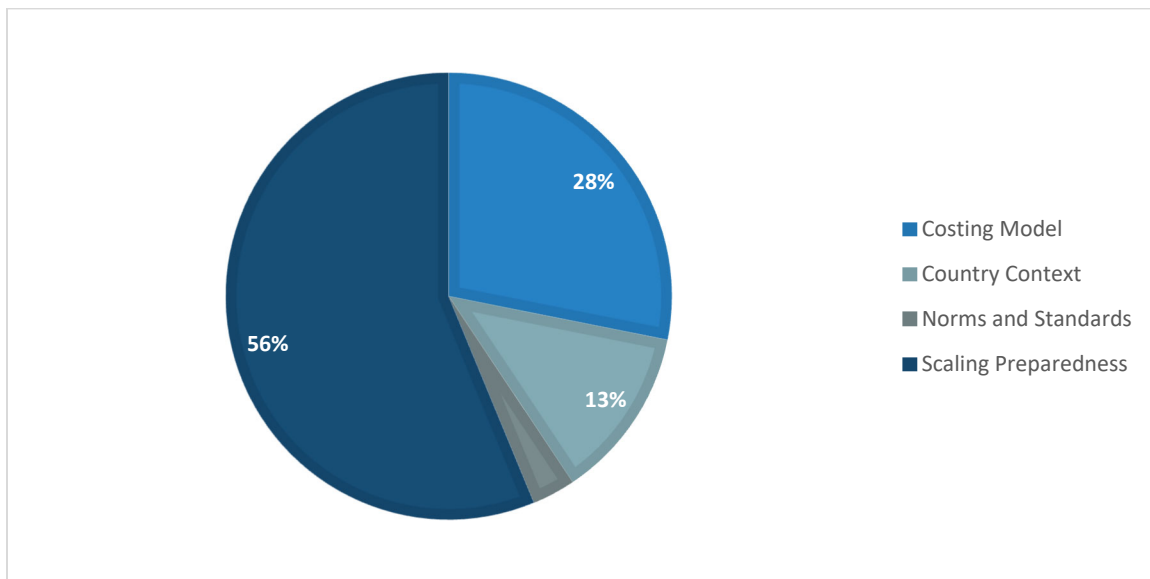
N=101 passages of text

Figure 59: Percentage of Coded Text Associated with Program Quality



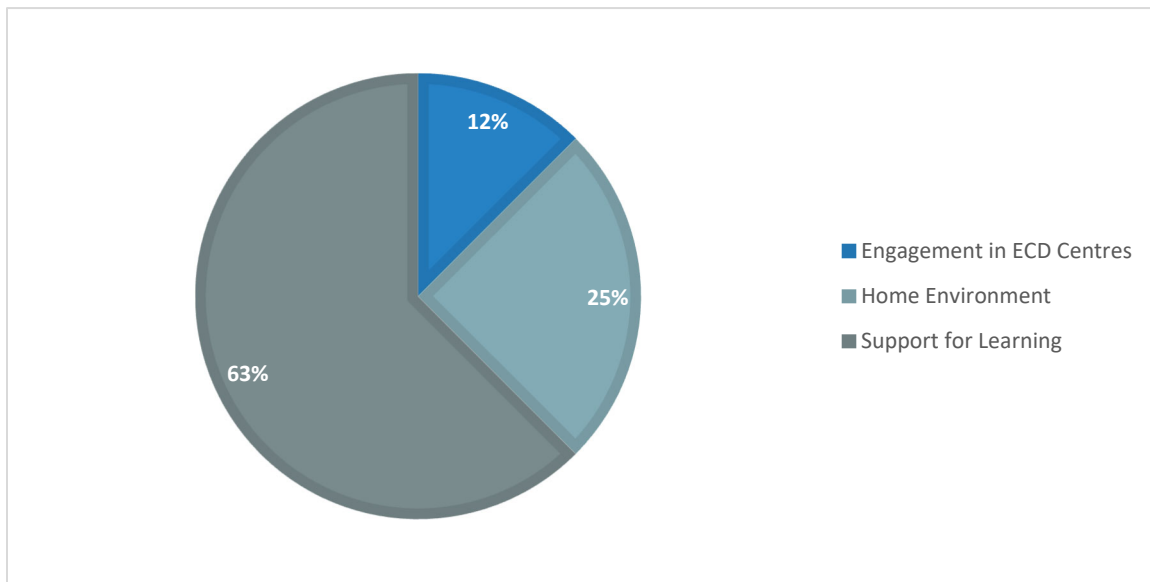
N=76 passages of text

Figure 60: Percentage of Coded Text Associated with Program Scaling



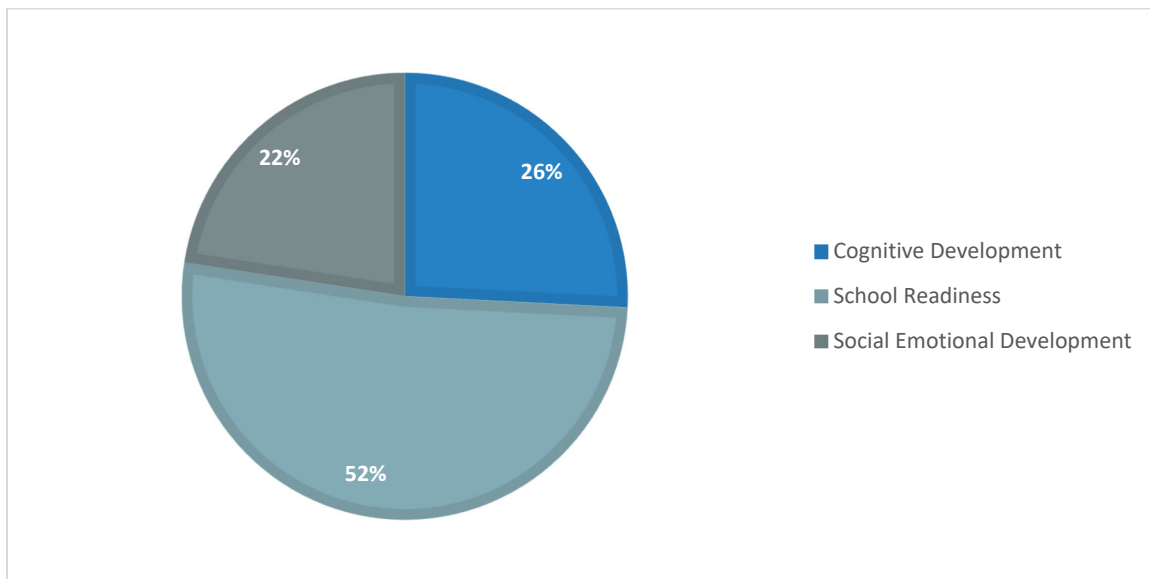
N=32 passages of text

Figure 61: Percentage of Coded Text Associated with Program Impact – Parent Outcomes



N=32 passages of text

Figure 62: Percentage of Coded Text Associated with Program Impact – Child Impacts



N=31 passages of text

Annex C: SMQ and RAM Data

See the Global Portfolio Review in Annex A for additional details.

Secondary Data - UNICEF RAM and SMQ Data were analysed using available data from 2014-2018, including global data on 10 interventions, 13 indicators on outputs, and 9 indicators on outcomes and impacts (UNICEF MICS data, 2014-2018).

UNICEF Goal Area 1 Special Interventions:

We examined these for 54 CO that were active in early stimulation and responsive care programming and found the data unreliable; thus, this information is not included in our analysis. Instead, we used our survey data to better understand these strategies and interventions. A link to a table of these data can be found in Annex D, Dedoose Coding Manual for reference. The main issue was that CO can select which type of intervention they are reporting, and this selection did not often match the description, or the connection was not clear. During results reporting through the RAM tool COs can select which of the listed Goal Area 1 special interventions are implemented by UNICEF; 35 of the reviewed 54 COs indicated to implement special interventions, though the selection was not always corroborated in the associated reports (see Figure 24).

1. Capacity development of ECD frontline workers
2. Community-based childcare
3. ECD advocacy and communication including campaigns
4. ECD data, evidence, and knowledge generation and dissemination
5. ECD policy and system strengthening
6. Parenting programs to promote nurturing care and early stimulation
7. Integrating ECD in emergency preparedness and response
8. Partnerships development for ECD
9. Social and behavioural change communication for ECD
10. Technical assistance - Early childhood development

UNICEF Output Indicators:

We examined these for 157 UNICEF COs.

1. Early stimulation interventions in humanitarian situations
2. Children in humanitarian situations targeted to participate in ECD kit programmes
3. Number of countries with two or more ECD interventions delivered as a package
4. National early childhood development policies
5. National early childhood development action and implementation plans
6. Maturity of early learning policies and programmes
7. Countries with an education policy or sector plan with multilingual education, by maturity
8. Human and material resources for mother tongue/multilingual education
9. Number of children enrolled in early learning programmes
10. Enrolment in early learning programmes in humanitarian contexts
11. Number of children provided with individual education/early learning materials
12. Quality of teaching and learning environment for early learning
13. Parent engagement in UNICEF supported parenting programmes

UNICEF Outcome and Impact Indicators:

We examined these for 157 UNICEF COs.

Child Outcomes/Impacts

1. Q6.1: Attendance to an early childhood education programme (% of children age 36-59 months)
2. Q6.7: Inadequate care: Left alone or in the care of another child younger than 10 years of age for more than an hour (% of children under age 5)
3. Q6.8: ECDI - developmentally on track in at least three of the following four domains: literacy-numeracy, social-emotional, physical, and learning (% of children age 36-59 months)
4. Q7.2: School readiness: Percentage of children in first grade of primary school who attended pre-school during the previous school year.

Parent/Caregiver Outcomes

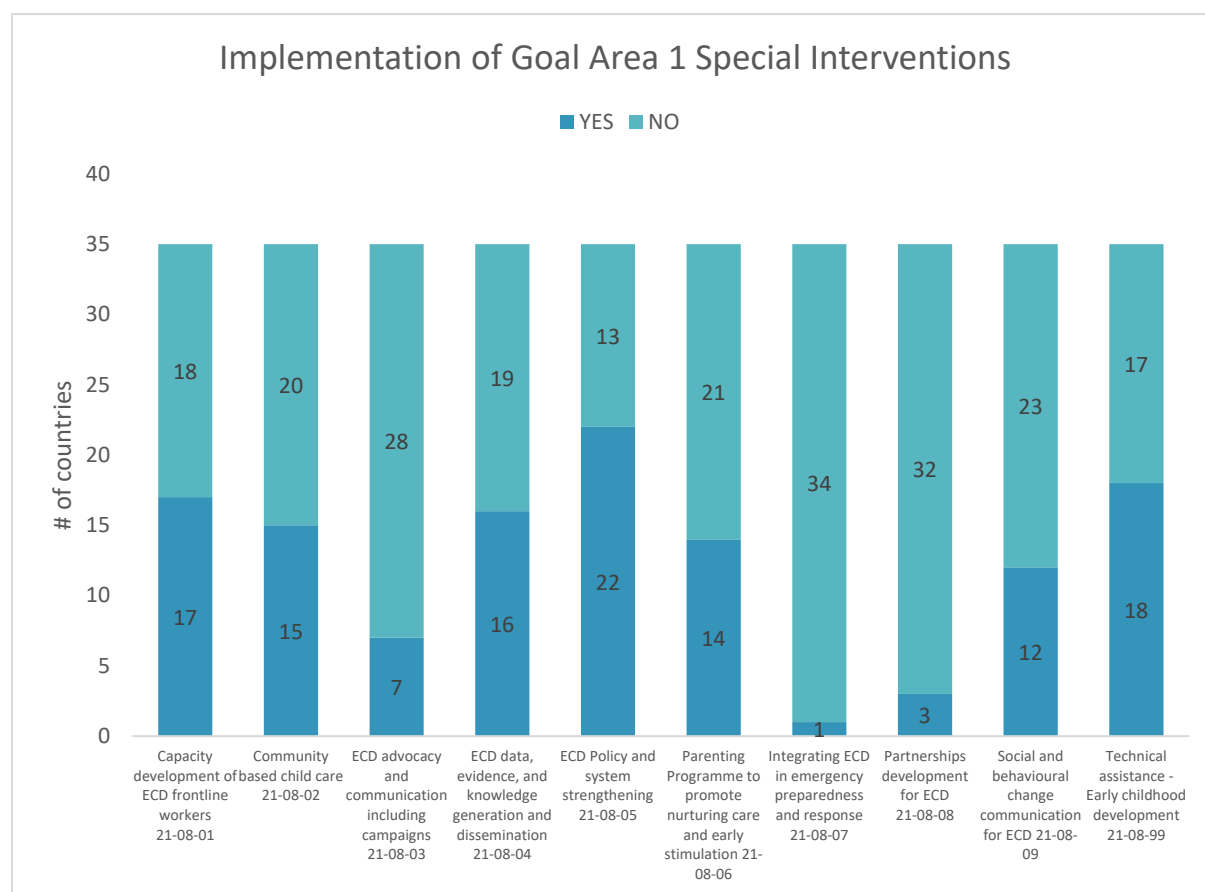
5. Q6.2: Support for learning: An adult has engaged in four or more activities (telling stories, singing songs, taking outside, playing, naming/counting or drawing things) to promote learning and school readiness in the last three days (% of children age 36-59 months)
6. Q6.3: Father's support for learning, see 6.2 (% of children age 36-59 months)
7. Q6.4: Mother's support for learning, see 6.2 (% of children age 36-59 months)

Home Environment

8. Q6.5: Availability of three or more children's books (% of children under age 5)
9. Q6.6: Availability of two or more types of playthings (homemade toys, manufactured toys, household objects/ objects found outside) (% of children under age 5)

UNICEF Goal Area 1 Special Interventions

Figure 63: UNICEF Goal Area 1 Special Interventions 2019



ECD-Related Intervention Outputs

Status of Humanitarian ECD Interventions

Figure 64: Early Stimulation Interventions in Humanitarian Situations in 2018

Region	# (%) of countries reporting "Yes"	# (%) of countries reporting "No"	# (%) of countries reporting "n/a"	# (%) of countries reporting "no data"	# of countries reporting
EAP	5 (19%)	8 (30%)	14 (52%)		27
ECA	3 (14%)	2 (10%)	16 (76%)		21
ESA	7 (33%)	5 (24%)	9 (43%)		21
LAC	6 (17%)	8 (22%)	21 (58%)	1	36
MENA	5 (25%)	3 (15%)	12 (60%)		20
SA	1 (13%)	2 (25%)	5 (63%)		8
WCA	6 (25%)	4 (17%)	14 (58%)		24
Global	33 (21%)	32 (20%)	91 (58%)	1	157

Source: SMQ portal 2018

In the current Strategic Plan for 2018, the organization set a goal of reaching 70% of targeted children through organised programmes that included the ECD kits (Table 20). The number of children under five targeted to participate in organised programmes with ECD kits (either UNICEF ECD kit or locally procured set of materials) was met in 2018. Eastern and Southern Africa exceeded its target, reaching 199,209 children versus its target of 183,477 children. The percentages of children who were successfully targeted is highest in South Asia (reaching 90%), Eastern Asia and the Pacific (reaching 88%), and in Latin America and the Caribbean (reaching 77%).

Figure 65: Children in Humanitarian Situations Targeted to Participate in ECD kit Programmes in 2018

Region	# of children targeted	# of children who participated	% of targeted children who participated	# of countries reporting
EAP	37,514	33,152	88%	27
ECA	126,300	6,715	5%	21
ESA	183,477	199,209	109%*	21
LAC	57,551	44,310	77%	36
MENA	43,594	27,245	62%	20
SA	71,400	64,309	90%	8
WCA	161,811	100,019	62%	24
Global	681,647	474,959	70%	157

Source: SMQ portal 2018

* In ESAR more children participated than were targeted

Multi-Sectoral ECD Packages

UNICEF's current Strategic Plan for 2018-2021 emphasises the importance of multi-sectoral ECD packages, which consist of "at least two interventions that address stimulation for children aged 0-59 months" (such as early learning and nutrition). UNICEF envisages the delivery of a range of integrated services through strengthened health platforms and a multisectoral approach to health, bringing frontline workers and families closer to the health systems they rely on, and improving system linkages at the household, community, and facilities levels. As part of this approach, health platforms for the frontline delivery of antenatal care, delivery, post-natal care, immunization and HIV prevention, and community health workers, schools, and childcare centres, provide the opportunity for an integrated delivery of services that are child-oriented and holistic and offer better value for money (UNICEF Strategic Plan, Theory of Change Paper, 2018).

Globally 68% (107 out of 157) countries reported to have two or more ECD interventions delivered as a package in 2018 (Table 21). According to the Strategic Plan 2018-2021 Results Framework, the target for 2018 for this output was 16 countries, which was well exceeded with 107 countries. Eastern and Central Asia and Latin America and the Caribbean had the highest percentage of countries with ECD packages in their regions (86% in Eastern and Central Asia, and 81% in Latin America and the Caribbean). Many of these packages integrated parenting programmes, or training of frontline ECD workers, alongside direct services to children. Thus, multi-sectoral ECD packages are strongly associated with early stimulation and care interventions.

Figure 66: Number of Countries with Two or More ECD Interventions Delivered as a Package in 2018

Region	# of countries with two or more ECD interventions delivered as a package	% of countries with two or more ECD interventions delivered as a package	# of countries in region without ECD package	% of countries in region without ECD package	# of countries reporting
EAP	15	56%	12	44%	27
ECA	18	86%	3	14%	21
ESA	15	71%	6	29%	21
LAC	29*	81%	3	8%	36
MENA	8	40%	12	60%	20
SA	6	75%	2	25%	8
WCA	16	67%	8	33%	24
Global	107	68%	46	29%	157

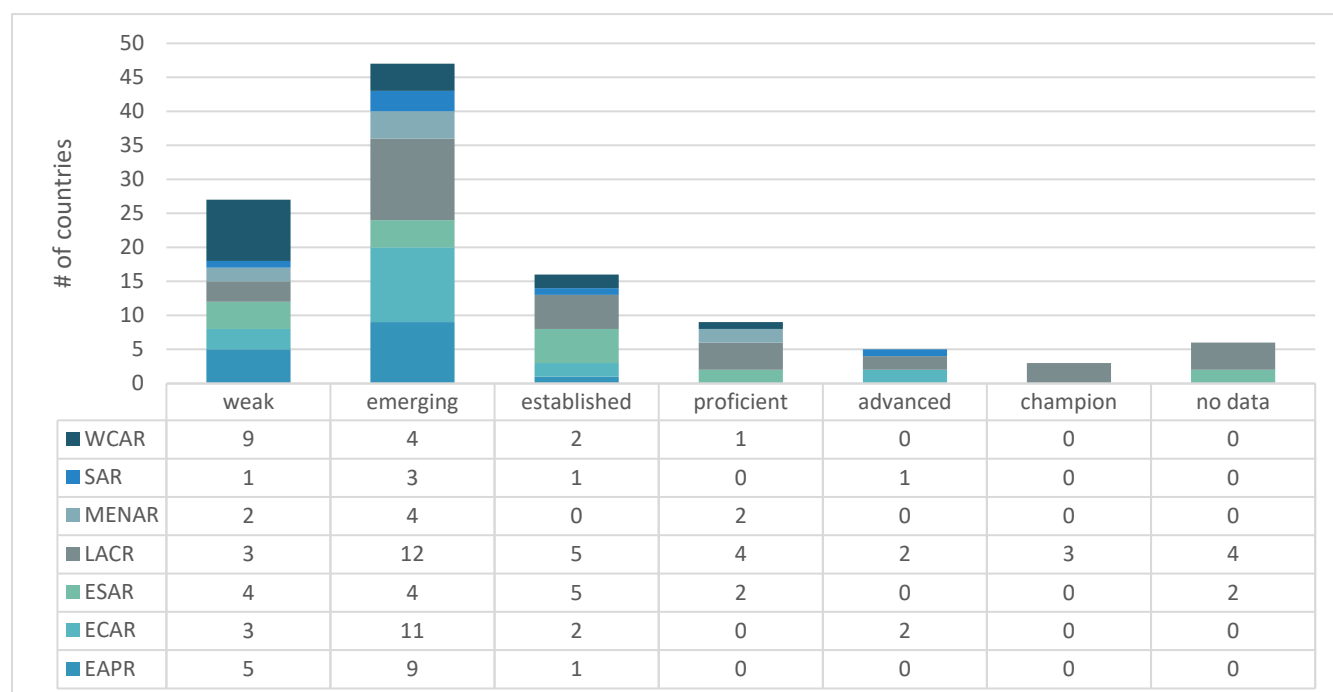
* Four countries reporting 'no data' on ECD packages in LACR

Source: SMQ portal 2018

However, these countries are in diverse stages of system strengthening on a 6-point maturity scale from 'weak' to 'champion' (Box 1). The maturity status of most countries is 'emerging' with 47 countries, followed by 'weak' with 27 countries, 'established' with 16 countries, 'proficient' with 9 countries, 'advanced' with 5 countries, and finally 'champion' with 3 countries (Figure 25 and Box 1). This means that the largest portion of countries have 'emerging' systems to roll out ECD packages, i.e., they have at least two interventions that address stimulation for children aged 0-59 months adopted by the government, but they are lacking a costed action plan to scale up under the government's ownership. The data shows that the shift towards multisectoral ECD packages has clearly gained significant momentum, well in accordance with the targets put forward in UNICEF's current Strategic Plan. On the other hand, the fact that the majority of countries are either in 'emerging' or 'weak' stages of the implementation of multisectoral ECD packages means that there is continued need for further support in many countries.

The regionally disaggregated data reveal a maturity range from LACR at the most mature end to WCAR at the least mature end of the implementation spectrum (Figure 25 and Box 1). In LACR, 14 out of 29 countries reporting to have ECD packages have 'established or above' systems (with four countries reporting to have 'no data' on ECD packages). In WCAR however, only 3 out of 16 countries reporting to have ECD packages have 'established or above' systems. The data reveal a regional difference in the coverage of the early stimulation and care programmes in relation to the need for the programmes. In Eastern and Central Asia, Eastern and Southern Africa, Latin America, and the Caribbean and South Asia, 75% or more of the countries had two or more ECD interventions delivered as a package in 2018 (Table 21). The Middle East, and North Africa, and Western and Central Africa, 44%, 60%, and 33%, respectively, had *no* ECD packages in 2018.

Figure 67: Maturity of Multisectoral Packages Implementation for 2018



Source: SMQ portal 2018

Box 1: Measurement Scale for Intervention Maturity

1 - Weak - At least two interventions that address stimulation for children aged 0-59 months, with support of partners such as UNICEF, NGOs and SCOs.

2 - Emerging - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government but lacking a costed action plan to scale up under the government's ownership.

3 - Established - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up under the government's ownership.

4 - Proficient - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up and a national coordination mechanism under the government's ownership.

5 - Advanced - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up and a national monitoring system under the government's ownership.

6 - Champion - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costed action plan to scale up, a national monitoring system and a coordination mechanism under the government's ownership.

Source: SMQ portal 2018, indicator 1.h.1-3

National ECD Policy Development

Establishing national ECD policies and implementation plans is another critical component of successful programming, because it creates the appropriate enabling environment for early stimulation and care services to flourish. UNICEF continues to foster multisectoral and cross-sectoral programming and support policy, capacity development and systems strengthening to improve the delivery of essential ECD services. UNICEF's target for 2018 was that 85 countries have a national ECD policy or implementation plans for scale-up, up from its target of 67 in 2017. Of the 157 countries surveyed for 2018, 60 report to have a national multisectoral ECD policy (Table 22). Thus, the target for 2018 was not met. Information about the contents of these policies are not provided in UNICEF's monitoring data at sufficient level of detail to make any claims about how and to what extent national ECD policies take into consideration early stimulation and care.

Figure 68: National Early Childhood Development Policies in 2018

Region	# of countries with national ECD policies	% of countries with national ECD policies	# of countries with no national ECD policies	% of countries with no national ECD policies	# of countries in region reporting
EAP	9	33%	18	67%	27
ECA	2	10%	19	90%	21
ESA	9	43%	12	57%	21
LAC	25	69%	11	31%	36
MENA	3	15%	17	85%	20
SA	3	38%	5	63%	8
WCA	9	38%	15	63%	24
Global	60	38%	97	62%	157

Source: SMQ portal 2018

Globally 45 countries (27%) reported having national multisectoral ECD action/ implementation plans, and among these, 42 were supported by UNICEF, underscoring the critical importance of UNICEF's work in this area (Table 23). There are, however, 97 and 112 countries without a national multisectoral ECD policy or action/ implementation plans, respectively. This leaves significant room for improvement during the current Strategic Plan period. The number of countries without national policies and implementation plans is particularly high in Western and Central Africa, East Asia and the Pacific, Eastern and Central Asia, the Middle East and North Africa and South Asia). The 42 countries that have a national ECD action/implementation plan that was supported by UNICEF will provide useful information on how to successfully support countries in this domain. However, information about the contents of these plans are not provided in UNICEF's monitoring data at sufficient level of detail to make any claims about how and to what extent they take into consideration early stimulation and care.

Figure 69: National Early Childhood Development Action/Implementation Plans in 2018

Region	# (%) of countries with national multisectoral ECD action/ implementation plans	# (%) of countries reporting that the national multisectoral ECD action/implementation plan supported by UNICEF	# (%) of countries with no national multisectoral ECD action/ implementation plans	# of countries in region reporting
--------	---	---	--	------------------------------------

EAP	7 (26%)	7 (26%)	20 (74%)	27
ECA	1 (5%)	1 (5%)	20 (95%)	21
ESA	7 (29%)	6 (29%)	14 (67%)	21
LAC	21 (56%)	20 (56%)	15 (42%)	36
MENA	5 (25%)	5 (25%)	15 (75%)	20
SA	2 (13%)	1 (13%)	6 (75%)	8
WCA	2 (8%)	2 (8%)	22 (92%)	24
Global	45 (27%)	42 (27%)	112 (71%)	157

Source: SMQ portal 2018

Early Childhood Education Policies and Programmes

UNICEF's previous and current Strategic Plans recognised that education "*increases knowledge, sparks innovation, builds skills that drive nations' growth and prosperity, and fosters inclusive societies*" (UNICEF Strategic Plan 2018-2021, Theory of Change). But for education to play this role, it must begin with strong early learning and development foundations. Investment in quality early childhood care and education produces a double benefit: it is both fair and efficient in achieving learning goals for children; this is incorporated in the specific SDG target of one year of universal pre-primary education. However, globally more than half of preschool-aged children lack access to learning and skills development opportunities. In the current Strategic Plan 2018-2021, there is an increased prioritization of learning, starting with early literacy and numeracy skills. UNICEF work towards archiving this goal among other initiatives through direct service delivery, such as the provision of essential learning materials, as well as upstream advocacy for national early learning policy development and multi-lingual education.

Early learning policies and programmes - In 2017, 171 countries reported they had 'effective' early learning policies and early learning programmes, exceeding the target of 119 set in the Strategic Plan 2018-2021 (Table 24). However, regional differences in coverage exist; 100% of the countries in Central and Eastern Asia (21 out of 21) reported having effective early learning policies and programmes in place; followed by Latin America and the Caribbean, which reported 94% coverage (34 out of 36 countries).

Figure 70: Countries with Effective Early Learning Policies and Programmes, 2017

Region	# of countries with effective early learning policies and programmes	% of countries with effective early learning policies and programmes	# of countries reporting 'n/a'	# of countries reporting
EAP	15	56%	12	27
ECA	21	100%	0	21
ESA	19	90%	2	21
LAC	34	94%	2	36
MENA	14	70%	6	20
SA	8	100%	0	8
WCA	20	83%	4	24
Global	131	83%	26	157

Source: Education output indicator data for 2017, UNICEF data

However, the maturity of early learning policies and programmes varies by region from ‘weak’ to ‘championing’ (Table 25). This rating is based upon whether or not a country has early learning curriculum and standards, appropriate ECCE facilities, and community participation. The data indicate that most countries have ‘initiating’ and ‘establishing’ early learning policies and programmes. There is no information on how and to what extent early stimulation and care are integrated into these early policies and programmes with the data provided through UNICEF’s monitoring system.

Figure 71: Maturity of Early Learning Policies and Programmes, 2017

Region	# of countries reporting to have early learning policies and early learning programmes	Maturity of early learning policies and early learning programmes	# of countries reporting
EAP	15	2.75	27
ECA	21	2.814	21
ESA	19	2.57	21
LAC	34	2.4	36
MENA	14	2.32	20
SA	8	2.43	8
WCA	20	2.25	24
Global	131	2.50	157

Source: Education output indicator data for 2017, UNICEF data

Scale: 1=weak, 4=championing

Mother Tongue/Multilingual Education Policy Environment – Using a language that the child can understand is a prerequisite for early stimulation and learning opportunities to be successful. Mother tongue/multilingual education is hence one intervention to achieve positive learning outcomes (see UNICEF’s Nurturing Care Framework). No targets were set for this output in the former Strategic Plan 2014-2017, perhaps because it may not be applicable for each country. The global annual results framework for Strategic Plan 2018-21 sets targets for the results area ‘learning outcomes’, under which mother tongue/ multilingual education is tracked. However, these targets are not disaggregated by dimensions, thus there are no specific targets for mother tongue/ multilingual education.

In 2016, 2017, and 2018 COs rated the extent to which the policy environment supports mother tongue/multilingual education. Globally, around 30% of countries have a policy environment that supports mother tongue/ multilingual education in some form, however there are significant differences between regions (Table 26). For example, while in 2018 in SAR 88% of countries report to have a policy environment that supports mother tongue/ multilingual education, only 5% of countries in MENAR report so.

The maturity of multilingual education also varied by region from weak to championing (Table 9). Eastern and Southern Africa, Western and Central Africa, and East Asia and the Pacific have the most advanced maturity among all regions, while the Middle East and North Africa has the least advanced maturity rating. This rating is based upon the policy environment and its alignment with multilingual education, as well as resource allocation for multilingual education. No regions reported significant changes in the maturity of the policy environment for mother tongue/ multilingual education across the monitored three years period.

For most regions the policy environment for mother tongue/ multilingual education is between the ‘initiating’ and the ‘established’ stage. This means that the education sector plan/policy explicitly promotes the use of

a few of the children's mother tongues or of languages children understand in the early grades of primary education, however, this only allows less than half of concerned children to learn in a language they understand ('initiating'). 'Established' means that the education sector plan/policy explicitly promotes the use of all of the most common children's mother tongues or languages children understand in the early grades of primary education. This allows the large majority of concerned children to learn in a language they understand. This is partially reflected in the curriculum and/or implementation plans.

Figure 72: Countries with an Education Policy or Sector Plan with Multilingual Education, by Maturity, 2016-2018

Region	Extent of support of policy environment* 2016 (# and % of countries working on this topic)	Extent of support of policy environment* 2017 (# and % of countries working on this topic)	Extent of support of policy* environment 2018 (# and % of countries working on this topic)	# of countries in region reporting
EAP	2.1 (7, 26%)	3 (7, 26%)	2.8 (7, 26%)	27
ECA	2.6 (8, 38%)	2.7 (7, 33%)	2.7 (5, 24%)	21
ESA	2.6 (12, 57%)	2.9 (13, 62%)	2.8 (12, 57%)	21
LAC	2.1 (16, 44%)	2.4 (13, 36%)	2.4 (13, 36%)	36
MENA	2.8 (5, 25%)	3 (1, 5%)	3 (1, 5%)	20
SA	2.3 (4, 50%)	2.6 (7, 88%)	2.5 (7, 88%)	8
WCA	1.5 (15, 63%)	2.1 (6, 25%)	2.1 (6, 25%)	24
Global	2.3 (67, 43%)	2.7 (54, 34%)	2.6 (51, 32%)	157

Source: SMQ data for 2016-2018, indicator 2.b.3-9

Mother Tongue/Multilingual Education Human and Material Resources - COs further rated the extent to which human and material resources support mother tongue/multilingual education (Table 27). Globally, in 2017 and 2018 around 30% of countries had human and material resources that supported mother tongue/ multilingual education in some form, which represented a drop from 2016 (41%). However, there were significant differences between regions. For example, while in 2018 in SAR 88% of countries report to have human and material resources that support mother tongue/ multilingual education, only 5% of countries in MENAR report so. No region reported significant changes in the maturity of human and material resources for mother tongue/ multilingual education across the monitored three years period.

For most regions the extent of support of human and material resources from 2016 to 2018 falls between the 'weak' and the 'initiating' stage (ECAR, LACR, SAR, WCAR). 'Weak' means that instruction in children's mother tongue or in a language the children can understand is not reflected in teacher training, recruitment, deployment, or pupil assessment systems. There is no official support for learning materials to allow for instruction in children's mother tongue or in a language they understand. 'Initiating' means that instruction in children's mother tongue or in a language that children can understand is partially integrated/considered in at least one of the following: teacher training, recruitment and deployment, and/or pupil assessment systems. There are prototypes of dedicated learning materials.

Resources are however only sufficient to provide children in model or pilot schools with instruction in their mother tongue or in a language they understand. In EAPR and ESAR the extent of support of human and material resources is between 'initiating' and 'established'. 'Established' means that instruction in children's

mother tongue or in a language the children can understand is integrated/considered in at least two of the following: teacher training, recruitment and deployment, and/or pupil assessment systems. There are dedicated learning materials. Resources are sufficient to ensure that a significant minority of children receive instruction in their mother tongue or in a language they understand.

Figure 73: Human and Material Resources for Mother Tongue/Multilingual Education, 2016-2018

Region	Extent of support of human and material resources* 2016 (# and % of countries working on this topic)	Extent of support of human and material resources* 2017 (#and % of countries working on this topic)	Extent of support of human and material resources* 2018 (#and % of countries working on this topic)	# of countries in region reporting
EAP	2 (9, 33%)	2.6 (8, 30%)	2.5 (8, 30%)	27
ECA	1.7 (8, 38%)	1.9 (6, 29%)	1.7 (5, 24%)	21
ESA	2.1 (13, 62%)	2.7 (12, 57%)	2.7 (10, 48%)	21
LAC	1.8 (12, 33%)	1.8 (12, 33%)	2 (13, 36%)	36
MENA	2.8 (5, 25%)	3 (1, 5%)	3 (1, 5%)	20
SA	1.8 (4, 50%)	2 (7, 88%)	2.2 (7, 88%)	8
WCA	1.3 (14, 58%)	1.7 (6, 25%)	1.7 (5, 21%)	24
Global	1.9 (65, 41%)	2.2 (52, 33%)	2.2 (49, 31%)	157

Source: SMQ data portal, indicator 2.b.3-10

Mother Tongue/Multilingual Education Community Engagement - COs also rated the extent to which there was community engagement for mother tongue/multilingual education (Table 28). Globally, the extent to which there was community engagement falls between the 'initiating' and the 'established' stage for the period 2016-2018. 'Initiating' means that local communities and teachers are not engaged, either through SMCs, PTAs or any similar structure, in setting the curriculum or developing learning materials in support of instruction in children's mother tongue or in a language the children understand. 'Established' means that local communities and teachers are sometimes engaged, through SMCs, PTAs or similar structures, in setting the curriculum or developing learning materials in support of instruction in children's mother tongue or in a language the children understand.

In 2018 EAPR rated the extent of community engagement between the 'established' and 'champion' stage, up from 'established'. 'Champion' means that local communities and teachers are fully engaged, through SMCs, PTAs or similar structures, in setting the curriculum and developing learning materials in support of instruction in children's mother tongue or in a language the children understand. Globally, there was a drop-in community engagement from 51% of countries reporting community engagement in some form in 2016 to around 25% in 2017 and 2018.

Figure 74: Community Engagement for Mother Tongue/Multilingual Education, 2016-2018

Region	Extent of community engagement* 2016	Extent of community engagement* 2017 (#and % of countries working on this topic)	Extent of community engagement* 2018 (#and % of countries working on this topic)	# of countries in region reporting
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	(# and % of countries working on this topic)			
EAP	2.8 (9, 33%)	3 (7, 26%)	3.3 (7, 26%)	27
ECA	2.5 (10, 48%)	2 (3, 14%)	2 (3, 14%)	21
ESA	3 (11, 52%)	3 (11, 52%)	3 (8, 38%)	21
LAC	2.4 (16, 44%)	2.5 (9, 25%)	2.4 (8, 22%)	36
MENA	2.2 (10, 50%)	n/a	1 (2, 5%)	20
SA	2.6 (5, 63%)	2.3 (4, 50%)	2 (3, 38%)	8
WCA	2.1 (19, 79%)	2.4 (5, 21%)	2.3 (4, 17%)	24
Global	2.5 (80, 51%)	2.5 (39, 25%)	2.3 (35, 22%)	157

Source: SMQ data portal, indicator 2.b.3-11

Enrolment in Early Learning Programmes – Globally, the number of children enrolled in early learning programmes has grown exponentially by more than 60 percent, from 673,835 in 2016 to 1,096,060 in 2018 (Table 29). These data represent the number of children, in both humanitarian and non-humanitarian situations, who were enrolled in formal or non-formal early learning/pre-primary education through UNICEF-supported programmes. The targets for early learning are not articulated in UNICEF's results framework, so we cannot assess progress on this indicator, nor do we know how to identify champion countries or regions given the fluctuation in counts.

Figure 75: Number of Children Enrolled in Early Learning Programmes, 2016-2018

Region	# of children enrolled 2016 (# of countries with data)	# of children enrolled 2017 (# of countries with data)	# of children enrolled 2018 (# of countries with data)	# of countries reporting
EAP	41,736 (8)	1,015,362 (6)	85,020 (12)	27
ECA	91,965 (10)	44,856 (8)	55,874 (9)	21
ESA	291,152 (12)	196,560 (10)	577,553 (14)	21
LAC	4,884 (7)	1,021 (3)	24,008 (6)	36
MENA	67,511 (10)	19,108 (5)	63,218 (8)	20
SA	131,572 (4)	71,093 (3)	197,372 (3)	8
WCA	45,215 (16)	113,994 (14)	91,533 (15)	24
Global	673,835	1,463,994	1,096,060	157

Source: SMQ and UNICEF data, 2016-2018

Enrolment in Early Learning Programmes in Humanitarian Contexts – Globally, 266,529 children in humanitarian situations were enrolled in formal or non-formal early learning/pre-primary education through UNICEF-supported programmes (Table 30). The targets for early learning are not articulated in UNICEF's results framework, so we cannot assess progress on this indicator, nor do we know how to identify champion countries or regions given the fluctuation in counts.

Figure 76: Enrolment in Early Learning Programmes in Humanitarian Contexts

Region	# of children enrolled 2016 (# of countries with data)	# of children enrolled 2017 (# of countries with data)	# of children enrolled 2018 (# of countries with data)	# of countries reporting
EAP	34,991 (4)	2,478 (3)	3,794 (8)	27
ECA	51,627 (6)	42,083 (3)	47,783 (4)	21
ESA	37,175 (10)	25,922 (8)	94,797 (10)	21
LAC	600 (5)	2,000 (2)	6,386 (4)	36
MENA	74,043 (7)	21,424 (7)	25,127 (7)	20
SA	12,394 (4)	27,110 (3)	73,739 (4)	8
WCA	59,527 (14)	27,944 (6)	14,913 (8)	24
Global	270,357 (50)	148,961 (32)	266,529 (45)	157

Early Learning Materials - Globally 11,298,748 children were provided with individual education/early learning materials through UNICEF supported programmes in 2018 (Table 31). The 2018 target was 46.5 million, which has not been met. This finding suggests that children are not being sufficiently supported in their early learning opportunities, because they lack appropriate materials to support their stimulation. We also do not know if these learning materials address the age group of this portfolio review (birth to age 5). If these learning materials are “school-in-a-box” from the Supply Division, this indicator should not be considered associated with early stimulation and care, as this strategy targets children ages 7 to 19.

Figure 77: Number of Children Provided with Individual Education/Early Learning Materials, by Region in 2018

Region	# of children provided with materials	# of countries reporting 'n/a'	# of countries reporting 'no data'	# of countries reporting
EAP	201,429	16	0	27
ECA	852,001	12	1	21
ESA	2,964,990	5	0	21
LAC	192,512	19	1	36
MENA	2,276,285	10	0	20
SA	1,879,121	2	0	8
WCA	2,923,410	2	1	24
Global	11,298,748	66	3	157

Source: SMQ portal 2018

Teaching and Learning Environment for Early Learning - The quality of the environment in which early teaching and learning takes place is a key determinant of successful learning. This includes the training of teachers in child-centred pedagogy and a holistic curriculum (i.e., it includes components of socio-emotional learning in addition to pre-academic skills and is based on age appropriate child standard), a curriculum which is linked meaningfully to the primary curriculum as well as to any curriculum for the youngest learners, including children 0-3 years of age. It also includes lists of age-appropriate books, toys/playthings and learning materials, which are available in the majority of classrooms nationwide. Classrooms are designed as per pre-established standards that ensure adequate learning space. Another important aspect is that

there are mechanisms or programmes for engaging parents in pre-primary education, and parents actively participate in these programs.

The global annual results framework for SP 2018-21 sets targets for the results area 'learning outcomes', under which the teaching and learning environment for early learning is tracked. However, these targets are not disaggregated by dimensions, thus there are no specific targets for the teaching and learning environment for early learning. In 2016, 2017, and 2018 COs rated the quality of the teaching and learning environment for early learning (Table 32). In 2016 globally 83% of countries reported to be working on the teaching and learning environment for early learning. For 2017 and 2018 this number was a bit lower, 73% and 77% respectively. There were significant differences between the regions; in South Asia, 100% of countries are working on the topic, coverage is also high in ECAR, ESAR, LACR and WCAR. EAPR and MENAR only have a coverage around 50%, leaving room for improvement.

Figure 78: Quality of the Teaching and Learning Environment for Early Learning, 2016-2018

Region	2016 (# and % of countries working on this topic)	2017 (# and % of countries working on this topic)	2018 (# and % of countries working on this topic)	# of countries in region reporting
EAPR	1.8 (16, 59%)	2 (14, 52%)	2.3 (14, 52%)	27
ECAR	2.2 (20, 95%)	2.3 (18, 86%)	2.5 (21, 100%)	21
ESAR	1.7 (18, 86%)	2.2 (18, 86%)	2.2 (17, 81%)	21
LACR	2 (33, 92%)	2.3 (27, 75%)	2.5 (28, 78%)	36
MENAR	1.7 (13, 65%)	2.1 (9, 45%)	2.2 (10, 50%)	20
SAR	1.8 (8, 100%)	2.2 (8, 100%)	2.4 (8, 100%)	8
WCAR	1.7 (23, 96%)	1.9 (20, 83%)	2.1 (23, 96%)	24
Global	1.8 (131, 83%)	2.1 (114, 73%)	2.3 (121, 77%)	157

Source: SMQ data portal

In 2016 most regions rated the quality of the teaching and learning environment between 'weak' and 'initiating'. 'Weak' means that the teachers are not trained on child-centred pedagogy. A curriculum has not been formally approved and whatever exists is not based on child standards. Classroom material lists do not exist and thus age-appropriate books, toys/play things, and learning materials are not available for preschool classrooms. There are no standards for the design of classrooms/centres that ensure adequate learning space. Parent participation is not encouraged and is at best extremely limited.

'Initiating' means teachers are trained on some components of child-centred pedagogy. The curriculum is not holistic, and links between preschool and primary curricula are weak. Classroom material lists are not comprehensive and include limited age-appropriate play and learning materials. Materials are available for less than half of preschools nationwide. Standards for classroom design that ensure adequate learning space exist but are not used widely. There are limited mechanisms or programmes for engaging parents in pre-primary education and parent participation is very limited. In 2017 and 2018 the quality is mostly rated between 'initiating' and 'established'.

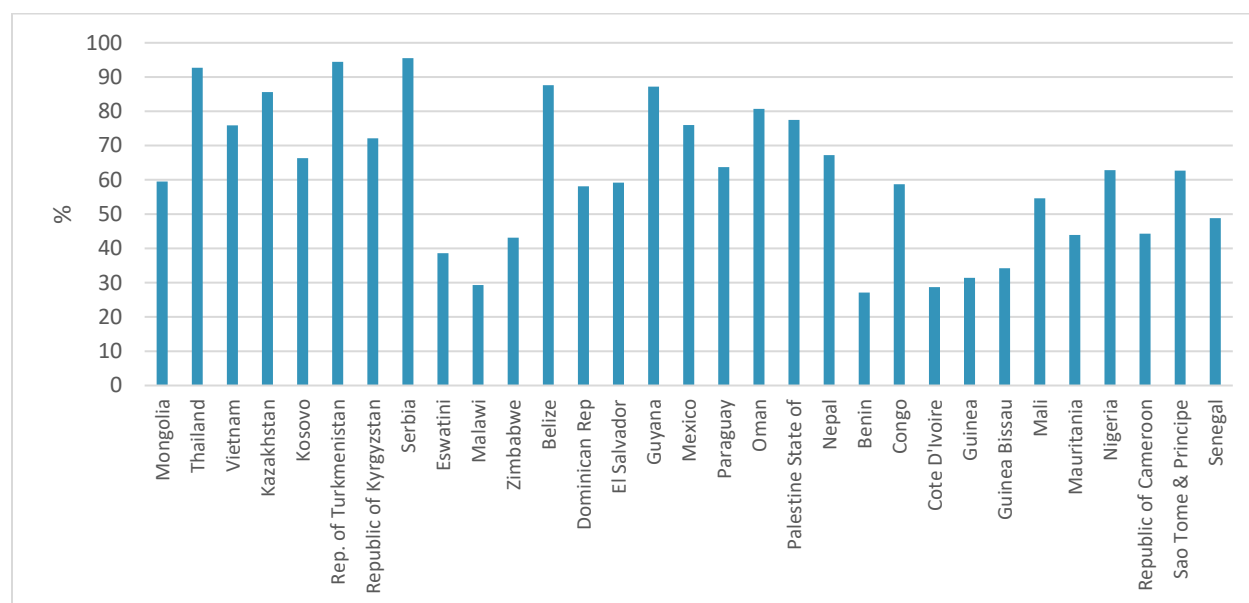
'Established' means that teachers receive training **on some (but not all)** components of child-centred pedagogy. The curriculum is holistic, but links to the primary curriculum and/or to any day-care/early years' curriculum can be improved. Classroom material lists include age-appropriate books, toys /playthings, and learning materials. They are available in two thirds of preschools nationwide. Most classrooms are designed as per pre-established standards that ensure adequate learning space. There are mechanisms or programmes for engaging parents in pre-primary education, but only some parents actively engage in these programs.

ECD-Related Intervention Results (Outcomes)

Early Stimulation and Responsive Caregiving - In the retrospective theory of change (Annex A), the intended outcomes of UNICEF's work in early stimulation and care relate to responsive caregiving (including materials available in the home environment for early stimulation) and early learning. The baseline for Strategic Plan 2018-2021 is that 64% of children receive early stimulation and care from their parents or caregivers. The milestone this Strategic Plan period is that by 2021, 74% of children are receiving early stimulation and care.

Progress on parent and caregiver outcomes are mixed and vary by country and region (Figure 26). Twelve of the 31 (39%) countries with data have 70% or more of children receiving early stimulation and responsive caregiving. These countries are located in Eastern and Central Asia, East Asia and the Pacific, Latin America and the Caribbean, and in the Middle East and North Africa. Countries in these regions have already met or are close to meeting the Strategic Plan 2018-2021 target. Among the 31 countries with data on this outcome, 10 countries (32%) had fewer than 50 percent of children receiving early stimulation and responsive caregiving. Thus, they fall below the baseline on this outcome, and will likely not meet the target for the Strategic Plan 2018-2021. These countries are located in Eastern and Southern Africa and in Western and Central Africa.

Figure 79: Support Early Stimulation and Responsive Caregiving, 2014-2018

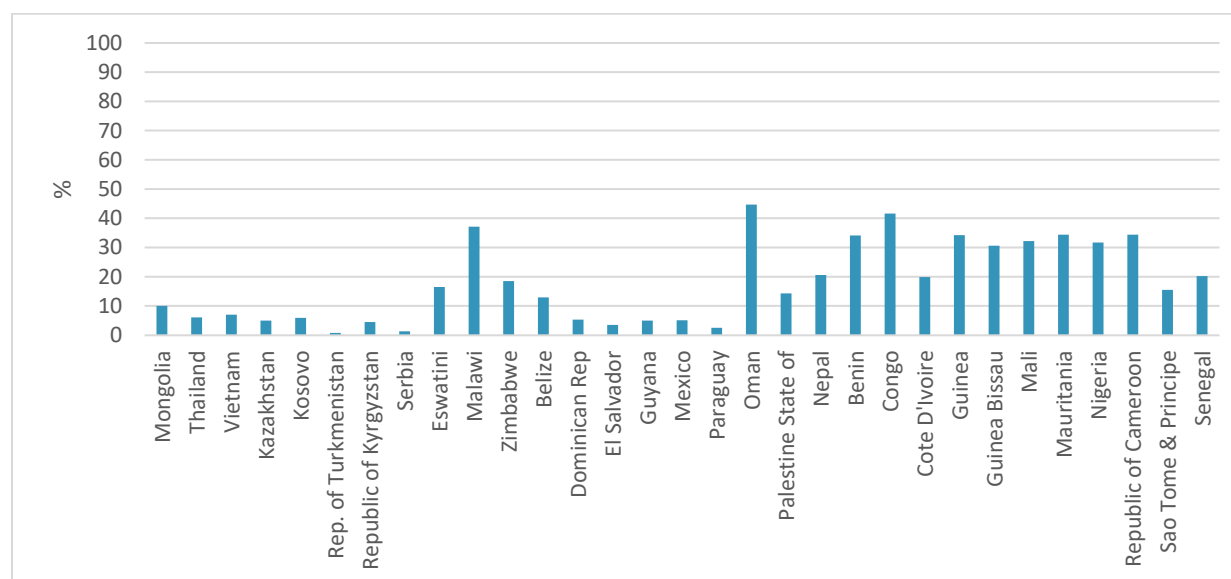


Source: MICS round 5 - Percentage of children age 35-59 months with whom an adult has engaged in four

or more activities (telling stories, singing songs, taking outside, playing, naming/counting or drawing things) to promote learning and school readiness in the last three days.

Moreover, the same countries in these regions have more than 10% of children receiving inadequate care (being left alone at home with a child 10 years or younger for more than an hour at least one time per week) (Figure 27). Oman is a peculiar case; more than 40% of children received what UNICEF terms as inadequate care (Figure 27), but 80% received early stimulation and responsive care from 2014-2018 (Figure 26). This could suggest that child-to-child caregiving may be an important cultural practice in the country.

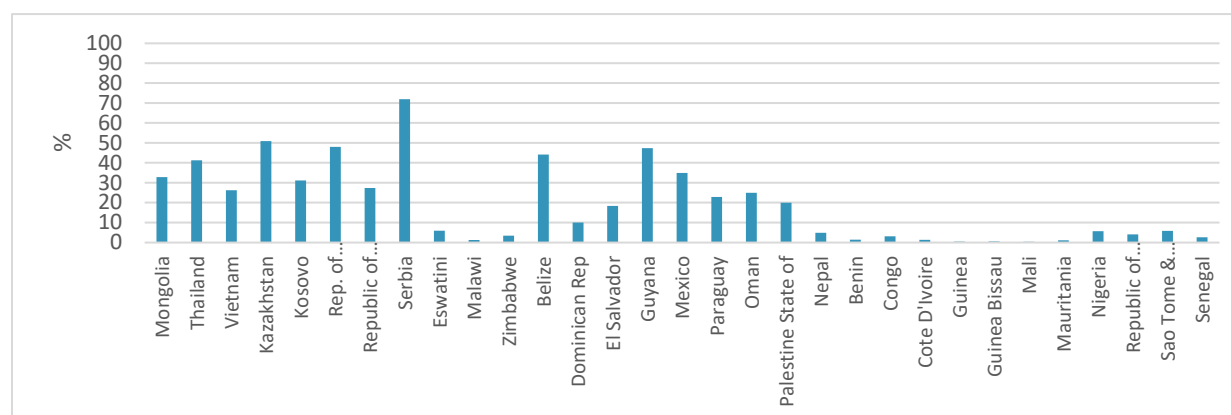
Figure 80: Inadequate Care, 2014-2018



Source: MICS round 5 - Inadequate care: Being left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week (% of children under age 5)

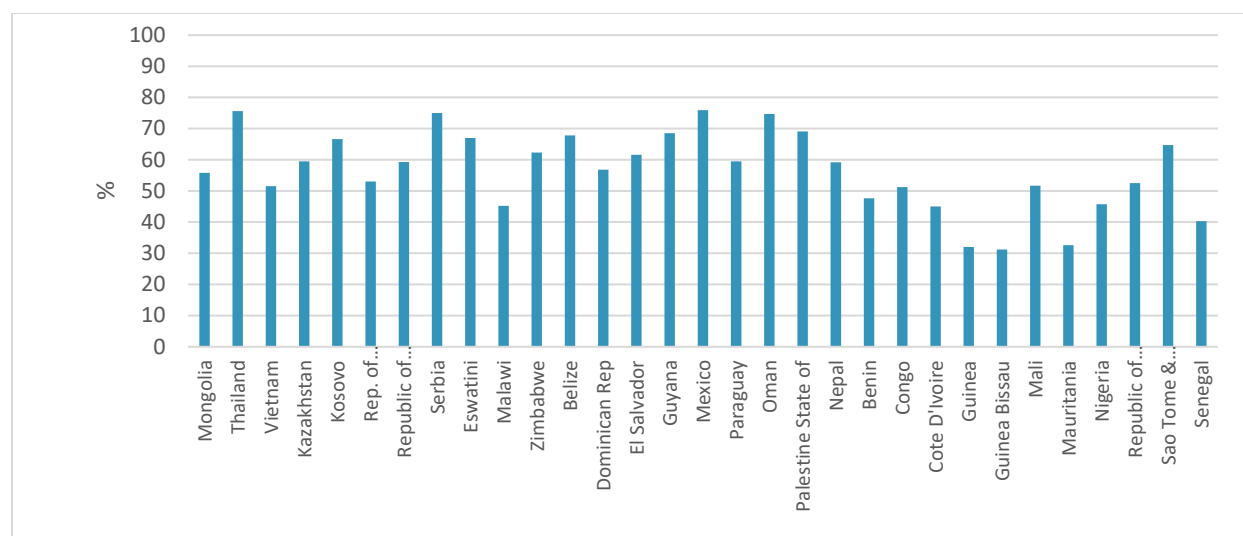
Home Environment – In some countries in Eastern and Central Asia and Latin America and the Caribbean, more than 40% of children had available children's books at home during the study time period (Figure 28). Serbia reported the highest percentage of children with books at home (more than 70%), while countries in Eastern and Southern Africa and Western and Central Africa had the lowest percentages of children with books at home (less than 5%). The availability of toys at home was more evenly distributed across the regions (Figure 29). In 22 out of 31 (71%) countries with data, more than 50% of children had access to toys at home. Countries with less than 50% of children with toys at home are located in Western and Central Africa and in Eastern and Southern Africa.

Figure 81: Availability of Children's Books, 2014-2018



Source: MICS round 5 - Availability of three or more children's books (% of children under age 5)

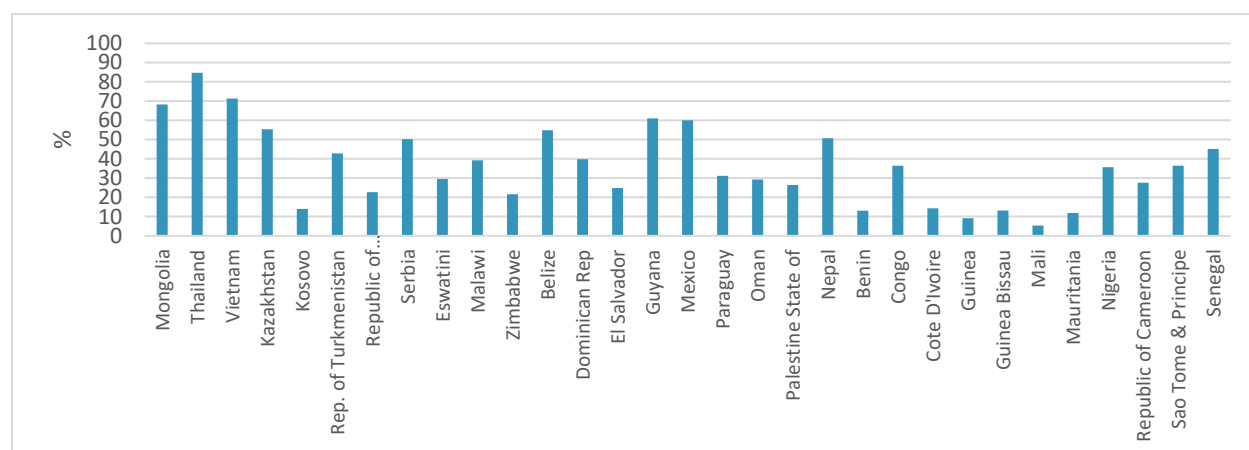
Figure 82: Availability of Toys, 2014-2018



Source: MICS round 5 - Availability of two or more types of playthings (homemade toys, manufactured toys, household objects/ objects found outside), (% of children under age 5).

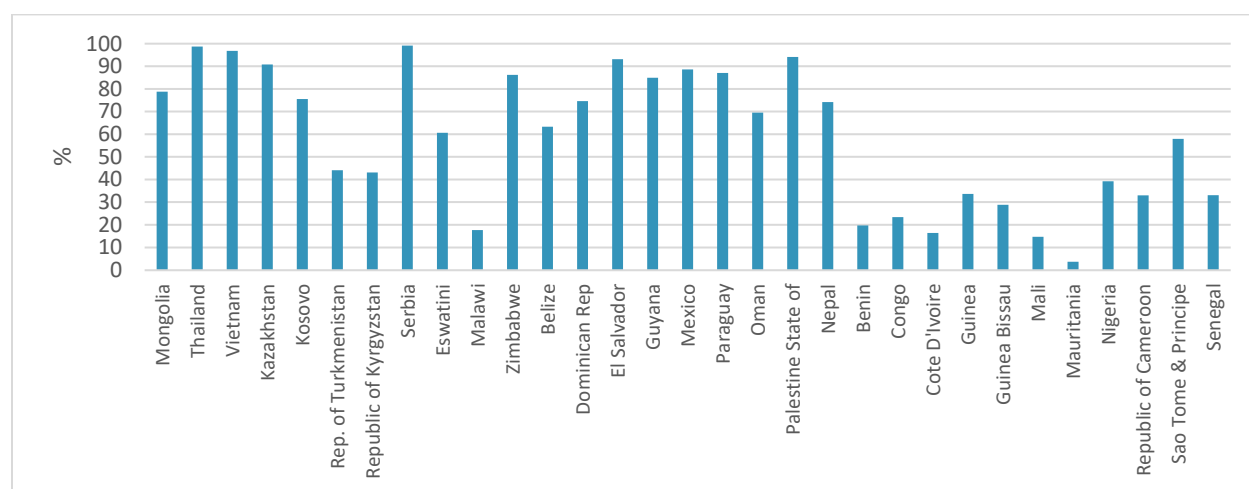
Early Learning and School Readiness – In nine out of 31 countries with data, 50% or more of children had attended an early childhood education programme from 2014-2018 (Thailand and Vietnam in EAP; Mongolia and Nepal in SA; Kazakhstan and Serbia in ECA; and Belize, Guyana and Mexico in LAC) (Figure 30). There is no target for this indicator, but a majority of countries who reported data had fewer than 50% of children who attended an early childhood education programme. However, when examining school readiness, 21 out of 31 (68%) countries with data had 50% or more children who attended one year of pre-school, which is the target set in the current Strategic Plan 2018-2021 (Figure 31). All of the countries in Western and Central Africa had fewer than 50% of children who attended one year of pre-school, as did Malawi, Turkmenistan, and Kyrgyzstan.

Figure 83: Attendance of Early Childhood Education Programme, 2014-2018



Source: MICS round 5 - Percentage of children age 35-59 months who attended an early childhood education programme.

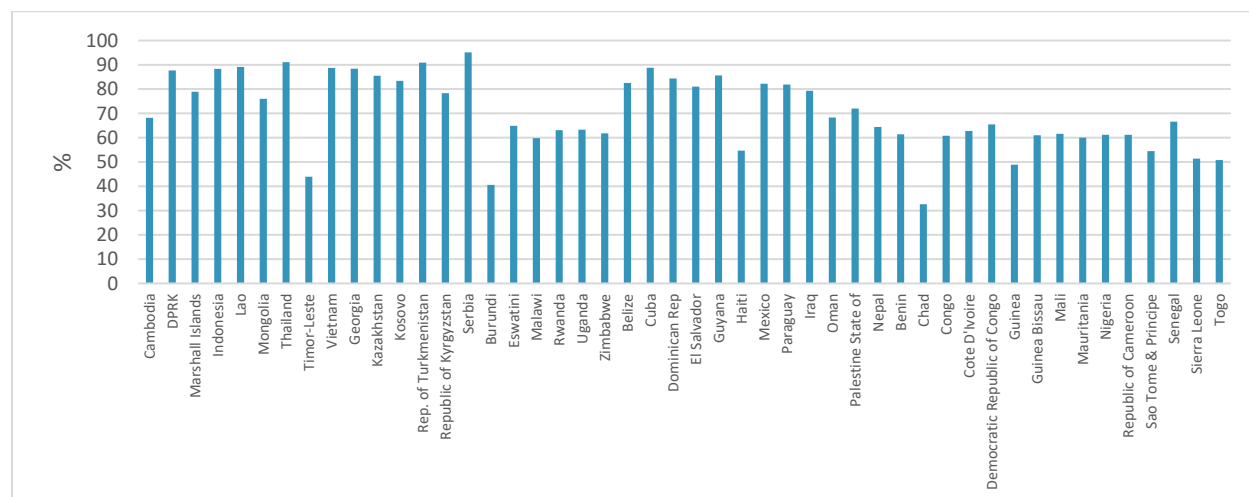
Figure 84: School Readiness, 2014-2018



Source: MICS round 5 - Percentage of children in first grade of primary school who attended preschool during the previous school year.

Children's' Developmental Status - It is clear from both the research and evidence from this portfolio review that early stimulation and care affect a wide range of developmental outcomes for children, including their cognitive development, physical development, and social-emotional development. The impact-level indicator for early stimulation and care is the Early Childhood Development Index (ECDI), which measures the percentage of children who are developmentally on track in literacy-numeracy, physical, learning, and social-emotional skills. Currently this indicator measures only children age 36-59 months. The results indicate that 45 out of 48 countries with data had an ECDI of 50% or more, and 16 out of 48 countries had an ECDI of 80% or more (which is the target set for this indicator) (Figure 32). Countries with the highest percentage of children who are developmentally on track are located in East Asia and the Pacific, Eastern and Central Asia, Latin America and the Caribbean, and the Middle East and North Africa. Chad, Burundi, and Timor-Leste – all countries that have experience conflict during the time period had fewer than 50% of children who were developmentally on track.

Figure 85: Early Childhood Development Index (ECDI), 2014-2018



Source: MICS round 5 - Being developmentally on track in at least three of the following four domains: literacy-numeracy, social-emotional, physical, and learning (% of children age 36-59 months)

Summary of UNICEF's Progress on Early Stimulation and Care

A summary of UNICEF's progress on intervention outputs, outcomes and impact that have data is provided in Table 33. Some targets have not been met during the study time period, while other targets have been exceeded. Many indicators do not have targets or sufficient data, so progress cannot be determined at this time.

Figure 86: Summary of UNICEF's Progress on Results in Early Stimulation and Care

INTERVENTIONS/STRATEGIES/PROGRAMMES	PROGRESS ON RESULTS/OUTPUTS	PROGRESS ON OUTCOMES/IMPACTS
CARE FOR CHILD DEVELOPMENT	Limited information, no global target set	<ul style="list-style-type: none"> Positive caregiving - parents provide early stimulation and care - target met in 12 out of 31 countries with data; most countries have no data Home environment – no global target set, unable to determine progress
OTHER PARENTING PROGRAMMES	No data, no global target set	
EARLY MOMENTS MATTER CAMPAIGN	No global target set	
EARLY CHILDHOOD DEVELOPMENT KITS FOR EMERGENCIES	Target was met in 2018	
EARLY LEARNING AND DEVELOPMENT STANDARDS	No global target set	
MULTIPLE INDICATOR CLUSTER SURVEYS	No global target set	
NATIONAL ECD POLICY DEVELOPMENT	Target was <u>not</u> met in 2018	
MULTI-SECTORAL ECD PACKAGES/SERVICES	Target was exceeded in 2018	

INTERVENTIONS/STRATEGIES/PROGRAMMES	PROGRESS ON RESULTS/OUTPUTS	PROGRESS ON OUTCOMES/IMPACTS
EARLY LEARNING POLICIES AND PROGRAMMES	Evaluability and progress vary by indicator	<ul style="list-style-type: none"> • <u>Attendance in early learning programme</u> – no global target set • <u>School readiness</u> - children in first grade who had at least one year of preschool – 21 out of 31 countries with data met target • <u>Children's developmental status</u> – 16 out of 48 countries with data met target from 2014-2018
EARLY LEARNING POLICIES	Exceeded target in 2018	
MOTHER TONGUE/MULTILINGUAL EDUCATION	No global targets set	
ENROLMENT IN EARLY LEARNING PROGRAMMES FOR OUT-OF-SCHOOL CHILDREN	No global target set	
DISTRIBUTION OF EARLY LEARNING MATERIALS	Target <u>not</u> met in 2018	
ECD OR ECE EVALUATIONS AND STUDIES	Not applicable	

Efficacy of Interventions

Because early stimulation and care was not operationalised in UNICEF's monitoring and evaluation framework until the current Strategic Plan, and because data are not readily available for all interventions, it was not possible to connect implementation strategies with outputs, outcomes, and impacts at this time. The most significant issue UNICEF faces in demonstrating the efficacy of its interventions is the reliance on MICS data to demonstrate results. A majority of countries have used the ECD Module (MICS 5), but in any case, it is designed to assess trends at the population level (e.g., number of children attending preschool), not to be used as measure of children's physical, cognitive, or social-emotional development. There may be ways that UNICEF has integrated survey items from the MICS into parent outcome surveys (the Knowledge, Attitudes, Practice surveys mentioned previously), in order to correlate interventions with results. However, it is not clear how many countries are collecting this type of data, and to what extent these KAP surveys have been standardised for use across the organization to demonstrate results. Also, it does not appear that any evaluations have employed a ~~randomised-controlled~~ experimental or quasi-experimental design, which is necessary for assessing programme efficacy and impact.

While we were not able to connect specific interventions with outputs, outcomes and impact, we did explore to what extent different measures within MICS were correlated with one another—at the population level. This correlation analyses examined the different outcome indicators on early stimulation and care and revealed that all indicators are closely associated with the ECDI (children's developmental status). In particular, within a country, the availability of children's books ($r=0.88$)⁷¹ and support for learning were strongly associated with children's developmental status, with mothers' support for learning being the most strongly linked ($r=0.84$). Support for learning in this indicator encompasses telling stories, singing songs, taking outside, playing, naming/counting or drawing things (Table 34). Attendance at an ECD programme is also strongly correlated with the ECDI ($r=0.61$). Furthermore, inadequate care is strongly negatively associated with the developmental status of children in the literacy-numeracy, social-emotional, physical,

⁷¹ The informative value of this analysis is limited by the relatively small number of countries with available data, the fact that it is a secondary analysis over means, and that the outcomes are intercorrelated.

and learning domains ($r=-0.82$). These findings underscore the importance of such early stimulation and care activities for the development of children and appear to be internally coherent. However, we cannot trace backwards with the given data to know if these outcomes and impacts are connected in any way to UNICEF-supported programmes.

Figure 87: Correlation of Outcome and Impact Indicators on Early Stimulation and Care

IMPACT Indicator: ECDI – Being developmentally on track in at least three of the following four domains: literacy- numeracy, social- emotional, physical, and learning (% of children age 36-59 months).	Attendance to an early childhood education programme (% of children age 36-59 months).	Support for learning (% of children age 36- 59 months).	Father's support for learning, (% of children age 36- 59 months).	Mother's support for learning, (% of children age 36- 59 months).	Availability of three or more children's books (% of children under age 5).	Availability of two or more types of playthings (% of children under age 5).	Inadequate care: Being left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week (% of children under age 5).
Correlation with ECDI:	0.61	0.79	0.67	0.84	0.88	0.59	-0.82

Figure 88: ECD Programme Utilization 2018-2019

	2018 CO Utilization	2018 Goal 1 Utilization	2018 ECD Utilization	2018 ECD Utilization as % of Goal Area 1	2019 CO Utilization	2019 Goal 1 Utilization	2019 ECD Utilization	2019 ECD Utilization as % of Goal Area 1	% Change 2018-2019
Georgia	5.12M	637.3k	No data	---	4.08M	435.6k	---	---	---
Republic of Kyrgyzstan	3.91M	1.36M	289.98k	21%	6.26M	2.896M	320.67k	11%	-10%
Serbia	3.69M	697.84k	375.44k	54%	No data	598.84k	439.22k	73%	+19%
Tajikistan	5.42M	3.67M	590.67k	16%	7.15M	3.99M	821.3k	21%	+5%
Kenya	63.87M	42.99M	841.75k	2%	53.89M	32.14M	1.28M	4%	+2%
Rwanda	16.82M	7.72M	1.99M	26%	18.83M	9.42M	9.96M	31%	+5%
South Africa	5.12M	1.36M	---	---	5.6M	1.19M	---	---	---
Uganda	46.61M	25.32M	---	---	52.38M	28.95M	3.46M	12%	+12%
Chile	1.35M	108.26k	108.26k	100%	1.54M	235.06k	235.06k	100%	No change
Colombia	7.03M	1M	646.87k	65%	16.03M	3.28M	305.27k	9%	-56%
Honduras	6.3M	721.69k	451.18k	63%	4.71M	806.82k	586.22k	73%	+10%
Paraguay	2.82M	1.52M	142.97k	9%	2.59M	1.35M	31.11k	2%	-7%
Jordan	142.29M	13.32M	6.03M	45%	70.64M	6.9M	(-61.37k)	(-1%)	-46%
State of Palestine	18.23M	3.65M	2.21M	61%	26.08M	4.02M	3.79M	94%	+33%
Burkina Faso	35.34M	14.44M	---	---	46.75M	15.44M	100.35k	1%	+1%
Ghana	26.88M	3.76M	165.45k	4%	23.32M	3.36M	23.93k	1%	-3%
Mali	51.25M	27.45M	753.85k	3%	60.9M	29.16M	345.19k	1%	-2%
Niger	53.25M	30.77M	---	---	46.11M	26.22M	---	---	---
Senegal	12.2M	5.67M	566.43k	10%	9.97M	3.35M	90.18k	3%	-7%

Annex D: Dedoose Coding Manual

Level 1 Code	Level 2 Code	Level 3 Code	Description	Notes/Tags
EQ1.1 Institutional Readiness			To what extent has UNICEF been successful in discharging its role as a global leader in ECD (and early stimulation and care, in particular) with regional and COs in both emergency and development settings?	Contextual information is captured in the Country Context Descriptors Database
	ECD is explicit development priority		ECD is explicitly mentioned as a country development priority in RO/CO plans or reports	
	Early learning is development priority		Early learning is mentioned as a country development priority in RO/CO plans or reports	
	ECD Positioning in M&E System		Where does ECD sit within the country organogram? And in the monitoring systems CO and RO use (e.g., outputs and outcomes)?	
		Goal 1 (Health)		
		Goal 2 (Education)		
		Goal 3 (Child Protection)		
		Goal 4 (Safe Environments)		
		Goal 5 (Equity/ Social Protection)		
		Not Explicit	Use this code if it is difficult to classify the goal areas	
		ECD is a results area	Country positions ECD as a standalone results area	

	Core ECD Messages		UNICEF RO or CO plans and annual reports mention core messages of the new approach to ECD, as outlined in the global guidance for UNICEF's ECD Programming	Tag with RO or CO to distinguish scale of analysis
		Neuroscience Research	Information about neuroscience research in ECD is mentioned in RO and/or CO plan (such as the Lancet Series on ECD)	
		Stimulation and Care	Information about the importance of early stimulation and responsive / nurturing care is mentioned in RO and/or CO plan (such as parenting programs, play-based teaching and learning, playing, singing, talking, reading, etc.)	
		Equity Lens	RO and/or CO plans mention the need to address issues of equity in the provision of ECD services	Tag with marginalised groups (any that apply): children with disabilities, children living in poverty, children in humanitarian situations, migrant and working children, children from marginalised other groups, etc.
		Systems Integration	RO and/or CO plan mentions the need to integrate health, education and child protection sectors in the delivery of ECD services	Tag any sectors that apply: health, education, child protection
		Investment in ECD	RO and/or CO plans mention investment in ECD as the foundation for children's healthy development, and as a basis for national economic development and/or peacebuilding	See <u>Context Descriptors Database</u> for information on ECD budget utilization
		Nurturing Care Framework	Explicit reference to the Nurturing Care Framework is mentioned in RO and/or CO plans or reports	
	Internal Capacity Development		RO and/or CO plans or reports reference global ECD programming guides, tools, workshops and trainings provided by HQ	

	Human Resources/ Planning		Evidence of hiring staff to support ECD, or developing internal management structures to facilitate cross-sectoral planning within UNICEF	
EQ1.2 UNICEF Strategies			Which strategies has UNICEF implemented to advance early childhood development, and early stimulation and care, in particular? How relevant and effective are these strategies in development, humanitarian and peacebuilding contexts?	See UNICEF Leadership Descriptors Database for information on outputs associated with these strategies
	Partnerships and Resources		UNICEF's efforts to mobilise partnerships and resources to advance ECD and early stimulation and care (UNICEF special interventions - Partnerships development for ECD , and SP Implementing Strategy - Partnerships [2014-17] and/or developing partnerships and resources [2018-21])	Tag with HQ, RO and CO to distinguish scale of analysis
		Networks	Evidence of a new or existing network to advance ECD (such as regional ECD or education networks, practitioner networks, etc.)	Tag with partnerships (new or existing) and implementing partners/ stakeholders if known
		Private Partnerships (financial)	Evidence of new or existing private sector partnerships (including individuals, major donors, foundations, corporations, and membership organizations) to advance (maximise revenue for) ECD	Tag with partnerships (new or existing) and implementing partners/ stakeholders if known
		Private partnerships (non-financial)	Harnessing the power of private sector partnerships, including foundations, corporates and membership organizations	Tag with partnerships (new or existing) and implementing partners/ stakeholders if known
		Public Partnerships	Evidence of new or existing public sector partnerships (governments and financial institutions, including World Bank) to advance ECD	Tag with partnerships (new or existing) and implementing partners/ stakeholders if known
	Evidence Generation		UNICEF supported data analysis, research, studies and	Tag with HQ, RO and CO to

			<p>evaluations on ECD and early stimulation and care (<u>UNICEF special intervention</u> - ECD data, evidence, and knowledge generation and dissemination, SP 2014-17 <u>Implementing Strategy</u> - Evidence generation, policy dialogue and advocacy)</p> <p>UNICEF supported efforts to advance the measurement and monitoring of the Sustainable Development Goals for ECD, including SDG4, target 2 (indicator 4.2.1 and 4.2.2); and SDG16, target 2 (indicator 16.2.1) (<u>SP 2018-21 Implementing Strategy</u> - United Nations working together)</p>	<p>distinguish scale of analysis</p> <p>Tag with implementing partner/stakeholders</p>
	Technical Assistance		<p>UNICEF leadership in providing technical assistance to advance the ECD agenda (<u>UNICEF special intervention</u> - Technical assistance - Early childhood development, SP 2014-17 <u>Implementing Strategy</u> - Capacity development)</p>	<p>Tag with HQ, RO and CO to distinguish scale of analysis</p>
	Advocacy and Communications		<p>Evidence of UNICEF supported efforts to win support for the cause of children from decision-makers and the wider public, through advocacy, public engagement and communication (<u>UNICEF special intervention</u> - ECD advocacy and communication including campaigns, SP 2014-17 <u>Implementing Strategy</u> - Evidence generation, policy dialogue and advocacy)</p> <p>UNICEF supported convenings and/or key events to advance ECD and early stimulation and care (<u>SP 2018-21 Implementing Strategy</u> - Harnessing the power of business and markets)</p>	<p>Tag with HQ, RO and CO to distinguish scale of analysis</p>
		Early Moments Matter Campaign	<p>Evidence that this cause campaign has been implemented</p>	<p>This is a tool; tag implementing partners if known</p>
		End Violence Against Children Campaign	<p>Evidence that this cause campaign has been implemented</p>	<p>This is a tool; tag implementing partners if known</p>

	System Strengthening		Evidence of UNICEF programming for at-scale results for children	Tag with HQ, RO and CO to distinguish scale of analysis
		Cross-sectoral and Multisectoral Programming	<u>UNICEF efforts</u> to foster cross-sectoral and multi-sectoral programming that responds holistically to children's needs and to the environments in which they grow up (SP 2014-17 <u>Implementing Strategies</u> - Identification and promotion of innovation; Support to integration and cross-sectoral linkages; and Service delivery).	Tag which sectors involved if known
		Policy and Systems Strengthening	<p><u>UNICEF efforts</u> to support policy, capacity development and systems strengthening at both national and subnational levels, especially in humanitarian situations, to enable more rapid scale-up and delivery of lifesaving and child- protective services (<u>UNICEF special interventions</u> - ECD Policy and system strengthening; System strengthening - early learning / pre-primary policy; leadership, and budget; Integrating ECD in emergency preparedness; Capacity development of ECD frontline workers).</p> <p>Institutional Strengthening of National Systems - Initiatives that seek to increase national systems' capacity to deliver better, at scale and sustainable results for all children. This includes UNICEF's collaboration with partners to stimulate dialogue around macro-level policies that guide national, sub-national and sectoral frameworks and plans, legislative reform and budgetary allocations affecting children and families.</p>	Tag which sectors involved if known
		Behaviour Change and Community Engagement	UNICEF supported engagement with communities to promote behaviour change, increase demand for quality services and support social norms that contribute to the realization of child rights, directly and through policy and systems strengthening, including adaptations for humanitarian response (<u>UNICEF special interventions</u> - Social and behavioural change communication for ECD)	Tag which sectors and stakeholders involved if known

		South-south and Horizontal Cooperation	<p>A process whereby two or more countries pursue their individual and/or shared national capacity development objectives through exchange of knowledge, skills, resources and technical know-how, and through regional and interregional collective actions (SP 2014-2017 Implementation Strategy - South-south and triangular cooperation)</p> <p>The following types of activities should be included here when the main participants are country counterparts (not UNICEF staff or consultants): study visits; expert missions (TA); training and workshops led by national partners for sharing experiences; conferences, regional and global meetings intended for sharing of country experiences; joint programmes; demand-supply/solutions exchange platforms; communities of practice; webinars.</p>	Tag which sectors and stakeholders involved if known
EQ1.3 Impact			Have there been significant advances in ECD and the delivery of early stimulation and care programs by governments globally during the evaluation period? To what extent can these advances be attributed to the leadership and support provided by UNICEF?	
	New Champions		There is evidence that UNICEF has engaged new champions for ECD and early stimulation and care	Tag with HQ, RO and CO to distinguish scale of analysis and implementing partners/stakeholders if known
	Common Vision		There is evidence of a common vision for ECD within and outside of UNICEF	Tag with HQ, RO and CO to distinguish scale of analysis
	Harmonised Messaging		There is evidence of harmonised messaging to advance the ECD agenda within UNICEF and the broader international development community	Tag with HQ, RO and CO to distinguish scale of analysis
	Improved Awareness		There is evidence that UNICEF has contributed to increased awareness among stakeholders about the	Tag with HQ, RO and CO to distinguish scale of analysis

			importance of ECD for individual, community and national development	Tag which stakeholders if known, such as: government sector, private sector, NGOs or non-profit sector, parents, general public, etc.
	Increased Investment		There is evidence that UNICEF has contributed to increased investment in ECD and early stimulation and care services	Tag with HQ, RO and CO to distinguish scale of analysis
	Increased Demand		There is evidence that UNICEF has contributed to increased demand for ECD and early stimulation and care services	Tag with HQ, RO and CO to distinguish scale of analysis
		Measuring Demand	Evidence that indicators of demand have been developed. UNICEF has helped governments to develop methods for measuring demand for ECD and early stimulation and care services	Tag with HQ, RO and CO to distinguish scale of analysis
	Strengthened National Capacity		There is evidence that national capacity to deliver ECD and early stimulation and care services has been strengthened by UNICEF's leadership contributions	Tag with HQ, RO and CO to distinguish scale of analysis
		Governance	UNICEF has made recommendations regarding organisational structures and the human capacity required to deliver ECD and early stimulation and care services (such as organograms and/or descriptions of management arrangements)	Tag with HQ, RO and CO to distinguish scale of analysis
	Improved Child Rights		There is evidence that UNICEF has contributed to improvements in the situation of young children and their families (such as changes in SDG impact indicators, or reaching the most vulnerable children and families)	Tag with HQ, RO and CO to distinguish scale of analysis
EQ1.4 Lessons Learned - Leadership			What positioning, policy, and institutional adjustments, if any, are necessary to strengthen UNICEF capacities for global leadership in ECD?	

	Major challenges		Evidence of major challenges in UNICEF's leadership for ECD	Tag with HQ, RO and CO to distinguish scale of analysis
	Good practices		Evidence of good practices in executing UNICEF's leadership for ECD	Tag with HQ, RO and CO to distinguish scale of analysis
<i>Open Coding</i>			<i>Other codes will be developed as needed</i>	
EQ2.1 Enabling Environment			How has UNICEF supported governments in the delivery and the scaling up of early stimulation and care services through relevant sectors? Do countries have the required legal, financial, and institutional arrangements, as well as policies and sectoral plans, to support the delivery and scaling up of early stimulation and responsive care? What was UNICEF's contribution in establishing these?	
	Costed Plans-Sector Plans		Evidence that governments are developing sectoral and/or nurturing care action plans that address 0-72-month age group, and whether these plans are costed or tied to a budget	Tag with UNICEF support if known
	Laws and Regulations		Evidence of national laws and regulations that promote or require the scaling of early stimulation and care services	Tag with UNICEF support if known
	Institutional Frameworks		Evidence of institutional frameworks that identify the delivery and scaling up of early stimulation and care services	Tag with UNICEF support if known
	Strategy		Evidence of a strategy (vision, goals, objectives) for ECD services	Tag with UNICEF support if known
	Government Structures		Evidence of structural changes in the government (such as improved planning and decision making for ECD services, enhanced communication across sectors, harmonization of procedures, etc.)	Tag with UNICEF support if known
	National Policies		Evidence of new or existing national policies that focus	Tag with UNICEF support if

			on early childhood development, early learning and child protection for ages 0 to 72 months	known
EQ2.2 Coordination Mechanisms and Systems			Do countries have the required coordination mechanisms and systems in place with all relevant stakeholders and sectors to deliver an essential package of ECD and early stimulation and care programs? What was UNICEF's contribution in moving the country forward in these areas?	
	ECD Service Providers		Mapping of stakeholders by sectors engaged in ECD delivery (public, private, NGOs for health, education and child protection)	Tag with implementing partners/stakeholders if known
	Coordinating Systems		Evidence of a cross-sectoral coordinating unit within government policies and/or plans (such as a Children's Cabinet, Commission, Taskforce or Steering Committee)	Tag with UNICEF support if known
	Management Systems		Evidence of accountability and oversight in the delivery of ECD services within government policies and/or plans	Tag with UNICEF support if known
EQ2.3 Public Financing			Is there adequate, efficient, and equitable public financing for ECD, and for early stimulation and care programs in particular? What has been UNICEF's contribution to strengthening governments capacity to prioritise ECD in the relevant budgets, and to allocate and spend funds efficiently, equitably, and effectively? Efforts may include evidence-based advocacy to key stakeholders, supporting technical teams to assist with budget planning and allocation, and promoting coordination among relevant sectors. This may also require understanding what roles private and public sector funding play in ECD in each country.	
	ECD Budget Allocation		Evidence of efforts to strengthen government capacity to prioritise ECD in the relevant budgets, and to allocate and	Tag with UNICEF support if known

			spend funds efficiently, equitably, and effectively	
		Budget Briefs	Evidence of efforts to prepare budget briefs on ECD and early stimulation and care services	
		Budget Assessments	Evidence of efforts to conduct assessments on the flow of funds for ECD and early stimulation and care services	
		Expenditure Review	Evidence of efforts to conduct expenditure reviews of ECD and early stimulation and care services	
	Budget Planning		Evidence of efforts to support line ministries in assisting with budget planning and allocation and promoting coordination among relevant sectors.	Tag with UNICEF support if known
	Public Funding		Evidence of public funding in the delivery of ECD services within government policies/plans	Tag with UNICEF support if known
	Private Funding		Evidence of private funding in the delivery of ECD services within government policies/plans	Tag with UNICEF support if known
		Funding Framework	There is an existing framework or policy to guide private funding of ECD and early stimulation and care services	
EQ2.4 National Training Systems for Frontline Workers			Are service providers and the multisectoral front-line workers that engage with young children and families adequately trained and supported to deliver early stimulation and care interventions? Are early stimulation and care programs adequately staffed, equipped, managed, harmonised and monitored? What was UNICEF's contribution in these areas?	
	Frontline Worker Training		Evidence of efforts to provide national and/or regional trainings for the frontline workforce delivering services to children ages 0-72 months	Tag with UNICEF support if known
		ECD Workforce	Evidence of national training for frontline ECD workers (<u>UNICEF special intervention</u> - Capacity development of ECD frontline workers)	Tag which sectors involved

		Preschool Teachers	Evidence of national training tailored for preschool teachers (<u>UNICEF special intervention</u> - Provision of early learning / pre-primary education teacher training)	
	Frontline Worker Standards		Standards that guide frontline worker trainings to ensure the quality of program/service delivery	Tag with UNICEF support if known
		ELDS	Evidence of early learning and development standards (<u>UNICEF special intervention</u> - System strengthening - early learning / pre-primary standards and governance)	Tag with UNICEF support if known
		Parenting Standards	Evidence of parenting program standards	Tag with UNICEF support if known
		ECD Centre Standards	Evidence of ECD centre standards	Tag with UNICEF support if known
	National Curriculum		Evidence of a national curriculum and training tools for early learning and/or ECD (<u>UNICEF special intervention</u> - System strengthening - early learning / pre-primary teaching and learning environment)	Tag with UNICEF support if known
		UNICEF Expertise	UNICEF has made recommendations or provided leadership in developing the curriculum	
		Technical Experts	UNICEF has engaged technical experts to support governments in developing a curriculum	
		Training Materials	UNICEF has supported governments in developed training materials	
		Training Program	UNICEF has supported governments to put in place a trainer of trainers program	
	Monitoring and Certification		Evidence of monitoring and certification systems or frameworks to manage the quality of frontline workers in national policies and/or plans for children 0-72 months	Tag with UNICEF support if known

EQ2.5 Lessons Learned - Systems			What can UNICEF learn from countries that are effective in delivering an essential package of ECD services to young children and their families? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to more effectively support the scaling up of ECD and early stimulation and care programs at country level?	
	Major Challenges		Evidence of major challenges in UNICEF's efforts to strengthen national systems for ECD services	Tag with HQ, RO and CO to distinguish scale of analysis
	Good Practices		Evidence of good practices in UNICEF's efforts to strengthen national systems for ECD services	Tag with HQ, RO and CO to distinguish scale of analysis
EQ3.1 Program Delivery			What are the range of interventions or programs being supported by UNICEF in early stimulation and care? Is their reach and coverage adequate and equitable? Adequate refers to the reach of the program (e.g., the number of children and parents served in relation to demand/need). Equitable refers to: geographic distribution, context (e.g., development, humanitarian), income, gender and age.	
	Community Programs		Evidence of community-based ECD programs (<u>UNICEF special intervention</u> - Community based childcare)	Tag with UNICEF support if known
	Parenting Programs		Evidence of parenting programs (<u>UNICEF special intervention</u> - Parenting programme to promote nurturing care and early stimulation)	Tag with UNICEF support if known
		Care for Child Development	Evidence of Care for Child Development, WHO-UNICEF parenting curriculum and tools or evidence of first 1,000 days programming	Tag with UNICEF support if known
		School Readiness	Evidence of parenting programs focused on school readiness - (<u>UNICEF special intervention</u> - Provision of parental education for school readiness, including in	Tag with UNICEF support if known

			temporary learning spaces)	
		Violence Against Children	Evidence of child protection programs (<u>UNICEF special intervention</u> - Parent and/or caregiver education and programmes on violence, exploitation and abuse – 0 to 7 years)	Tag with UNICEF support if known
	Humanitarian Programs		Evidence of humanitarian programs for children 0-72 months (<u>UNICEF special intervention</u> - Integrating ECD in emergency preparedness and response)	Tag with UNICEF support if known See UNICEF output: Early stimulation and care interventions in humanitarian settings
	Early Learning Programs		Evidence of early learning programs for children ages 36-72 months (<u>UNICEF special intervention</u> - Provision of formal and non-formal early-learning / pre-primary education, including in temporary learning spaces)	Tag with UNICEF support if known
	Service Delivery		Evidence of procurement or distribution of toys and learning materials, such as UNICEF's Early Childhood Development Kits (<u>UNICEF special intervention</u> : Provision or procurement of early learning/ pre-primary education learning materials)	Tag with UNICEF support if known
	Equity Lens		Identification of which frontline workers, parents and children have been reached by UNICEF supported early stimulation and care programs (and in relation to the number of children in the country if available).	Tag with marginalised groups (any that apply): children with disabilities, children living in poverty, children in humanitarian situations, migrant and working children, children from marginalised other groups, children in rural vs. urban areas, etc.
		Equity Measurement	Evidence that UNICEF has worked with national statistical agencies to identify data that captures socio-	

			economic factors that is sufficiently geographically disaggregated to enable analysis of equity. Or evidence that UNICEF has informed the development of data that can be used to measure equity.	
EQ3.2 Program Design			To what extent do UNICEF-supported interventions correspond to evidence-based good practices? What was UNICEF's role in creating and supporting these interventions?	
	Multisectoral Packages		Evidence of two or more ECD interventions are delivered as a program package	Tag which sectors if known See UNICEF output: Multisectoral packages
	ECD Information		Evidence that the program integrates key messages about healthy brain development	
	Early Stimulation and Responsive Care		Evidence that the program integrates early stimulation and responsive care activities	
EQ3.3 Program Scaling			Are UNICEF-supported programs taking the necessary steps to ensure interventions can be scaled?	
	Program Manual		Evidence that the program has a manual describing the program theory of change, M&E framework, and core operational objectives and procedures	
	Costing Model		Evidence that the program has a costing model that supports its scaling	
	Scaling Mechanisms		Descriptions of the mechanisms for scaled-up interventions (such as reach and management ratios and measures for scale-up progress and successes, embedding interventions into existing sectoral platforms and services)	

	Norms and Standards		Norms and standards are identified (or the process for creation of norms and standards) and are incorporated into programme design	
	Risk Management Plan		Evidence that the program has a risk management plan and/or risks and their mitigation measure identified	
	Country Context		Evidence of how the context affects the scaling of the program, such as: (a) the extent to which the intervention is transferable, such as adaptation requirements; (b) whether the scaled-up intervention is cost effective; and (c) whether the scaled-up intervention is affordable and sustainable	
		Local Language Materials	Programme materials and manuals are available in local languages	
	Scaling Preparedness		Evidence of government/service provider preparedness to scale the program, such as: a) whether the intervention is aligned with national policy; (b) the extent to which the Ministry of Finance is supportive of the intervention; (c) whether the responsible line ministries are ready to manage the scaled-up intervention (d) the intergovernmental implications of scale up are clearly defined (d.1 who has what responsibilities for implementation, M&E, management and oversight; d.2 how funding for the programme will flow)	
EQ3.4 Program Quality			Are UNICEF-supported early stimulation and care programs being implemented as intended (with fidelity) and according to parenting and early learning and development standards? What are the challenges associated with implementation? How and to what extent have they been addressed?	
	Frontline Worker Capacity		Evidence of outcomes and skills gained by frontline workers associated with early stimulation and care	

		Awareness of ECD	Awareness of the importance of ECD for children's healthy brain development	
		Self-Care	Increased sense of agency, reduced stress, improved self-efficacy in working with young children	
		Play-Based Facilitation Skills	The use of play-based techniques to elicit supportive interactions that help children form a sense of attachment and security and scaffold the development of foundational neurocognitive skills	
		Responsive Care Skills	Knowledge of positive parenting practices that help children form a sense of attachment and security and scaffold the development of foundational neurocognitive skills	
		Classroom Management Skills	Teacher and caregiver capacities to manage classrooms with young children (e.g., establish a routine, encouraging positive behaviours)	
	Program Fidelity		The extent to which frontline workers are adhering to the program dosage, appropriate caregiver-to-child ratios, parenting standards, ELDS, and other standards associated with quality	
	Setting Affordances		Quality of the ECD centre and teaching and learning environment (<u>UNICEF special intervention - early learning / pre-primary teaching and learning environment</u>)	See UNICEF output: quality of teaching and learning environment
		Construction of ECD Centres	Evidence of UNICEF support for the provision and construction of ECD centres	Tag with UNICEF support if known
		Play Opportunities	Evidence of the <u>integration and effective use</u> of play and early learning materials (<u>UNICEF special intervention - provision or procurement of early-learning/ pre-primary education learning materials</u>)	See UNICEF output: ECD Kit programming

		Safety	Evidence of a safe setting (clean floors with matts for children to sit on, no hazards, appropriate ventilation/light, etc.)	
	Community Engagement		Evidence of community engagement and participation in ECD centre management, program design and implementation (<u>UNICEF special intervention</u> - Community based childcare)	See UNICEF output: Multilingual education community engagement
EQ3.5 Program Impact			Are selected early stimulation and care programs having a demonstrable effect on caregiving practices and children's development, especially for the most vulnerable children?	All relevant MICS data will be linked to this question through the Outcomes-Impacts descriptors database
	Parent Outcomes		Evidence of parent outcomes as a result of their participation in an early stimulation and care program/service	
		Caregiving	Health, hygiene and nutrition related practices	
		Stimulation	Interactions, learning activities, modelling	
		Support and responsiveness	Practices that instill trust, attachment, sense of security	
		Structure	Routine, discipline, supervision, protection from harm	
		Socialization	Convey values, habits, and attitudes of society	
		Home Environment	Availability of children's books and playthings (homemade toys, manufactured toys, household objects/ objects found outside)	See MICS: home environment
		Support for Learning	An adult has engaged in four or more activities (telling stories, singing songs, taking outside, playing, naming/counting or drawing things) to promote learning and school readiness in the last three days	See MICS: positive caregiving and early stimulation and responsive care Tag with mother or father

				involvement if known
		Engagement in ECD Centres	There is evidence of an increase in parent participation and engagement in ECD centre activities	
	Child Impacts		Evidence of child impacts as a result of their participation in an early stimulation and care program/service	
		School Readiness	Attendance in early learning program prior to starting school; children in first grade of primary school who attended preschool during the previous school year	See MICS: school readiness
		Cognitive Development	Executive function skills (cognitive flexibility, inhibitory control, working memory), sustained attention, language development (receptive vocabulary), number sense and early math skills	See MICS: ECDI
		Social Emotional Development	Self-regulation, social skills (playing well with others, making friends), persistence, growth mindset	See MICS: ECDI
EQ3.6 Lessons Learned - Program Delivery			What can UNICEF learn from countries that deliver successful early stimulation and care programs in a variety of contexts (e.g., emergency situations, fragile contexts, very poor rural and urban communities, and with nomadic populations)? Taking these lessons into account, what strategic and operational changes does UNICEF need to make to improve early stimulation and care programs?	
	Major Challenges		Evidence of major challenges in UNICEF's efforts to improve the quality and delivery of early stimulation and care services	Tag with HQ, RO and CO to distinguish scale of analysis
	Good Practices		Evidence of good practices in UNICEF's efforts to improve the quality and delivery of early stimulation and services	Tag with HQ, RO and CO to distinguish scale of analysis

Tags			Use these tags when prompted in the notes/tag column for specific codes to provide more details	
	Humanitarian Situation		If there is an active humanitarian situation, highlight text that describes this situation (as contextual information) for our analysis	
	Implementing partners/ stakeholders			
		Academia		
		Community members/ leaders		
		ECD Practitioners	Frontline workers, program managers, program trainers, inspectors, etc.	
		Faith-based organizations		
		General public		
		INGOs, NGOs, Civil Society		
		International development agencies	UN Agencies, Delivery as One	
		Media		
		Non-profit sector		
		Parents		
		Private sector		

		Public sector		
	Marginalised Groups		Use this tag whenever possible for any code for any evaluation question	
		Children from marginalised ethnic/cultural groups		
		Children in humanitarian situation	Emergency or conflict affected families	
		Children living in poverty		
		Children with disabilities		
		Out of school children		
		Migrant children		
		Working children		
		gender-based		
		remote/hard to reach		
	Partnerships			
		Existing		
		New		
	Scale of Analysis		Code the scale (or organization level) for each excerpt	

		CO		
		Headquarters		
		Regional Office		
	Sectors			
		Child Protection		
		Education		
		Health		
	UNICEF support			
	Year		Code the year for each excerpt (the date of the document being coded)	
		2014		
		2017		
		2019		
	Progress Rating		Provide 'progress rating' tag for the output assessments in RAM reports as follows: <ul style="list-style-type: none"> - On track - Constrained - Met - Partially met 	

Descriptors Database Codes

All Files: Identification Variables

- Case = Country Case ID
- Country = Country Name
- Region = UNICEF Region
- EAP = East Asia and the Pacific
- ECA = Europe and Central Asia
- ESA = Eastern and Southern Africa
- LAC = Latin America and the Caribbean
- MENA = Middle East and North Africa
- SA = South Asia
- WCA = West and Central Africa

File Name: Country Context Descriptors

File Link: <https://drive.google.com/file/d/1hXa6ydKcmvL5lYE3ksn7RkaO6AkhHOqB/view?usp=sharing>

Figure 89: Contextual Information about Countries

Column Title	Description	Response Categories	Data Source
Country in L2 Emergency	Situations defined as L2 emergencies could be sudden-onset emergencies, a significant deterioration in an ongoing complex emergency or a slow-onset emergency (e.g., famine alerts) which is not sufficiently addressed through the regular UNICEF Country Programme, or a situation where CCC-based emergency preparedness measures need to be urgently augmented to avoid imminent risks to children. In addition, L2 emergencies can be country-specific, cover a region or many regions within a country, multi-country and/or sub-regional in nature or potentially span more than one region.	<ul style="list-style-type: none"> • Yes = Country has current or recent L2 emergency • No = Country does not have current or recent L2 emergency 	Humanitarian Knowledge Resources, UNICEF SharePoint
Economic Status	Income classification of country according to World Bank data	<ul style="list-style-type: none"> • LIC = Lower Income Country • LMIC = Lower Middle-Income Country • UMIC = Upper Middle Income Country 	World Bank

		<ul style="list-style-type: none"> HIC = High Income Country 	
GNI per capita 2014	GNI per capita based on purchasing power parity (PPP). PPP GNI is gross national income (GNI) converted to international dollars using purchasing power parity rates. An international dollar has the same purchasing power over GNI as a U.S. dollar has in the United States. GNI is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. Data are in current international dollars based on the 2011 ICP round.	GNI per capita, PPP (current international \$)	World Bank
GNI per capita 2015	Same as previous	GNI per capita, PPP (current international \$)	World Bank
GNI per capita 2016	Same as previous	GNI per capita, PPP (current international \$)	World Bank
GNI per capita 2017	Same as previous	GNI per capita, PPP (current international \$)	World Bank
GNI per capita 2018	Same as previous	GNI per capita, PPP (current international \$)	World Bank
CO programme cycle	Range of years covered by the Country Office Programme Document (program plan)	Year range interval	UNICEF CPDs
2018 CO utilization	Overall amount of funds expended by a Country Office in this year	In USD (M=million) <ul style="list-style-type: none"> No data = no information Not listed = ? 	RAM
2018 goal 1 utilization	Overall amount of funds expended for goal 1 by a Country Office in this year	In USD (M=million; k=thousand) <ul style="list-style-type: none"> No data = no information Not listed = ? 	RAM
2018 ECD utilization	Overall amount of funds expended for ECD within goal 1 by a Country Office in this year	In USD (M=million; k=thousand) <ul style="list-style-type: none"> No data = no information Not listed = ? 	RAM
2018 ECD utilization	Overall percentage of funding dedicated to ECD within goal 1 budget	No data = no information	RAM

as % of goal area 1			
2019 CO utilization	Overall amount of funds expended by a Country Office in this year	In USD (M=million) <ul style="list-style-type: none"> No data = no information Not listed = ? 	RAM
2019 goal 1 utilization	Overall amount of funds expended for goal 1 by a Country Office in this year	In USD (M=million; k=thousand) <ul style="list-style-type: none"> No data = no information Not listed = ? 	RAM
2019 ECD utilization	Overall amount of funds expended for ECD within goal 1 by a Country Office in this year	In USD (M=million; k=thousand) <ul style="list-style-type: none"> No data = no information Not listed = ? 	RAM
2019 ECD utilization as % of goal area 1	Overall percentage of funding dedicated to ECD within goal 1 budget	No data = no information	RAM
UNDAF	Indication of the country's participation in the UN Delivery as One modality	<ul style="list-style-type: none"> Yes, UNDAF exists No 	

File Name: UNICEF Leadership Descriptors

File Link: https://drive.google.com/file/d/1X_iQCCwU4MI-k49itf0BaeBOfm_30SDe/view?usp=sharing

This file reflects the status of UNICEF's special intervention and Strategic Plan outputs (with available data from 2014-2018)

Figure 90: UNICEF Special Interventions and Outputs Descriptors

UNICEF Supported Special Interventions			
Goal 1 Special Interventions - Every Child Survives and Thrives			
Column Title	Description	Response Categories	Data Source
Frontline Training	Capacity development of ECD frontline workers	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices 	RAM 21-08-01

	No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> No data = no ECD related intervention chosen by country 	
Community Care	Community based childcare No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no ECD related intervention chosen by country 	RAM 21-08-02
Advocacy	ECD advocacy and communication including campaigns No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no ECD related intervention chosen by country 	RAM 21-08-03
Evidence	ECD data, evidence, and knowledge generation and dissemination No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no ECD related intervention chosen by country 	RAM 21-08-04
ECD Policy	ECD policy and system strengthening No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no ECD related intervention chosen by country 	RAM 21-08-05
Parenting Programme	Parenting programme to promote nurturing care and early stimulation No descriptions provided in RAM; CO must determine if their interventions apply	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices No data = no ECD related intervention chosen by country 	RAM 21-08-06

Humanitarian Interventions	<p>Integrating ECD in emergency preparedness and response</p> <p>No descriptions provided in RAM; CO must determine if their interventions apply</p>	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no ECD related intervention chosen by country 	RAM 21-08-07
Partnerships	<p>Partnerships development for ECD</p> <p>No descriptions provided in RAM; CO must determine if their interventions apply</p>	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no ECD related intervention chosen by country 	RAM 21-08-08
Social-Behaviour Change	<p>Social and behavioural change communication for ECD</p> <p>No descriptions provided in RAM; CO must determine if their interventions apply</p>	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no ECD related intervention chosen by country 	RAM 21-08-09
Technical Assistance	<p>Technical assistance - Early childhood development</p> <p>No descriptions provided in RAM; CO must determine if their interventions apply</p>	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no ECD related intervention chosen by country 	RAM 21-08-99
EMM 2017	<p>Evidence of a Country Office's participation in the Early Moments Matter campaign (a UNICEF cause framework)</p>	<ul style="list-style-type: none"> • <u>Active Player</u> = An evaluability assessment confirmed that this Country Office was an active player in this cause campaign, meaning that they downloaded EMM resources and participated in the annual global Father's Day/parenting month communication activities and broadcasts (COMS + ADVOCACY) • <u>Champion</u> = An evaluability assessment confirmed that this Country Office was a champion in this cause campaign, meaning that they downloaded EMM resources and participated in the annual global Father's Day/parenting month communication activities and broadcasts, and were active in fundraising for ECD through these efforts (COMS + ADVOCACY + FUNDRAISING) 	DOC EMM Evaluability Assessment

		<ul style="list-style-type: none"> • <u>No</u> = An evaluability assessment confirmed that this Country Office was <u>not engaged</u> in this cause campaign 	
EMM 2018	Evidence of a Country Office's participation in the Early Moments Matter campaign (a UNICEF cause framework)	<ul style="list-style-type: none"> • <u>Active Player</u> = An evaluability assessment confirmed that this Country Office was an active player in this cause campaign, meaning that they downloaded EMM resources and participated in the annual global Father's Day/parenting month communication activities and broadcasts (COMS + ADVOCACY) • <u>Champion</u> = An evaluability assessment confirmed that this Country Office was a champion in this cause campaign, meaning that they downloaded EMM resources and participated in the annual global Father's Day/parenting month communication activities and broadcasts, <u>and</u> were active in fundraising for ECD through these efforts (COMS + ADVOCACY + FUNDRAISING) • <u>No data</u> = There was no information provided by Country Offices or they did not participate in this campaign in 2018 	DOC EMM Father's Day/Parenting Month Report
CCD 2015-2017	Care for Child Development, a WHO-UNICEF parenting programme (guidebook and tools)	<ul style="list-style-type: none"> • Yes (2015) - Evidence that CCD was active in 2015 only • Yes (2015-2017) - Evidence that CCD was active in 2015 and 2017 • Yes (2017) - Evidence that CCD was active in 2017 only • No/no data - No evidence of CCD or no data available 	UNICEF ECD Internal Monitoring Data and Study
Goal 2 Special Interventions - Every Child Learns			
Column Title	Description	Response Categories	Data Source
Early Learning	Provision of (formal and non-formal) early-learning / pre-primary education (including in temporary learning spaces)	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no early learning related intervention chosen by country 	RAM 22-01-01
Parenting Education	Provision of parental education for school readiness (including in temporary learning spaces)	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no early learning related intervention chosen by country 	RAM 22-01-02

Learning Materials	Provision or procurement of early-learning / pre-primary education learning materials	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no early learning related intervention chosen by country 	RAM 22-02-01
Teacher Training	Provision of early learning / pre-primary education teacher training	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no early learning related intervention chosen by country 	RAM 22-02-07
ECE Policy	System strengthening - early learning / pre-primary policy, leadership, and budget	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no early learning related intervention chosen by country 	RAM 22-02-14
Standards	System strengthening - early learning / pre-primary standards and governance	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no early learning related intervention chosen by country 	RAM 22-02-15
Learning Environment	System strengthening - early learning / pre-primary teaching and learning environment (including curriculum and material design)	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices • No = this intervention is not chosen by Country Offices • No data = no early learning related intervention chosen by country 	RAM 22-02-16
ELDS	Early Learning and Development Standards	<ul style="list-style-type: none"> • Yes = there is evidence that this country has ELDS • No = there is no evidence that this country has ELDS 	UNICEF Global Evaluation (2016)
Goal 3 Special Interventions - Every Child is Protection from Violence and Exploitation			
Column Title	Description	Response Categories	Data Source
Parenting Program	Parent/caregiver education and	<ul style="list-style-type: none"> • Yes = this intervention is chosen by Country Offices 	RAM 23-01-15 (2019)

	programmes on violence, exploitation and abuse – 0 to 7 years	<ul style="list-style-type: none"> No = this intervention is not chosen by Country Offices 	
Goal 5 Special Interventions - Every Child has an Equitable Change at Life			
Column Title	Description	Response Categories	Data Source
Child Care	Support to other social protection programmes: Childcare and early childhood development	<ul style="list-style-type: none"> Yes = this intervention is chosen by Country Offices No = this intervention is not chosen by Country Offices 	RAM 25-02-07

Goal 1 Outputs: Every Child Survives and Thrives			
Column Title	Description	Response Categories	Data Source
ECD Policy 2018	National multisectoral ECD policy	<ul style="list-style-type: none"> Yes = Country Offices reported this to be true No = Country Offices reported this to be false n/a = Information is not available 	SMQ(1.h.2-5)
ECD Plan 2018	National multisectoral Early Childhood Development action/implementation plan	<ul style="list-style-type: none"> Yes = Country Offices reported this to be true No = Country Offices reported this to be false n/a = Information is not available 	SMQ (1.h.2-6)
ECD PPU Support 2018	National multisectoral ECD action/implementation plan supported by UNICEF during the year of reporting	<ul style="list-style-type: none"> Yes = Country Offices reported this to be true No = Country Offices reported this to be false n/a = Information is not available 	SMQ (1.h.2-7)

MSP 2017	<p>In 2017, were there <u>two or more ECD interventions</u> combined and delivered as a package through at least one existing platform to address the holistic early childhood development of children 0-59 months through UNICEF supported programmes during the year of reporting in the country?</p>	<ul style="list-style-type: none"> • <u>weak</u> - At least two interventions that address stimulation for children aged 0-59 months, with support of partners such as UNICEF, NGOs, and SCOs but without government adoption. • <u>emerging</u> - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government but lacking a costing action plan to scale up under the government's ownership. • <u>established</u> - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costing action plan to scale up under the government's ownership. • <u>proficient</u> - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costing action plan to scale up and a national coordination mechanism under the government's ownership. • <u>advanced</u> - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costing action plan to scale up and a national monitoring system under the government's ownership. • <u>champion</u> - There are at least two interventions that address stimulation for children aged 0-59 months adopted by the government with a costing action plan to scale up, a national monitoring system and a coordination mechanism under the government's ownership. <p>Notes: The “ECD package” is formed by at least two combined interventions benefiting young children, 0-59 months. To be considered a package the interventions need to have the following characteristics a) address children from birth until 5 years of age; and b) one of the 2 (or more) interventions needs to include early stimulation or responsive caregiving. A country is considered having “adopted” a package if there is ownership by the government. The ownership should include at least one, but preferably all, of the following components: policy, coordination mechanism, allocated budget and/or monitoring system.</p>	SMQ 1h1-3
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MSP 2018	In 2018, were there <u>two or more ECD interventions</u> combined and delivered as a package through at least one existing platform to address the holistic early childhood development of children 0-59 months through UNICEF supported programmes during the year of reporting in the country?	<ul style="list-style-type: none"> • Same scale as previous year 	SMQ 1h1-3
ESC Humanitarian 2018	Early stimulation interventions in humanitarian situations	<ul style="list-style-type: none"> • Yes = Country Offices reported this to be true • No = Country Offices reported this to be false • n/a = Information is not available 	SMQ (1.h.1-4)
ECD KitP 2018	% of <i>targeted children who participate</i> in organised programmes with <u>ECD kits</u> or an equivalent concept in humanitarian situations through UNICEF supported programmes	<p>UNICEF Target = 70% coverage</p> <ul style="list-style-type: none"> • Target not met = < 69% • Met target = 70% • Exceeded target = 71% > 	SMQ (1.h.3-8)

Goal 2 Outputs - Every Child Learns

Column Title	Description	Response Categories	Data Source
ELPP 2017	Country reporting to have effective early learning policies and early learning programmes	<p>weak (1) initiating (2) established (3) championing (4)</p> <p>Data from former Strategic Plan period - no guidance for ratings found</p>	SMQ (p5c2)
MLE Plan 2017	Country reporting to have an	weak (1)	SMQ (p5e6)

	education policy/sector plan that includes multilingual education to allow children to learn in their mother tongue	<p>initiating (2) established (3) championing (4)</p> <p>Data from former Strategic Plan period - no guidance for ratings found</p>	
MT/MLE Policy 2016	If your CO is working on the policy environment to support mother tongue/multilingual education, please rate the extent to which the policy environment supports mother tongue/multilingual education	<ul style="list-style-type: none"> • <u>weak (1)</u> = The education sector plan/policy ignores or forbids the use of children's mother tongues or of languages children understand, even in the early grades of primary education. • <u>initiating (2)</u> = The education sector plan/policy explicitly promotes the use of a few of the children's mother tongues or of languages children understand in the early grades of primary education. However, this only allows less than half of concerned children to learn in a language they understand. • <u>established (3)</u> = The education sector plan/policy explicitly promotes the use of all of the most common children's mother tongues or languages children understand in the early grades of primary education. This allows the large majority of concerned children to learn in a language they understand. This is partially reflected in the curriculum and/or implementation plans. • <u>championing (4)</u> = The education sector plan/policy promotes the use of all of the most common children's mother tongues or languages children understand beyond the early grades of primary education. This allows the large majority of concerned children to learn in a language they understand. This is fully reflected in the curriculum and/or implementation plans. 	SMQ-22-02-2.b.3-9
MT/MLE Policy 2017	If your CO is working on the policy environment to support mother tongue/multilingual education, please rate the extent to which the policy environment supports mother tongue/multilingual education	<ul style="list-style-type: none"> • Same scale as previous year 	SMQ-22-02-2.b.3-9
MT/MLE Policy 2018	If your CO is working on the policy environment to support mother tongue/multilingual education,	<ul style="list-style-type: none"> • Same scale as previous year 	SMQ-22-02-2.b.3-9

	please rate the extent to which the policy environment supports mother tongue/multilingual education		
MT/MLE Resources 2016	If your CO is working on human and material resources to support mother tongue/multilingual education, please rate the extent to which human and material resources support mother tongue/multilingual education	<ul style="list-style-type: none"> • <u>weak (1)</u> = Instruction in children's mother tongue or in a language children can understand is not reflected in teacher training, recruitment, deployment, or pupil assessment systems. There is no official support for learning materials to allow for instruction in children's mother tongue or in a language they understand • <u>initiating (2)</u> - Instruction in children's mother tongue or in a language children can understand is partially integrated/considered in at least one of the following: teacher training, recruitment and deployment, and/or pupil assessment systems. There are prototypes of dedicated learning materials. Resources are however only sufficient to provide children in model or pilot schools with instruction in their mother tongue or in a language they understand. • <u>established (3)</u> - Instruction in children's mother tongue or in a language children can understand is integrated/considered in at least two of the following: teacher training, recruitment and deployment, and/or pupil assessment systems. There are dedicated learning materials. Resources are sufficient to ensure that a significant minority of children receive instruction in their mother tongue or in a language they understand. • <u>championing (4)</u> - Instruction in children's mother tongue or in a language children can understand is integrated/considered in all of the following: teacher training, recruitment and deployment, and pupil assessment systems. There are dedicated learning materials. Resources are sufficient to allow most children to receive instruction in their mother tongue or in a language they understand. 	SMQ-22-02-2.b.3-10
MT/MLE Resources 2017	If your CO is working on human and material resources to support mother tongue/multilingual education, please rate the extent to which human and material resources support mother tongue/multilingual education	<ul style="list-style-type: none"> • same scale as previous year 	SMQ-22-02-2.b.3-10

MT/MLE Resources 2018	If your CO is working on human and material resources to support mother tongue/multilingual education, please rate the extent to which human and material resources support mother tongue/multilingual education	<ul style="list-style-type: none"> • same scale as previous year 	SMQ-22-02-2.b.3-10
MT/MLE Community 2016	If your CO is working on community engagement for mother tongue/multilingual education, please rate the extent to which there is community engagement for mother tongue/multilingual education	<ul style="list-style-type: none"> • <u>weak (1)</u> - Local communities are discouraged from engaging in education in support of instruction in children's mother tongue or in a language children understand. • <u>initiating (2)</u> - Local communities and teachers are not engaged, either through SMCs, PTAs or any similar structure, in setting the curriculum or developing learning materials in support of instruction in children's mother tongue or in a language children understand. • <u>established (3)</u> - Local communities and teachers are sometimes engaged, through SMCs, PTAs or similar structures, in setting the curriculum or developing learning materials in support of instruction in children's mother tongue or in a language children understand. • <u>championing (4)</u> - Local communities and teachers are fully engaged, through SMCs, PTAs or similar structures, in setting the curriculum and developing learning materials in support of instruction in children's mother tongue or in a language children understand. 	SMQ-22-02-2.b.3-11
MT/MLE Community 2017	If your CO is working on community engagement for mother tongue/multilingual education, please rate the extent to which there is community engagement for mother tongue/multilingual education	<ul style="list-style-type: none"> • Same scale as previous year 	SMQ-22-02-2.b.3-11
MT/MLE Community 2018	If your CO is working on community engagement for mother tongue/multilingual	<ul style="list-style-type: none"> • Same scale as previous year 	SMQ-22-02-2.b.3-11

	education, please rate the extent to which there is community engagement for mother tongue/multilingual education		
QTLE 2016	If your CO is working on the teaching and learning environment for early learning, please rate the quality of the teaching and learning environment for early learning	<ul style="list-style-type: none"> • <u>weak (1)</u> - Teachers are not trained on child-centred pedagogy. A curriculum has not been formally approved and whatever exists is not based on child standards. Classroom material lists do not exist and thus age-appropriate books, toys/playthings and learning materials are not available for preschool classrooms; No standards for the design of classrooms/centres that ensure adequate learning space. Parent participation is not encouraged and is at best extremely limited. • <u>initiating (2)</u> - Teachers are trained on some components of child-centred pedagogy. The curriculum is not holistic, links between preschool and primary curricula are weak. Classroom material lists are not comprehensive and include only a few age-appropriate play and learning materials. Materials are available for less than half of preschools nationwide. Standards for classroom design that ensure adequate learning space exist but are not used widely. There are limited mechanisms or programmes for engaging parents in pre-primary education and parent participation is very limited. • <u>established (3)</u> - Teachers receive training on some (but not all) components of child-centred pedagogy. The curriculum is holistic, links to the primary curriculum and/or to any day-care/early years' curriculum can be improved. Classroom material lists include age-appropriate books, toys /playthings and learning materials. They are available in two thirds of preschools nationwide. Most classrooms are designed as per pre-established standards that ensure adequate learning space. There are mechanisms or programmes for engaging parents in pre-primary education, but only some parents actively engage in these programs. • <u>championing (4)</u> - Teachers receive training on child-centred pedagogy (i.e., training on: activity-based learning, appropriate behaviour management, child standards, and personalised learning/inclusive teaching). The curriculum is holistic (i.e., it includes components of socio-emotional learning in addition to pre-academic skills and is based on age-appropriate child standards), is linked meaningfully to the primary curriculum as well as to any day-care/early 	SMQ-22-02-2.b.3-5

		years (0-3) curriculum. Classroom material lists include age-appropriate books, toys/playthings and learning materials, Classroom materials are available in the majority of preschools nationwide. Classrooms are designed as per pre-established standards that ensure adequate learning space. There are mechanisms or programmes for engaging parents in pre-primary education, and parents actively participate in these programs.	
QTLE 2017	If your CO is working on the teaching and learning environment for early learning, please rate the quality of the teaching and learning environment for early learning	<ul style="list-style-type: none"> • same scale as previous year 	SMQ-22-02-2.b.3-5
QTLE 2018	If your CO is working on the teaching and learning environment for early learning, please rate the quality of the teaching and learning environment for early learning	<ul style="list-style-type: none"> • same scale as previous year 	SMQ-22-02-2.b.3-5

File Name: Outcomes-Impacts Descriptors

File Link: <https://drive.google.com/file/d/1V3nStVjN-lon3oUITgVn1BOuyZQ2LkAt/view?usp=sharing>

Figure 91: Parent Outcomes, Child Impacts from MICS5 (2014-2018), and Participation in MICS6

Column Title	Description	Data Source
MICS 6.8	% of children age 36-59 months who are developmentally on track	MICS5
MICS 6.1	attendance to early childhood education - % of children age 36-59 months	MICS5

MICS 6.2	support for learning - % of children age 36-59 months	MICS5
MICS 6.3	father's support for learning - % of children age 36-59 months	MICS5
MICS 6.4	mother's support for learning - % of children age 36-59 months	MICS5
MICS 6.5	availability of children's books - % of children under age 5	MICS5
MICS 6.6	availability of playthings - % of children under age 5	MICS5
MICS 6.7	inadequate care - % of children under age 5	MICS5
MICS 7.2	School readiness - % of children in first grade of primary school who attended preschool during the previous school year.	MICS5
MICS6	Is new MICS available? Yes = yes, this data is available (status:01/27/2020)	MICS6

Annex E: Institutional Assessment Survey

Part 1: Background Information

1. Please provide information about the person completing the online survey for the UNICEF Country Office (in case we have follow up questions about the response).
 - a. Name [open text box]
 - b. Title [open text box]
 - c. Email of person [open text box]
2. Country Office (name of country)
 - a. [open text box]
3. Which stakeholders were involved in completing this survey? Please select all that apply.
 - a. UNICEF ECD staff member(s)
 - b. UNICEF Education staff member(s)
 - c. UNICEF Child protection staff member(s)
 - d. UNICEF Health staff member(s)
 - e. UNICEF Nutrition staff member(s)
 - f. UNICEF Social protection staff member(s)
 - g. UNICEF Communications/C4D staff member(s)
 - h. Government partners (such as the Ministry of Education, Health, etc.)
 - i. NGO, INGO, Civil Society partners (such as Save the Children, Plan, etc.)
 - j. Private sector partners (such as foundations, corporations, etc.)
 - k. Other [open text box - please describe]
4. Is Early Childhood Development an explicit/named development priority in the current Country Programme Document (CPD)?
 - a. Yes
 - b. No
5. Is Early Childhood Development an explicit/named output or outcome in the results framework for the current CPD?
 - a. Yes
 - b. No
6. Which of the following are utilised by the Country Office to organise, plan and communicate your ECD work/portfolio?
 - a. UNICEF ECD Framework (from UNICEF Global Programme Guidance)
 - b. UNICEF Strategic Plan 2018-2021
 - c. Sustainable Development Goals

- d. Children's Rights
- e. Nurturing Care Framework
- f. Lifecycle approach
- g. None of the above
- h. Other [open text box - please describe]

7. Which areas of work has UNICEF addressed since 2014 to promote the **good health** of children ages 0-5
- a. Vaccinations
 - b. Maternal and new-born health
 - c. Universal/free access to health care services
 - d. WASH/community-based total sanitation
 - e. Other [open text box - please describe]
8. Which areas of work has UNICEF addressed since 2014 to promote the **adequate nutrition** of children ages 0-5?
- a. Promotion of breastfeeding
 - b. Micronutrients and supplements
 - c. Scaling Up Nutrition interventions
 - d. Other [open text box - please describe]
9. Which areas of work has UNICEF addressed since 2014 to promote the **security and safety** of children ages 0-5
- a. Social assistance/protection schemes such as cash transfers
 - b. Violence preventions interventions
 - c. Birth registrations
 - d. Other [open text box - please describe]

Part 2: UNICEF-Supported Parenting Programme

10. Since 2014, has the UNICEF Country Office supported early stimulation and responsive care **parenting programmes**?
- a. Yes
 - b. No

[Skip Logic] If “Yes” was selected, answer questions for Part 2 on UNICEF-supported parenting programmes. If “No” was selected in question 7, skip to Part 3 on UNICEF-supported early learning programmes.

Information for **up to two** UNICEF-supported parenting programs can be submitted.

11. Name of parenting program #1
- a. [open text box]

12. Which stakeholders or service providers are implementing this parenting programme in the country? Please select all that apply.

- a. Public Sector - Government Ministries
- b. Non-Profit Sector - NGOs, INGOS, Civil Society Organizations
- c. Community members
- d. Private sector - Individuals or Corporations
- e. Religious Organizations
- f. International Development Agencies (e.g., UNHCR, WHO, etc.)
- g. Other [please describe - open text box]

13. Which sectoral ministries are contributing to this parenting programmes (such as through financing, training of frontline workers, curriculum, supplies/resources, monitoring/certification, etc.)? Please select all that apply.

- a. Ministry of Health (or equivalent)
- b. Ministry of Education (or equivalent)
- c. Ministry of Social Protection (or equivalent)
- d. Ministry of Child Protection (or equivalent)
- e. Ministry of Finance (or equivalent)
- f. None of the above/not relevant
- g. Other [please describe – open text box]

14. What is the overall focus of this parenting programme?

- a. Care for Child Development
- b. Violence Prevention/Positive Parenting
- c. School Readiness
- d. Other [please describe - open text box]

15. Which age groups are the target of this parenting programme?

Parenting programme	Infants and toddlers (0-2)	Preschool age children (3-5)	Kindergarten age (5-6)
Young Child Development (e.g., First 1,000 Days, Care for Child Development)	[]	[]	[]
Violence Prevention	[]	[]	[]
School Readiness	[]	[]	[]
Other	[]	[]	[]

16. Which parents or caregivers are recruited to participate in this parenting programme? Please select all that apply.
- a. Mothers
 - b. Fathers
 - c. Teen/adolescent girls
 - d. Teen/adolescent boys
 - e. Older relatives (grandmother, aunt, uncle)
 - f. Older siblings (brothers, sisters, cousins)
 - g. Guardians (legal representative of a child)
 - h. Other [please describe - open text box]
17. Which child groups are the focus of this parenting programme? Please select all that apply.
- a. All children in the country
 - b. Children with disabilities
 - c. Migrant/immigrant children
 - d. Children living in poverty
 - e. Children in remote/hard to reach rural areas
 - f. Children in poor urban areas
 - g. Children in humanitarian settings
 - h. Working children
 - i. Children from marginalised cultural or ethnic groups
 - j. Children living/residing in institutions
 - k. Other [please describe - open text box]
18. Which broad categories of child development does this parenting programme address? Please select all that apply.
- a. Children's cognitive development
 - b. Children's social and emotional development
 - c. Children's health and physical development
 - d. Other [please describe - open text box]
19. Which of the following are included in the guidelines of this parenting programme? Please select all that apply.
- a. Encourage parents' awareness of healthy brain development
 - b. Encourage parents to engage in play-based interactions with children
 - c. Encourage parents to provide children with challenges (e.g., tasks, activities) that are neither too easy nor too hard, but appropriate for the child's developmental level
 - d. Encourage parents to support children's behaviour by giving them just enough help so they can succeed in doing things on their own
 - e. Encourage the use of "serve and return" interactions with children (e.g., asking questions, listening, and being responsive)
 - f. Encourage consistency of parenting practices, including discipline practices (e.g., following through on promises).
 - g. Discourage parenting that is psychologically or emotionally coercive (e.g., parent uses guilt, shame, shouting, rejection as punishment)

- h. Discourage the use of corporal punishment (e.g., smacking, slapping, hitting, beating)
- i. Encourage the provision of age-appropriate play and learning materials in the home
- j. Encourage parents to provide children with praise, attention, and encouragement
- k. Encourage parents to show children warmth and love (e.g., telling them, "I love you", hugging them)
- l. Encourage parents to provide children with age-appropriate problems to solve
- m. Encourage parents to support children's developing autonomy and self of agency (e.g., giving children choices, and respecting their opinions, while still remaining "in charge")
- n. Encourage parent to support children's health and physical development by providing children with adequate hygiene and nutrition
- o. Encourage parents to practice stimulation (serve-and-return interactions, learning activities, modelling)
- p. Encourage parents to provide support and responsiveness (trust, attachment, sense of security, encouragement, support for agency)
- q. Encourage parents to provide structure (routines, consistent discipline, supervision, protection from harm)
- r. Encourage parents to promote the socialization of children (conveying values, habits, and attitudes of society)
- s. Other [please describe - open text box]

20. How has the UNICEF Country Office supported the development and implementation of training for frontline workers who work in this parenting programme?

- a. [open text box]

21. Please provide any UNICEF-supported training materials for frontline workers who work in this parenting programme. All languages are welcome.

- a. [provide upload documents button]

22. What have been some of the challenges to developing training materials and providing training for frontline workers who work in this parenting programme?

Please select all that apply.

- a. Lack of access to research findings on parenting programmes and parenting practices
- b. Poor understanding of the research process
- c. Too little time allocated for developing training materials and providing training
- d. Too little funding allocated for developing training materials and providing training
- e. Lack of support from UNICEF
- f. Lack of buy-in from the government
- g. Lack of coordination among relevant sectors
- h. Difficulty recruiting qualified frontline workers
- i. Reaching frontline workers with training at scale
- j. Retention/turnover of frontline workers
- k. None of the above/not relevant
- l. Other [please describe - open text box]

23. What have been some of the challenges in starting and maintaining this parenting programme? Please select all that apply.

- a. Too little time allocated for starting and maintaining parenting programmes
- b. Too little funding allocated for starting and maintaining parenting programmes
- c. Lack of support from UNICEF

- d. Lack of buy-in from the government
- e. Lack of buy-in or support from participating parents
- f. Lack of coordination among relevant organizations (government, UNICEF, etc.)
- g. Difficulty recruiting qualified frontline workers
- h. Retention of frontline workers
- i. Inadequate training of frontline workers
- j. Lack of ongoing supervision of frontline workers
- k. Unclear program implementation guidelines and expectations for frontline workers
- l. Low parental attendance
- m. Lack of parental engagement
- n. Health crises (e.g., measles, malaria, COVID-19)
- o. Political instability
- p. Concerns about safety for frontline workers or parents due to unrest/crime
- q. Humanitarian or emergency situation
- r. None of the above/not relevant
- s. Other [please describe - open text box]

24. How has the UNICEF Country Office supported service providers in assessing whether frontline workers who work in this parenting programmes are implementing day-to-day practices effectively (with fidelity), and according to programme guidelines (norms and standards)?

a. [open text box]

25. How has the UNICEF Country Office supported service providers in collecting data on parent outcomes for this programme? Have there been any challenges in collecting this type of data?

a. [open text box]

26. What tools or instruments have/will be used to assess parent outcomes associated with this parenting programme? Please share relevant tools if available and indicate whether they have been or will be used.

a. [open text box]

b. [upload tools button]

27. To what extent has the COVID-19 emergency interfered with the effective implementation of this parenting programme?

a. Not at all

b. Moderately

c. A lot

d. Other [please describe - open text box]

28. How has this parenting programme adapted to the COVID-19 emergency? Please check all that apply.

a. Permanent suspension of services (permanent program closure)

b. Temporary suspension of services (temporary program closure)

- c. Reduction in the number of parents enrolled
- d. Shift to providing services remotely (e.g., via telephone, radio, computer, video, or mail)
- e. Adapting content of programmes to focus on COVID-19 (e.g., handwashing, social distancing)
- f. None of the above/not relevant
- g. Other [please describe - open text box]

29. Are any adaptations to this parenting program from the COVID-19 emergency expected to remain in place during the next year or beyond regardless of the status of the pandemic? If so, which ones (please specify)?
- a. [open text box]

[Skip Logic] Share information about another UNICEF-supported parenting program or skip to Part 3.

30. Name of parenting program #2
- a. [open text box]

31. Which stakeholders or service providers are implementing this parenting programme in the country? Please select all that apply.
- a. Public Sector - Government Ministries
 - b. Non-Profit Sector - NGOs, INGOS, Civil Society Organizations
 - c. Community members
 - d. Private sector - Individuals or Corporations
 - e. Religious Organizations
 - f. International Development Agencies (e.g., UNHCR, WHO, etc.)
 - g. Other [please describe - open text box]

32. Which sectoral ministries are contributing to this parenting programmes (such as through financing, training of frontline workers, curriculum, supplies/resources, monitoring/certification, etc.)? Please select all that apply.
- a. Ministry of Health (or equivalent)
 - b. Ministry of Education (or equivalent)
 - c. Ministry of Social Protection (or equivalent)
 - d. Ministry of Child Protection (or equivalent)
 - e. Ministry of Finance (or equivalent)
 - f. None of the above/not relevant
 - g. Other [please describe – open text box]

33. What is the overall focus of this parenting programme?
- a. Care for Child Development
 - b. Violence Prevention/Positive Parenting
 - c. School Readiness
 - d. Other [please describe - open text box]

34. Which age groups are the target of this parenting programme?

Parenting programme	Infants and toddlers (0-2)	Preschool age children (3-5)	Kindergarten age (5-6)
Young Child Development (e.g., First 1,000 Days, Care for Child Development)	[]	[]	[]
Violence Prevention	[]	[]	[]
School Readiness	[]	[]	[]
Other	[]	[]	[]

35. Which parents or caregivers are recruited to participate in this parenting programme? Please select all that apply.

- a. Mothers
- b. Fathers
- c. Teen/adolescent girls
- d. Teen/adolescent boys
- e. Older relatives (grandmother, aunt, uncle)
- f. Older siblings (brothers, sisters, cousins)
- g. Guardians (legal representative of a child)
- h. Other [please describe - open text box]

36. Which child groups are the focus of this parenting programme? Please select all that apply.

- a. All children in the country
- b. Children with disabilities
- c. Migrant/immigrant children
- d. Children living in poverty
- e. Children in remote/hard to reach rural areas
- f. Children in poor urban areas
- g. Children in humanitarian settings
- h. Working children
- i. Children from marginalised cultural or ethnic groups
- j. Children living/residing in institutions
- k. Other [please describe - open text box]

37. Which broad categories of child development does this parenting programme address? Please select all that apply.
- Children's cognitive development
 - Children's social and emotional development
 - Children's health and physical development
 - Other [please describe - open text box]
38. Which of the following are included in the guidelines of this parenting programme? Please select all that apply.
- Encourage parents' awareness of healthy brain development
 - Encourage parents to engage in play-based interactions with children
 - Encourage parents to provide children with challenges (e.g., tasks, activities) that are neither too easy nor too hard, but appropriate for the child's developmental level
 - Encourage parents to support children's behaviour by giving them just enough help so they can succeed in doing things on their own
 - Encourage the use of "serve and return" interactions with children (e.g., asking questions, listening, and being responsive)
 - Encourage consistency of parenting practices, including discipline practices (e.g., following through on promises).
 - Discourage parenting that is psychologically or emotionally coercive (e.g., parent uses guilt, shame, shouting, rejection as punishment)
 - Discourage the use of corporal punishment (e.g., smacking, slapping, hitting, beating)
 - Encourage the provision of age-appropriate play and learning materials in the home
 - Encourage parents to provide children with praise, attention, and encouragement
 - Encourage parents to show children warmth and love (e.g., telling them, "I love you", hugging them)
 - Encourage parents to provide children with age-appropriate problems to solve
 - Encourage parents to support children's developing autonomy and self of agency (e.g., giving children choices, and respecting their opinions, while still remaining "in charge")
 - Encourage parent to support children's health and physical development by providing children with adequate hygiene and nutrition
 - Encourage parents to practice stimulation (serve-and-return interactions, learning activities, modelling)
 - Encourage parents to provide support and responsiveness (trust, attachment, sense of security, encouragement, support for agency)
 - Encourage parents to provide structure (routines, consistent discipline, supervision, protection from harm)
 - Encourage parents to promote the socialization of children (conveying values, habits, and attitudes of society)
 - Other [please describe - open text box]
39. How has the UNICEF Country Office supported the development and implementation of training for frontline workers who work in this parenting programme?
- [open text box]
40. Please provide any UNICEF-supported training materials for frontline workers who work in this parenting programme. All languages are welcome.
- [provide upload documents button]
41. What have been some of the challenges to developing training materials and providing training for frontline workers who work in this parenting programme? Please select all that apply.
- Lack of access to research findings on parenting programmes and parenting practices
 - Poor understanding of the research process

- c. Too little time allocated for developing training materials and providing training
- d. Too little funding allocated for developing training materials and providing training
- e. Lack of support from UNICEF
- f. Lack of buy-in from the government
- g. Lack of coordination among relevant sectors
- h. Difficulty recruiting qualified frontline workers
- i. Reaching frontline workers with training at scale
- j. Retention/turnover of frontline workers
- k. None of the above/not relevant
- l. Other [please describe - open text box]

42. What have been some of the challenges in starting and maintaining this parenting programme? Please select all that apply.

- a. Too little time allocated for starting and maintaining parenting programmes
- b. Too little funding allocated for starting and maintaining parenting programmes
- c. Lack of support from UNICEF
- d. Lack of buy-in from the government
- e. Lack of buy-in or support from participating parents
- f. Lack of coordination among relevant organizations (government, UNICEF, etc.)
- g. Difficulty recruiting qualified frontline workers
- h. Retention of frontline workers
- i. Inadequate training of frontline workers
- j. Lack of ongoing supervision of frontline workers
- k. Unclear program implementation guidelines and expectations for frontline workers
- l. Low parental attendance
- m. Lack of parental engagement
- n. Health crises (e.g., measles, malaria, COVID-19)
- o. Political instability
- p. Concerns about safety for frontline workers or parents due to unrest/crime
- q. Humanitarian or emergency situation
- r. None of the above/not relevant
- s. Other [please describe - open text box]

43. How has the UNICEF Country Office supported service providers in assessing whether frontline workers who work in this parenting programmes are implementing day-to-day practices effectively (with fidelity), and according to programme guidelines (norms and standards)?

- a. [open text box]

44. How has the UNICEF Country Office supported service providers in collecting data on parent outcomes for this programme? Have there been any challenges in collecting this type of data?

- a. [open text box]

45. What tools or instruments have/will be used to assess parent outcomes associated with this parenting programme? Please share relevant tools if available and indicate whether they have been or will be used.
- [open text box]
 - [upload tools button]
46. To what extent has the COVID-19 emergency interfered with the effective implementation of this parenting programme?
- Not at all
 - Moderately
 - A lot
 - Other [please describe - open text box]
47. How has this parenting programme adapted to the COVID-19 emergency? Please check all that apply.
- Permanent suspension of services (permanent program closure)
 - Temporary suspension of services (temporary program closure)
 - Reduction in the number of parents enrolled
 - Shift to providing services remotely (e.g., via telephone, radio, computer, video, or mail)
 - Adapting content of programmes to focus on COVID-19 (e.g., handwashing, social distancing)
 - None of the above/not relevant
 - Other [please describe - open text box]
48. Are any adaptations to this parenting program from the COVID-19 emergency expected to remain in place during the next year or beyond regardless of the status of the pandemic? If so, which ones (please specify)?
- [open text box]

Part 3: UNICEF-Supported Early Learning Programmes

49. Since 2014, has the UNICEF Country Office supported early stimulation and responsive care **early learning programmes**?
- Yes
 - No

[Skip Logic] If “Yes” was selected, answer questions for Part 3 on UNICEF supported early learning programmes. If “No” was selected, skip to Part 4 on UNICEF Leadership.

50. Is pre-primary/kindergarten education mandatory in the country?
- Yes
 - No
51. Which stakeholders or service providers are implementing early learning opportunities in the country? Please select all that apply.

- a. Public Sector - Government ministries
- b. Non-Profit Sector - NGOs, INGOS, Civil Society Organizations
- c. Private sector - Individuals or corporations
- d. Religious Organizations
- e. Community members
- f. International Development Agencies (e.g., UNHCR, WHO, etc.)
- g. Other [please describe - open text box]

52. Which sectoral ministries are contributing to early learning programmes (such as through financing, training of frontline workers, curriculum, supplies/resources, monitoring/certification, etc.)? Please select all that apply.

- a. Ministry of Health (or equivalent)
- b. Ministry of Education (or equivalent)
- c. Ministry of Social Protection (or equivalent)
- d. Ministry of Child Protection (or equivalent)
- e. Ministry of Finance (or equivalent)
- f. None of the above/not relevant
- g. Other [please describe – open text box]

53. Which type of early learning programmes are currently being supported by the UNICEF Country Office? Please select all that apply.

- a. Public education early learning opportunities
- b. Private education early learning opportunities
- c. Community-based early learning opportunities
- d. Home-based early learning opportunities
- e. Humanitarian early learning opportunities
- f. Other [please describe - open text box]

54. Which age groups are the target of these UNICEF supported early learning programmes?

Early Learning Programmes	Infants and toddlers (0-2)	Preschool age children (3-5)	Kindergarten age (5-6)
Public education early learning opportunities	[]	[]	[]
Private education early learning opportunities	[]	[]	[]
Community-based early learning opportunities	[]	[]	[]

Early Learning Programmes	Infants and toddlers (0-2)	Preschool age children (3-5)	Kindergarten age (5-6)
Home-based early learning opportunities	[]	[]	[]
Humanitarian early learning opportunities	[]	[]	[]
Other	[]	[]	[]

55. Which child groups are the focus of these UNICEF supported early learning programmes? Please select all that apply.

- a. All children in the country
- b. Children with disabilities
- c. Migrant/immigrant children
- d. Children living in poverty
- e. Children in remote/hard to reach rural areas
- f. Children in poor urban areas
- g. Children in humanitarian settings
- h. Working children
- i. Children from marginalised cultural or ethnic groups
- j. Children living/residing in institutions
- k. Other [please describe - open text box]

56. Which broad categories of child development do these UNICEF-supported early learning programmes address? Please select all that apply.

- a. Children's cognitive development
- b. Children's social emotional development
- c. Children's physical development
- d. Other [please describe - open text box]

57. Which of the following are included in the guidelines of this early learning programme? Please select all that apply.

- a. Aims to stimulate healthy brain development
- b. Provide opportunities for children to engage in play-based interactions with caregivers or other children
- c. Provide children with challenges (e.g., tasks, activities) that are neither too easy nor too hard, but appropriate for the child's developmental level
- d. Support children's behaviour by giving them just enough help so they can succeed in doing things on their own
- e. Use "serve and return" interactions with children (e.g., asking questions, listening, and being responsive)
- f. Discourage teaching that is psychologically or emotionally coercive (e.g., uses guilt, shame, shouting, rejection as punishment)
- g. Discourage the use of corporal punishment (e.g., smacking, slapping, hitting, beating)

- h. Provide children with age-appropriate play and learning materials
 - i. Provide children with praise, attention, and encouragement
 - j. Provide children with age-appropriate problems to solve
 - k. Support children's developing autonomy and self of agency (e.g., giving children choices, and respecting their opinions while still remaining "in charge")
 - l. Other [please describe - open text box]
58. How has the UNICEF Country Office supported ECD practitioners in developing and implementing training for frontline workers who work in early learning programmes?
- a. [open text box]
59. Please provide any UNICEF-supported training materials for frontline workers who work in early learning programmes. All languages are welcome.
- a. [provide upload documents button]
60. What have been some of the challenges in developing early learning programmes and training the frontline workers who deliver these early learning programmes? Please select all that apply.
- a. Lack of access to research findings on early learning programmes and ECD practices
 - b. Poor understanding of the research process
 - c. Too little time allocated for developing training materials and providing training
 - d. Too little funding allocated for developing training materials and providing training
 - e. Lack of support from UNICEF
 - f. Lack of buy-in from the government
 - g. Lack of coordination among relevant sectors
 - h. Difficulty recruiting qualified frontline workers
 - i. Reaching frontline workers with training at scale
 - j. Retention/turnover of frontline workers
 - k. None of the above/not relevant
 - l. Other [please describe - open text box]
61. What have been some of the challenges in implementing early learning programmes? Please select all that apply.
- a. Too little time allocated for early learning programmes to allow them to be implemented effectively
 - b. Too little funding allocated for early learning programmes to allow them to be implemented effectively
 - c. Lack of support from UNICEF
 - d. Lack of buy-in from implementing ministries (Ministry of Education, Health, Social Welfare, etc.)
 - e. Lack of buy-in from the Ministry of Finance
 - f. Lack of buy-in or support from caregivers whose children participate in early learning programmes
 - g. Lack of coordination among relevant organizations (government, UNICEF, etc.)
 - h. Difficulty recruiting qualified frontline workers
 - i. Retention of frontline workers

- j. Inadequate training of frontline workers
 - k. Lack of ongoing supervision of frontline workers
 - l. Unclear program implementation guidelines and expectations for frontline workers
 - m. Low parental attendance
 - n. Lack of parental engagement
 - o. Health crises (e.g., measles, malaria, COVID-19)
 - p. Political instability
 - q. Concerns about safety for frontline workers, parents, or children due to unrest/crime
 - r. Humanitarian or emergency situation
 - s. None of the above/not relevant
 - t. Other [please describe - open text box]
62. How has the UNICEF Country Office supported service providers in assessing whether frontline workers who work in early learning programmes are implementing day-to-day practices effectively (with fidelity), and according to programme guidelines?
- a. [open text box]
63. How has the UNICEF Country Office supported service providers in collecting data on children's developmental status? Have there been any challenges in collecting this type of data?
- a. [open text box]
64. What tools or instruments have been used to assess children's developmental status associated with UNICEF supported early learning programmes? Please share relevant tools if available.
- a. [open text box]
 - b. [upload tools button]
65. To what extent has the COVID-19 emergency interfered with the effective implementation of early learning programmes?
- a. Not at all
 - b. Moderately
 - c. A lot
 - d. Other [please describe - open text box]
66. How have early learning programmes adapted to the COVID-19 emergency? Please check all that apply.
- a. Permanent suspension of services (permanent program closure)
 - b. Temporary suspension of services (temporary program closure)
 - c. Reduction in the number of parents enrolled
 - d. Shift to providing services remotely (e.g., via telephone, radio, computer, video, or mail)
 - e. Adapting content of programmes to focus on COVID-19 (e.g., handwashing, social distancing)
 - f. None of the above/not relevant
 - g. Other [please describe - open text box]

67. Are any adaptations to the early learning programmes from the COVID-19 emergency expected to remain in place during the next year or beyond regardless of the status of the pandemic? If so, which ones (please specify)?

a. [open text box]

Part 4: UNICEF Leadership in Early Stimulation and Responsive Care Programming

The following questions pertain to UNICEF's leadership and implementation strategies associated with early stimulation and responsive care programming. All Country Offices should answer these questions.

68. Which global UNICEF strategies (or combination of strategies) have been the most effective in generating the following results associated with early stimulation and responsive care programming? Please select all that apply.

	Advocacy and Communication	Evidence Generation	Partnerships and Resource Mobilization	Behaviour Change and Community Engagement	Policy Engagement	System Strengthening	Cross-Sectoral and Multi-Sectoral Programming	Technical Assistance or Capacity Development (with/for Government or Implementing Partners)	Other Local Strategies (Please list)	Not Applicable or Known
Persuading the government to prioritise ECD within the national development agenda	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
Promoting a holistic or multisectoral vision for young children and families among decision makers	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
Increasing awareness for ECD and winning new champions for young children and families	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

	Advocacy and Communication	Evidence Generation	Partnerships and Resource Mobilization	Behaviour Change and Community Engagement	Policy Engagement	System Strengthening	Cross-Sectoral and Multi-Sectoral Programming	Technical Assistance or Capacity Development (with/for Government or Implementing Partners)	Other Local Strategies (Please list)	Not Applicable or Known
Increasing investment in early stimulation and responsive care programmes and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing demand for early stimulation and responsive care programmes and services among parents and caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthening national capacity to deliver and scale early stimulation and responsive care programmes and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impacting children's rights, especially the most vulnerable and in humanitarian settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other results [please list]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. Prior to the COVID-19 emergency, what were the major challenges in implementing these strategies? Please select all that apply.
- a. Adapting these global strategies to the country context and development priorities

- b. Technical skills within the UNICEF Country Office to execute the strategies
- c. Financial resources within the UNICEF Country Office to implement the strategies
- d. Political buy-in or support from government to engage in implementation of the strategies
- e. Government not willing to allocate resources required to implement the strategies
- f. Competing priorities within the Country Office for other humanitarian or development efforts
- g. Donor interests and priorities for other humanitarian development efforts
- h. None of the above/not relevant
- i. Other [please describe - open text box for response]

70. How have these challenges impacted UNICEF's achievement of results for young children? How has the UNICEF Country Office tried to address or mitigate these challenges?

a. [open text box]

71. What have been the main lessons learned in implementing these strategies? What can other UNICEF Country Offices learn from your experiences with these strategies?

a. [open text box]

72. How important is each implementing strategy for the UNICEF Country Office to continue supporting early stimulation and responsive care programming in light of the COVID-19 emergency?

	Less Important	Same Level of Importance	More Important	Not Known/Unable to Respond at this Time	The CO is not currently implementing this strategy to support early stimulation and responsive care programmes
Advocacy and Communications	[]	[]	[]	[]	[]
Evidence Generation	[]	[]	[]	[]	[]
Partnerships and Resource Mobilization	[]	[]	[]	[]	[]
Behaviour Change and Community Engagement	[]	[]	[]	[]	[]

	Less Important	Same Level of Importance	More Important	Not Known/Unable to Respond at this Time	The CO is not currently implementing this strategy to support early stimulation and responsive care programmes
Policy and System Strengthening	[]	[]	[]	[]	[]
Cross-Sectoral and Multisectoral Programming	[]	[]	[]	[]	[]
Other Local Strategies (please list)	[]	[]	[]	[]	[]

73. Please provide additional details on the changes UNICEF will make or plans to make to its implementing strategies as result of the COVID-19 emergency to continue support for early stimulation and responsive care programmes and services. How will these strategies be adapted? What will be the impact of these changes for young children, especially the most vulnerable and for those in humanitarian settings?

a. [open text box]

74. Has the interest of the donor community in early stimulation and responsive care programmes and services changed in light of the COVID-19 emergency?

- a. Donor community interest has increased
- b. Donor community interest has decreased
- c. Donor community interest is unchanged
- d. Too early to assess
- e. None of the above/not relevant
- f. Other [please describe - open text box for response]

75. How has the COVID-19 emergency impacted UNICEF sources of funding for early stimulation and responsive care programming?

- a. No change
- b. Existing sources of funding have been cut (If selected "Which sources?")
- c. Existing sources of funding have increased (if selected "Which sources?")
- d. New sources of funding have emerged during the pandemic (if selected "From where?")
- e. None of the above/not relevant
- f. Other [please describe - open text box for response]

76. How long lasting do you think the impacts on funding will be? Please select all that apply.

- a. A few months of this year's funding has been lost/cut.
- b. Next year's funding will be reduced.
- c. We expect that funding for the next two to three years will be reduced.
- d. It is too early to assess how long lasting the impacts will be.
- e. None of the above/not relevant
- f. Other [please describe - open text box for response]

Part 5: UNICEF Support to National Governments in Strengthening Systems for Early Stimulation and Responsive Care Programmes

The following questions address UNICEF's efforts with governments to strengthen systems and the scaling of programmes that promote early stimulation and responsive care. All Country Offices should answer these questions if they are engaged in this type of programming.

77. From 2014 to present, which of the following policy development activities have been carried out by UNICEF to strengthen government systems for early stimulation and responsive care programmes and services in the country? What was UNICEF's role in the process?

	UNICEF leads the process	UNICEF supports the process along with other organisations	Policy process has not got to this this level
Identify the policy problem through primary and secondary research	[]	[]	[]
Identify policy options that are appropriate in the country context	[]	[]	[]
Develop policies	[]	[]	[]
Develop regulations to support policy	[]	[]	[]
Develop intergovernmental arrangements for service delivery	[]	[]	[]
Developed modalities and/mechanisms for funding early stimulation and responsive care programmes	[]	[]	[]
Strengthen the systems required for policy implementation	[]	[]	[]
Provide skills development of the frontline workforce to implement early stimulation and responsive care programmes	[]	[]	[]
Support ongoing monitoring of policy implementation	[]	[]	[]

	UNICEF leads the process	UNICEF supports the process along with other organisations	Policy process has not got to this level
Conduct evaluations and follow up with advocacy for revisions to policies	[]	[]	[]
None of the above/not relevant	[]	[]	[]

78. From 2014 to present, has the UNICEF Country Office commissioned any of the following reviews regarding programmes that promote early stimulation and responsive care?

	Early stimulation and responsive care programmes were the explicit focus	Early stimulation and responsive care were a component of the study	Has not been done with regards to early stimulation and responsive care
Public expenditure reviews	[]	[]	[]
Budget briefs or budget analyses	[]	[]	[]
Reviews of the modalities for funding early stimulation and responsive care programmes	[]	[]	[]
Reviews of budgeting processes in the country	[]	[]	[]
Stakeholder mapping and analyses, including intergovernmental stakeholders	[]	[]	[]
Frontline workforce assessments	[]	[]	[]
Cost of inaction and cost benefit analyses	[]	[]	[]
None of the above/not relevant	[]	[]	[]

79. Has UNICEF supported the government to cost early stimulation and responsive care policies or programmes in your country?

- a. Yes
- b. No

[Skip Logic] If you answered “yes” to question 76, answer questions 77-79. If you answered “no” to question 76, skip to question 80.

80. How was the costing initiated and how was the costing used? Please select all that apply.
- a. UNICEF initiated the costing.
 - b. Government requested that UNICEF carry out the costing.
 - c. The decision to cost the programme was made when the programme was designed.
 - d. The decision to cost the programme was made after the programme had been implemented.
 - e. The costing results and/or tool has been used to inform government budgets.
 - f. None of the above/not relevant
81. What was the government's response to the costing? Please select all that apply.
- a. The line Ministry has discussed and reviewed the costing results with UNICEF.
 - b. The Ministry of Finance discussed and reviewed the costing results with UNICEF.
 - c. The line Ministry has used the costing when preparing budgets and/or budget bids.
 - d. The Ministry of Finance has used the costing results in budget processes.
 - e. The costing results were rejected by the Ministry of Finance.
 - f. None of the above/not relevant
82. What was the focus of the costing (select all that apply)?
- a. A pilot or existing programme that promote early stimulation and responsive care was costed.
 - b. A draft or final policy related to programmes that promote early stimulation and responsive care was costed.
 - c. Draft or final legislation on programmes that promote early stimulation and responsive care was costed.
 - d. Programmes that promote early stimulation and responsive care have been costed as part of a larger costing of social services for children that UNICEF commissioned.
 - e. Programmes that promote early stimulation and responsive care have been costed as part of a larger costing of social services for children and the costing was commissioned by another donor.
 - f. Programmes that promote early stimulation and responsive care have been costed as part of a larger costing of social services for children that was commissioned by the government.
 - g. None of the above/not relevant
83. Which of the following statements does the UNICEF Country Office agree with regarding policies and policy frameworks for programmes that promote early stimulation and responsive care? Please select all that apply.
- a. Government has had policies and policy frameworks covering programmes that promote early stimulation and responsive care for more than 3 years.
 - b. Government has introduced policies covering programmes that promote early stimulation and responsive care within the last 12 months.
 - c. UNICEF has played a leading role in writing and revising policy frameworks that apply to early stimulation and responsive care.
 - d. UNICEF was one of three or fewer role players that contributed to a collaborative effort that advised on new policy frameworks for programmes that promote early stimulation and responsive care.
 - e. UNICEF was part of a collaborative effort with 5 or more other role players that advised on new policy frameworks for programmes that promote early stimulation and responsive care.

- f. Challenges or bottlenecks need to be addressed before work on new policies can begin.
84. Which of the following statements describe UNICEF's roles regarding legislation and regulations that apply to roles and responsibilities (and/or intergovernmental arrangements) for programmes that promote early stimulation and responsive care, and their current status? Please select all that apply.
- a. The roles and responsibilities of government role players in programmes that promote early stimulation and responsive care in the country are appropriately defined in legislation and regulations (they are clearly defined).
 - b. The roles and responsibilities of government role players for programmes that promote early stimulation and responsive care in the country are not defined in legislation or regulations.
 - c. UNICEF has made recommendations regarding legislation and regulation that deals with how programmes that promote early stimulation and responsive care should be provided.
 - d. Government has implemented most of the recommendations that UNICEF has made regarding regulations or legislation dealing with responsibilities for programmes that promote early stimulation and responsive care in the country.
 - e. There are too many challenges or bottlenecks related to roles and responsibilities to make an impact on this matter.
 - f. None of the above/not relevant
 - g. Other [please describe - open text box for response]
85. Which of the following statements describe how UNICEF has sought to strengthen government capacity to prioritise programmes that promote early stimulation and responsive care in the relevant budgets, and to ensure funds are spent efficiently, equitably, and effectively? Please select all that apply.
- a. UNICEF has assessed and prepared reviews (including internal memos) of how the government makes allocations and disburses funds for programmes that promote early stimulation and responsive care.
 - b. UNICEF has made recommendations on how programmes that promote early stimulation and responsive care programmes should be funded (i.e., how money should move through the intergovernmental fiscal system to programmes).
 - c. UNICEF has assisted government officials to prepare budget bids for programmes that promote early stimulation and responsive care programmes.
 - d. UNICEF has hosted a (one) workshop on the funding and financing of early stimulation and responsive care.
 - e. UNICEF has hosted a series of workshops on the funding and financing of early stimulation and responsive care.
 - f. UNICEF has made recommendations to the government about budget programme structures and standard charts of accounts to improve budgeting and expenditure reporting on programmes that promote early stimulation and responsive care.
 - g. None of the above/not relevant
 - h. Other [please describe - open text box for response]
86. Which of the following statements regarding UNICEF's influence on private and/or non-governmental funding of the delivery of programmes that promote early stimulation and responsive care are relevant? Only select those that apply.
- a. UNICEF has assessed the private and non-governmental sources of funding for programmes that promote early stimulation and responsive care.
 - b. UNICEF has assessed the legislation that enables private and public funding to be combined with government funding for the provision of programmes that promote early stimulation and responsive care.
 - c. UNICEF has proposed frameworks/policies for private funding of programmes that promote early stimulation and responsive care.
 - d. UNICEF has identified challenges or bottlenecks in government's management of programmes that promote early stimulation and responsive care that prevent a role for private or non-governmental funding.
 - e. None of the above/not relevant

f. Other [please describe - open text box for response]

87. How has UNICEF contributed to creating a multisectoral frontline workforce necessary to scale-up programmes that promote early stimulation and responsive care? Please select all that apply.

- a. UNICEF has prepared the curriculum or parts of the curriculum for frontline workers.
- b. UNICEF developed a curriculum for training of trainers.
- c. UNICEF carried out training of trainer programmes at the following levels:
 - i. Across the entire country (UNICEF supported training of trainers in all regions of the country)
 - ii. At regional level (training was provided in selected region(s) only)
- d. UNICEF translated material used to train frontline workers into the local language(s).
- e. UNICEF translated material used in the delivery of early stimulation and responsive care programmes into local languages.
- f. UNICEF participated in workshops and made comments and recommendations on the curriculum for the frontline workforce but did not take a lead role in developing the curriculum.
- g. None of the above/not relevant
- h. Other [please describe - open text box for response]

88. How did UNICEF contribute to ensuring that the fidelity of programmes is maintained by frontline workers when programmes that promote early stimulation and responsive care are scaled up? Please select all that is relevant.

- a. Programmes that promote early stimulation and responsive care have not been taken to scale
- b. UNICEF developed minimum competency standards for frontline workers and a framework for complying with the standards (e.g., career development pathway).
- c. UNICEF developed key performance indicators for monitoring the quality of work performed by frontline workers (output and outcome indicators).
- d. UNICEF developed key performance indicators for monitoring the activities of frontline workers (process indicators).
- e. UNICEF developed norms and standards (or service specifications) for early stimulation and responsive care programmes.
- f. UNICEF developed a monitoring and evaluation framework which covered monitoring activities and data collection, reporting and analysis procedures.
- g. UNICEF participated in workshops and gave input on the above issues but did not take a lead role in developing them.
- h. It is reasonable to claim that the government adopted the standards and norms and standards mentioned above.
- i. None of the above/not relevant
- j. Other [please describe - open text box for response]

89. Which of the following factors were/are relevant to the success of the UNICEF Country Office in supporting governments to scale up programmes that promote early stimulation and responsive care? Please select all that apply.

	UNICEF had or did this	UNICEF did not have or do this	This is important for scaling
Strong technical expertise in early stimulation and responsive care	[]	[]	[]

	UNICEF had or did this	UNICEF did not have or do this	This is important for scaling
Strong technical expertise in public administration issues including decentralisation and public finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong relationships with appointed officials (bureaucrats) in the line Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong relationships with appointed officials (bureaucrats) in the Ministry of Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular communication with the line Ministry and involving them in UNICEF activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gathering of evidence at the start of the process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting together a strong business case for early stimulation and responsive care using expenditure information and quantifying economic and/or cost implications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong relationships with community stakeholders, which empowered them to participate in and deliver programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthening of systems in government required for early stimulation and responsive care programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong (UNICEF) in-house technical public finance knowledge and technical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above/not relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90. When considering programmes that promote early stimulation and responsive care that UNICEF is piloting and/or implementing, which statements reflect the alignment of these interventions with government policy? Please select all that apply.

- a. The programmes were piloted to make the case to introduce policies for early stimulation and responsive care.
- b. The programmes were piloted to make the case to demonstrate how to implement existing policies on early stimulation and responsive care.
- c. The objectives of the programmes that promote early stimulation and responsive care are closely aligned with the defined objectives of existing government policies on early stimulation and responsive care.
- d. The pilot was initiated without any clear policy objective. Only once some success had been achieved, did policy become a consideration.

- e. None of the above/not relevant
- f. Other [please describe - open text box for response]

91. How were intergovernmental arrangements considered in the design of the relevant programmes that promote early stimulation and responsive care?

Please select all that apply.

- a. UNICEF carried out a review of the intergovernmental arrangements before designing the programme.
- b. UNICEF had been operating in the country long enough to understand the relevant intergovernmental arrangements.
- c. Intergovernmental arrangements relevant to the programme were a key factor that influenced its design.
- d. The programme was implemented on a pilot scale and UNICEF did not consider what intergovernmental arrangements were relevant.
- e. UNICEF decided that the intergovernmental implications for implementing the programme at scale would be defined once it was shown that the pilot was successful.
- f. None of the above/not relevant
- g. Other [please describe - open text box for response]

92. How has UNICEF contributed to the preparedness of ministries to hire the human resources required to manage, sustain, and scale-up the relevant programmes that promote early stimulation and responsive care?

- a. UNICEF identified the management capacities required to support the programme and presented this in a proposed organogram (or similar).
- b. UNICEF has prepared (or assisted preparing) job descriptions of the various management personnel required.
- c. UNICEF assisted government counterparts get approval for new posts to be included in government organograms.
- d. UNICEF assisted government counterparts to get these posts funded.
- e. None of the above activities were required as the posts exist and are funded.
- f. None of the above/not relevant
- g. Other [please describe - open text box for response]

93. How has UNICEF contributed to government funding mechanisms required for scaling up the relevant programmes that promote early stimulation and responsive care?

- a. UNICEF has assessed funding channels (and/or developed knowledge of this through their presence in the country).
- b. UNICEF aligned funding mechanisms of the programme with existing funding channels.
- c. The programme design was aligned with the legal funding mandates of all levels of government.
- d. UNICEF assessed the procurement regulations before designing programmes to ensure they are aligned with government arrangements for procuring goods and services.
- e. None of the above/not relevant
- f. Other [please describe - open text box for response]

94. Have the resources that will be required when the programme(s) is(are) scaled-up been quantified? Specifically, has a detailed project costing been carried out?

- a. Yes
- b. No

[Skip Logic] If you answered “yes” to question 91, answer questions 92-94. If you answered “no” to question 91, skip to question 95.

95. Does the costing show any of the following information? Please select all the apply.

- a. Costs per beneficiary
- b. Cost per site
- c. Salary costs
- d. Cost per administrative unit
- e. The set-up costs per site and/or administrative unit
- f. Overhead and fixed costs
- g. How changing the volume or number of activities affect variable costs
- h. None of the above/not relevant

96. Does the costing include a phased implementation plan?

- a. Yes
- b. No

97. Does a member of the management team responsible for managing the scale up of the programme know how to use the costing?

- a. Yes
- b. No

98. To what extent have the programmes that promote early stimulation and responsive care that UNICEF designed and piloted been codified so that its fidelity is maintained as it is scaled up? Which of the following were defined and/or prepared during the design and piloting phase?

	Before programme started	After programme started	Not completed
The intended beneficiaries and target groups per site	[]	[]	[]
Process maps describing the roles and responsibilities of various role players (a table that defines these also acceptable)	[]	[]	[]
Standard operating procedures	[]	[]	[]
Lists of key input requirements at each level of implementation (infrastructure, personnel, materials)	[]	[]	[]
Samples of programmes activities, games, etc.	[]	[]	[]

	Before programme started	After programme started	Not completed
Is there a theory of change that underpins the interventions showing the chain of events from inputs >> activities >> outputs >> results (or similar)	[]	[]	[]
Is there a description of the core competencies required of personnel at each site, administrative unit at local, regional, and national levels?	[]	[]	[]
The ratio between frontline staff and supervisors.	[]	[]	[]
The ratio between supervisors and management staff at local and regional levels.	[]	[]	[]
The ratio of administrative and other support staff – including human resources and finance staff – to frontline staff at local and regional levels.	[]	[]	[]
The national head/central office staff responsible for managing the programme.	[]	[]	[]
The ratio of trainers / mentors to other staff both for initial training and refresher training.	[]	[]	[]
Number of children per caregiver.	[]	[]	[]
Physical space of facilities, both in and outdoor, required per child.	[]	[]	[]
Minimum kitchen, WASH, and office space per facility.	[]	[]	[]
Minimum levels of equipment and materials per child or group of children.	[]	[]	[]
A monitoring and evaluation framework for the program.	[]	[]	[]
A plan for data collection, reporting and evaluation for the purposes of evaluating whether the programme is achieving stated objectives.	[]	[]	[]
The reporting procedures, responsibilities and reporting frequencies	[]	[]	[]

	Before programme started	After programme started	Not completed
Performance indicators	[]	[]	[]
The framework clarifies roles and responsibilities for monitoring	[]	[]	[]

99. Did UNICEF engage with community leaders prior to the launch of programme that promote early stimulation and responsive care?

- a. Yes
- b. No

[SKIP LOGIC]: If “Yes”, answer the questions below, if “No”, Please explain reasons for not consulting with community leaders.

[open text box]

	Mostly true	Somewhat true	Not true
This consultation was carried out to inform role players about the program.	[]	[]	[]
This consultation was carried out to achieve community support.	[]	[]	[]
This consultation was carried out to collect information to design the program.	[]	[]	[]
Local community leaders and representatives were engaged when the programme was ready to be scaled up.	[]	[]	[]
Regional political leaders were engaged with and consulted when the programme was ready to be scaled up.	[]	[]	[]
National political leaders engaged with and were consulted when the program was ready to be scaled up.	[]	[]	[]
Other [please describe - open text box]	[]	[]	[]

100. How has the COVID-19 emergency impacted on UNICEF’s ability to carry out programmatic work on early stimulation and responsive care?

	We have cancelled these activities	We have postponed these	We have adapted with technology	No major changes	None of the above/not relevant
Advocating for change of policies affecting early stimulation and responsive care programmes	[]	[]	[]	[]	[]
Budget advocacy for funding early stimulation and responsive care programmes	[]	[]	[]	[]	[]
Budget analysis and review work on early stimulation and responsive care programmes	[]	[]	[]	[]	[]
Designing and/or planning of early stimulation and responsive care programmes	[]	[]	[]	[]	[]
Implementation of early stimulation and responsive care programmes	[]	[]	[]	[]	[]
Monitoring programmes that UNICEF is piloting or managing	[]	[]	[]	[]	[]
Training staff who work on early stimulation and responsive care programmes	[]	[]	[]	[]	[]

101. Have any of the components of the service delivery system (e.g., suppliers of materials, training providers etc), collapsed due to the COVID-19 emergency?
 (if yes, provide description)
 a. [open text box]

102. Have any of UNICEF's service partners withdrawn from the country because of the COVID-19 emergency? (if yes, please list them)
 a. [open text box]

103. Has the government reprioritised funding in response to the COVID-19 emergency in a way that affects funding for programmes that promote early stimulation and responsive care programmes and services?

- a. Yes, the government has reprioritised funding away from early stimulation and responsive care programmes and services
- b. Yes, the government has reprioritised funding from other sources and added that funding to early stimulation and responsive care programmes and services
- c. Reprioritisation has not affected funding for early stimulation and responsive care
- d. Government has not indicated yet / we are not aware
- e. It is too early to say
- f. None of the above/not relevant
- g. Other [please describe - open text box for response]

104. Please provide any other relevant information that might be helpful for this evaluation, if not addressed in this survey.

- a. [open text box]

Annex F: Institutional Survey Results – Theme 1 Figures

Figure 92: UNICEF strategies for investing in early stimulation and responsive care programming

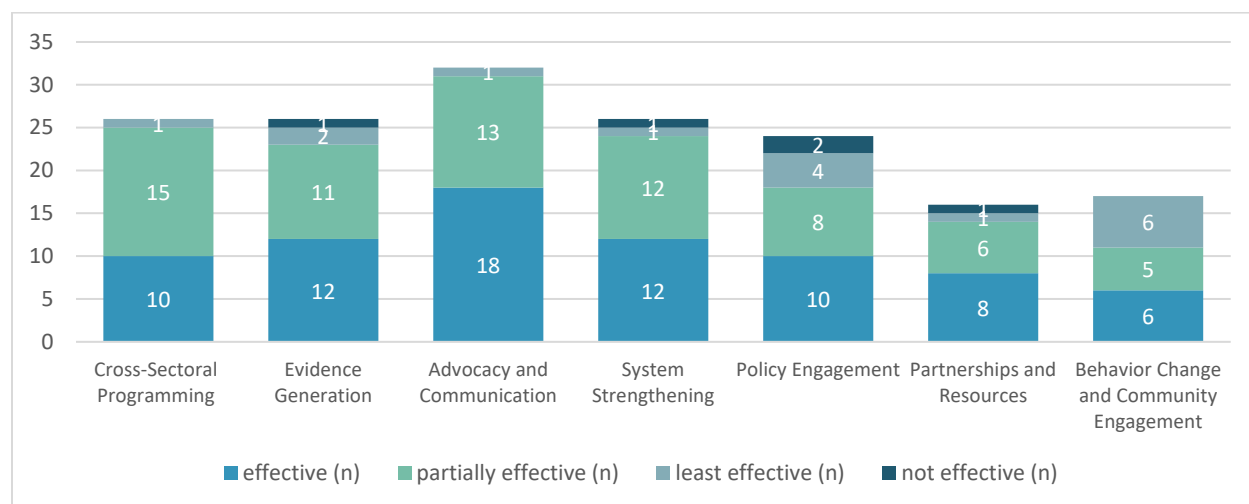


Figure 93: Challenges in implementing UNICEF strategies for early stimulation and responsive care programming

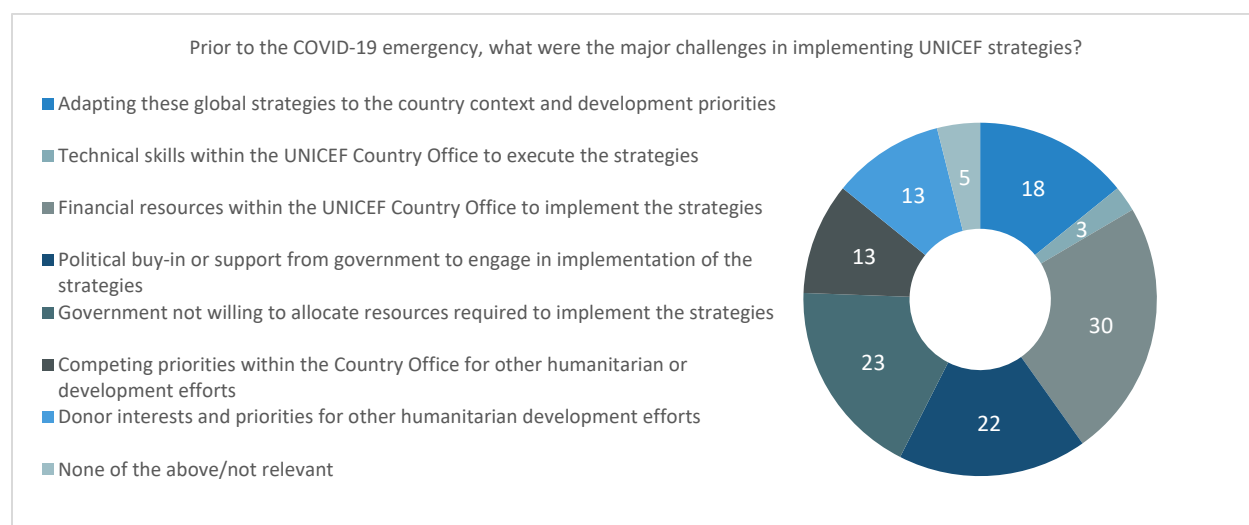


Figure 94: Impact of COVID-19 on UNICEF strategies for early stimulation and responsive care programming

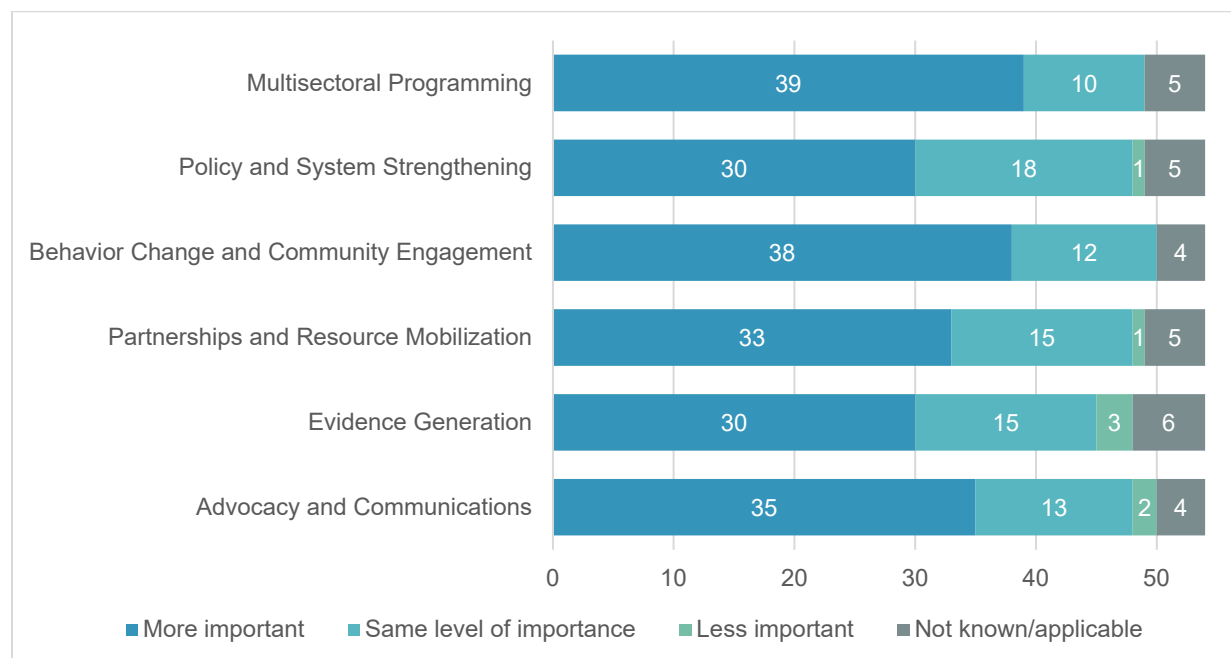


Figure 95: Impact of COVID-19 on donor interest in early stimulation and responsive care programmes

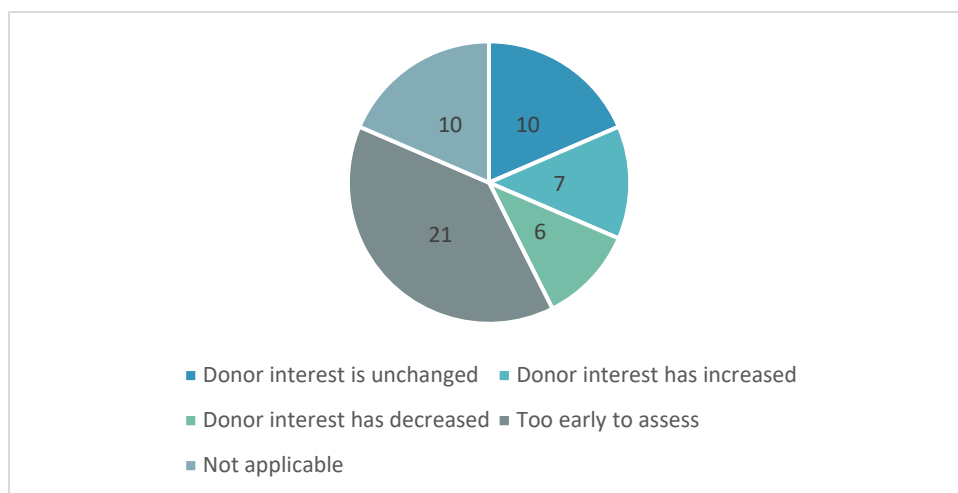
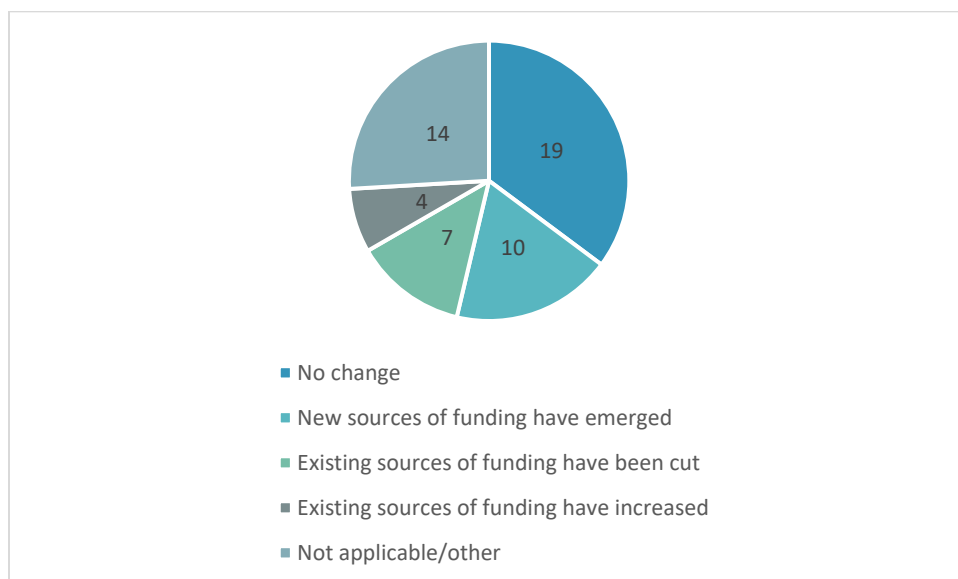


Figure 96: Impact of COVID-19 on donor investments in early stimulation and responsive care programming



Annex G: Key Informant Interview Protocols

UNICEF Headquarters Staff Members

- What roles and functions have UNICEF discharged (e.g., convening, generating evidence, etc.) on a global level for ECD (and early stimulation and responsive care in particular), and how effective have they been?
- What have been the most significant contributions/impacts UNICEF has made in the field of ECD (and early stimulation and responsive care in particular) on a global level in the last 5 years?
- What has changed about the way international development agencies and national governments have delivered ECD (and early stimulation and responsive care in particular) programs and services in the last 5 years in the region? Which of these changes can be directly attributed to UNICEF?
- What has changed internally on a global level in the way that UNICEF has approached ECD (and early stimulation and responsive care in particular)? What have been the implications of these changes?
- Which partnerships or networks have been formed over the last 5 years for ECD (and early stimulation and responsive care in particular) on a global level? What have these partnerships done for the organization and for the field?
- How and to what extent has UNICEF convinced national governments and other new champions to support ECD (and early stimulation and responsive care in particular) on a global level?
- What is UNICEF's comparative advantage in advancing ECD (and early stimulation and responsive care in particular) on a global level? Put another way, what difference does it make that UNICEF is involved or not?
- What lessons have been learned through UNICEF's leadership activities in ECD (and early stimulation and responsive care in particular) on a global level?
- How can UNICEF's global leadership be strengthened in the field of ECD (and early stimulation and responsive care in particular)?

UNICEF Regional Office Staff Members

- What roles and functions has UNICEF discharged (e.g., convening, generating evidence, etc.) on a regional level for ECD (and early stimulation and responsive care in particular), and how effective have they been?
- What have been the most significant contributions/impacts UNICEF has made in the field of ECD (and early stimulation and responsive care in particular) on a regional level in the last 5 years?
- What has changed about the way international development agencies and national governments have delivered ECD (and early stimulation and responsive care in particular) programs and services in the last 5 years in the region? Which of these changes can be directly attributed to UNICEF?
- What has changed internally in the way that UNICEF has approached ECD (and early stimulation and responsive care in particular) in the region? What have been the implications of these changes?
- Which partnerships or networks have been formed over the last 5 years for ECD (and early stimulation and responsive care in particular) on a regional level? What have these partnerships done for the organization and for the field?

- How and to what extent has UNICEF convinced national governments and other new champions to support ECD (and early stimulation and responsive care in particular) in the region?
- What is UNICEF's comparative advantage in advancing ECD (and early stimulation and responsive care in particular) on a regional level? Put another way, what difference does it make that UNICEF is involved or not?
- What lessons have been learned through UNICEF's leadership activities in ECD (and early stimulation and responsive care in particular) in the region?
- How can UNICEF's leadership be strengthened in the field of ECD (and early stimulation and responsive care in particular)?

International ECD Experts

- What have been the most significant contributions/impacts UNICEF has made in the field of early childhood development on a global and regional level in the last 5 years?
- What has changed about the way international development agencies and national governments have delivered ECD programs and services in the last 5 years?
- What is UNICEF's comparative advantage in advancing ECD on a global level?
- How can UNICEF's leadership be strengthened in the field of ECD?

Case Study COs (Theme 3 Generic Questions)

- Are UNICEF-supported programs being implemented as intended, with fidelity? Are there any data that speak to this, that we should be aware of?
- Is there any additional available evidence (not included in the survey) that CCD is being implemented at scale and in an equitable fashion?
- Overall, how effective are the ECD programmes in your country? How would you summarize the available evidence?
- What has changed about the way ECD programs have been administered and delivered in the last 5 years, up until the onset of the COVID-19 pandemic?
- How would you evaluate UNICEF's support for ECD programmes? How effective do you think that support has been? What actual impact do you think these programmes have had on parents and children?
- To make ECD programs more effective, what could UNICEF do more of?
- To make ECD programs more effective, is there anything UNICEF could do less of?
- What has changed about the way international development agencies and national governments have delivered ECD programs and services in the last 5 years?
- Overall, what do you see as the most important lessons learned about ECD programs during the last 5 years?

Annex H: Case Study Analysis – System Strengthening

1. Background

This Annex reports the findings of the evaluation of Theme 2 of the Global Evaluation of ECD, which focused on Systems Strengthening to analyse UNICEF's contributions and effectiveness in strengthening national capacity and systems to implement and scale early stimulation and responsive care programmes and services. The evaluation question for theme 2 is: *to what extent has UNICEF supported governments to strengthen sectoral and multisectoral policies and systems for ECD, including national capacity to scale the delivery of early stimulation and responsive care programmes and services?*

1.1 Area of analysis

A survey with over 100 questions was circulated to UNICEF country offices. 21 of these questions were related to Theme 2. 54 countries responded to most of these questions. 6 countries were identified as case study offices as they have experience with piloting early stimulation and responsive care programmes: Rwanda, Thailand, Jordan, Paraguay, Serbia, and Mali. These COs were asked to share specific documents related to the programmes they have supported, including government policy documents, including ECD action plans, evaluations of projects, programme monitoring reports, funding requests, programme materials and curricula. These documents and CO annual reports from 2016 to 2019 were reviewed.

Discussions were held with staff from each of the case study COs. Questions for discussion (except Mali) were circulated to officials in advance and follow up questions were sent to most of them after the discussions.

In all countries, the focus was on early stimulation and responsive care programmes that the COs had or were currently implementing. These include standalone parenting programme, early childhood development programmes and programmes that aimed at improving parental engagement of existing workforces.

1.2 What we looked for

Five sub-questions in addition the main question were identified, however, the issues explored can be captured in the following three core questions:

- How has UNICEF contributed to creating a policy environment that supports scaling up of early stimulation and responsive care programmes? How have they contributed to creating political buy-in for early stimulation and responsive care and how have they contributed to policy development related to early stimulation and responsive care?
- How has UNICEF contributed to getting government to allocate resources for these programmes? Has UNICEF identified and quantified the resources (institutional, human and material) required and advised on how funds for these resources should be allocated in budgets?
- How has UNICEF approached supporting the scaling up of programmes and pilots it supports? Has UNICEF codified the package so that it can be replicated with fidelity? How has UNICEF supported

government to develop the systems needed to support implementation? What steps has UNICEF taken to embed pilots and good ECD practices into government processes and programmes?

1.3 What we found

The nature of UNICEF's contributions differs by the type of programme they are supporting. The case studies showed that UNICEF designed early stimulation and responsive care programmes that fit into one or more of the following descriptions:

- standalone parenting programmes;
- early learning (ECD) programmes that include parental engagement;
- embedding parental engagement into existing programmes that are provided to children 0-8 years (most of these are in the health sector).

Generally, the parenting programmes and the ECD programmes are standalone programmes with distinctive and dedicate activities, workforce, curricula, physical spaces, materials, monitoring systems and so on. UNICEF support for these standalone programmes range from designing and piloting the entire programme (ECD pilots in [Rwanda](#), BPP in [Jordan](#)) to making changes to embed or include parental engagement in the delivery of an existing programme ([Serbia](#) and [Thailand](#)). UNICEF also supports changing or adding to protocols in health ([Serbia](#) home visiting nurses, [Mali](#) nutrition treatment) to introduce practices that front-line workers should implement when engaging with parents as part of their routine processes.

Therefore, UNICEF support may involve designing and implementing an entire standalone package or embedding new practices into existing programmes.

The key findings of the evaluation are:

- **UNICEF engages on and provides advice, leadership and direction on policy issues. In many countries it provides technical and financial support for the revision and production of policy documents.**
- **UNICEF COs are less likely to engage in the nitty gritty of bureaucratic issues that need to be addressed to make it possible to implement the policies, which includes systems strengthening and engaging with public finance issues.**
- **Two of the case study COs ([Jordan](#) and [Serbia](#)) have taken a long-term approach to ensuring UNICEF supported programmes are implemented at scale. These COs have demonstrated what is required to implement a programme at scale and stakeholders can use that knowledge to support the scaling up of other programmes.**

1.4 How the findings are presented

The findings related to Theme 2 are presented as follows:

- Section 2 discusses how UNICEF participates in and contributes to developing policies for early stimulation and responsive care, including evidence creation.

- Section 3 discusses the contributions made by UNICEF to strengthening the workforce for early stimulation and responsive care. Contributions include training the workforce and developing the human resources frameworks for professionalising the workforce.
- Section 4 discusses how UNICEF COs contributed to mobilising resources for early stimulation and responsive care programmes, including how UNICEF offices engage with public finance issues.
- Section 5 discusses the extent to which UNICEF designs pilots with scale up in mind. This section refers to steps by COs discussed elsewhere in the report that potentially contribute to scaled implementation of early stimulation and responsive care programmes.
- Section 6 discusses lessons learned and recommends changes that need to be made to support implementing programmes at scale, which are discussed in relation to the proposed phases involved in taking programmes to scale and design features of programmes that will favour their chances of being scaled up.

2. UNICEF's contributions to creating an enabling policy environment

UNICEF COs like to engage with and lead on policy issues but tend not to engage with the nuts and bolts of system strengthening.

Most of the countries covered by the survey, 39 (72%) have had policies and policy frameworks for early stimulation and responsive care for three or more years. A third of CO have introduced new frameworks in the last year. So overall, 78% of the countries have some sort of policy framework in place. These statistics suggest widespread existence of policies, which are being expanded in many countries. Of the countries with policy frameworks, 61% (48% of all respondents) have formalised at least some of these roles in legislation.

Question 79 of the survey asked, “from 2014 to present, which of the following policy development activities have been carried out by UNICEF to strengthen government systems for early stimulation and responsive care programmes and services in the country? What was UNICEF’s role in the process?” Respondents were given three options shown below (see Table 39).

Figure 97: Policy development activities reported by COs

	UNICEF's Role		Policy process has not got to this level
	Leads	Supports other players with role	
Propose policy options	41%	53%	6%
Develop regulations to support policy	49%	45%	6%
Develop intergovernmental arrangements for service delivery	32%	47%	21%
Recommend funding mechanisms for programmes	27%	52%	21%
Strengthen the systems required for policy implementation	20%	48%	32%
Support monitoring and evaluation of programmes	29%	61%	10%

Source: Survey Responses

It is notable that a much higher proportion of UNICEF COs play a leading role in proposing policy options and developing regulations (41% and 49%) than play a leading role in the other activities. The other activities are critical to implementing and scaling up ECD policies. They involve investigating how government systems operate as opposed to dealing with theoretical issues related to child development. About half the countries indicated they play a supporting, rather than a leading role, and more COs collaborate with three or fewer other organisations than with a larger number.

The nature of the policy and legislative environment in a country determines where efforts to create enabling policy environment for early stimulation and responsive care programmes should be aimed.

In countries with comprehensive legal systems, one expects rights to be enshrined in a high-level law such as a constitution. The constitution may create a framework for protecting the rights of children through combinations of sectoral legislation, policies, and regulations which will mandate different sectors and levels of government to deliver services. In these contexts, introducing new programmes or changing existing programmes usually requires some combination of new laws, changing existing laws, introducing new regulations or changing existing regulations to create the mandate for the new activities to be carried out. In these contexts, the mandate for parenting programmes would first need to be recognised in a National ECD Act, or Children's Act and once that is promulgated it is likely that regulations clarifying how the services will be carried out will need to be developed.

There are many countries where the high-level mandate for early stimulation and responsive care programmes is made through a national development plan, such as the Economic Development and Poverty Reduction Strategy in Rwanda, the Strategic Framework for Economic Recovery and Sustainable Development in Mali, or a national human resources development plan in Jordan. The detailed child related objectives are usually expressed in a national ECD strategy or plan. In these contexts, it is necessary to get early stimulation and responsive care recognised as a priority in the national development plan before the more specific ECD plan can be developed.

The higher-level plans are usually revised every few years to align with electoral cycles. Therefore, advocating for changes to ECD mandates and priorities should be planned around the revision of these plans. In contrast, where mandates are exercised through legislation, the legislation can be changed at any time there is political support for the change, although this can be very time consuming.

In the case study countries, the most common avenue for UNICEF to contribute to getting ECD on the agenda and/or influencing the focus of the interventions was to participate in ECD committees or technical working groups. In some countries, there are multi-sectoral ECD working groups and in others there are technical working groups in each of the key sectors. UNICEF uses these committees as a platform to provide technical input and advice, advocating for early stimulation and responsive care issues to be formally recognised by government as a priority issue. Their participation ensures they are involved in debates and discussions regarding revisions to legislation and regulations and are invited to participate in revisions of country Strategic Plans and work plans at the relevant time during the planning cycle. All case study COs indicated that they made these sorts of contributions, to varying degrees.

The membership and role of UNICEF in these committees varied by country and depended largely on the closeness of the relationship between UNICEF and the relevant Ministry. Where UNICEF has a close relationship with the Ministry their role on the committee can include as much as co-chairing the ECD cluster or ECD committee, scheduling and coordinating meetings. These roles enable UNICEF to influence who is invited and what items are put on the agenda for discussion. Where the relationship is not as close, UNICEF participates in the committees and raises issues to keep them on the agenda.

Evidence of the problem is essential to demonstrate that a policy response is required. Most of the case study COs have managed to get MICS institutionalised and some of them also provide technical assistance to the Bureau of Statistics (or equivalent) to collect data that can be used in evidence-based decision making. UNICEF's contribution in this regard ranges from advising the office on what indicators should be measured (terms used in surveys) to training officials on how to prepare surveys and analyse data. Besides, the data being an important source of evidence of the need for policy interventions, there are no notable examples of the data being used in planning and managing the implementation of policy.

Two of the case study COs ([Serbia](#) and [Thailand](#)) convened conferences or forums on child rights issues, which lead to calls to action on children and the signing of MoUs between the relevant Ministries. Those agreements create the mandate for multi-sectoral policy work to happen.

Specific experiences noted in the case study countries include:

- UNICEF Jordan has a partnership agreement with the National Council for Family Affairs and supports the council both financially and technically to implement the interventions outlined in the agreement. UNICEF participates in the planning processes of government and helps Ministries to embed the Better Parent Programme in existing programmes.
- UNICEF Rwanda co-chairs the National ECD Committee with the National ECD coordinator. UNICEF's partnership agreement is signed with the National ECD Programme, which has recently merged with another organisation to become the National Child Development Agency.
- UNICEF Serbia established an informal intersectoral group and an ECD Services Advisory group, with delegates from key ministries. It does not have a recognised coordinating role.
- UNICEF Mali is on the ECD Action Network with government, the World Bank, and Save the Children.

All the case study countries "helped develop" the national ECD plan or policy by providing technical advice through these committees. Some also supported the writing of these plans and policies financially.

3. UNICEF's contributions to strengthening the workforce

Most COs have contributed directly to building the capacity of frontline workers involved in the delivery of early stimulation and responsive care programmes, through regional training or trainer of trainer programmes. However, fewer COs introduced new curricula or took steps to develop or strengthen systems in government required for scaling up the workforce.

Effective scaling up of programmes rests on a skilled and equipped workforce. Front line workers that implement early stimulation and responsive care programmes are the most critical component of the programme. These include child carers and teachers at ECD centres, facilitators of parenting programmes, nurses, community development workers and others.

Preparing the workforce to scale programmes involves transferring skills to front-line workers and ensuring that government's human resource systems support the appointment, payment, and management of these officials. In countries with formal human resource regulations the latter issues include defining job descriptions, minimum competency requirements (e.g., required qualifications) and salary ranks or levels. It is also usually necessary to ensure the organograms of departments are amended to include these positions, and the associated management hierarchies.

There are two factors that affect the type of contributions required. First is the level of formality. Nurses are usually formal positions, with recognised job descriptions. The level of formality of the rest of the workforce involved in early stimulation and responsive care programmes vary. In some countries preschool teachers and child carers are formally recognised positions, but this is not the norm. In most countries the rest of the staff mentioned above are in informal/temporary/stipend positions or are community volunteers. Therefore, programmes using these human resources could be taken to scale without for significant changes to HR systems. Second, is the nature of the early stimulation and responsive care intervention. For parenting programmes, UNICEF's contribution to building a workforce includes preparing a complete package of materials for a programme, which includes a training of trainer curriculum, a curriculum framework for the programme, guidelines, manuals and materials used in the programme. Where UNICEF's focus is on ensuring parenting engagement is added to an existing programme, UNICEF's contribution typically focuses on embedding or adding parenting engagement materials into an existing curriculum and/or into pre-service training.

Questions in the survey aimed to establish:

- the extent to which UNICEF COs have developed materials that were adapted for local conditions and codified so they could be replicated at scale; and
- what COs had done to create an enabling human resources regulatory environment.

3.1 Developing curricula

A curriculum codifies the practices and protocols that frontline workers need to follow when implementing a programme. Therefore, providing a curriculum is a way of codifying the teaching of these practices and getting them embedded into the training of the national workforce.

(Q85) Just over half the COs indicated they prepared curriculum for frontline workers. This finding contrasts with the written descriptions of how COs have “supported the development and implementation of training for frontline workers”. Besides the four case study countries discussed below, only six other COs (Kyrgyzstan, Belarus, Honduras, Kazakhstan, State of Palestine, Timor-Leste) made explicit reference to working on curricula. The contributions to curricula in the case study countries are as follows:

- UNICEF Rwanda commissioned the drafting of a Parenting Curriculum (2019).
- UNICEF Serbia developed the Years of Ascent Curriculum for pre-schools in Serbia, created modules for training home nurses that were added to the pre-service training curriculum, and amended the “rule books” for pre-schools and home visiting nurses so these programmes could be implemented.
- UNICEF Jordan made changes to the kindergarten curriculum to include parental engagement (not yet rolled out) and adapted and revised existing parenting materials for the Better Parenting Programme, which is recognised as the official parenting programme, although it is not a curriculum.
- UNICEF Thailand developed training modules and curriculum for the training of ECD workers.

UNICEF Paraguay developed training materials for the Upa! Programmes and their CCD trainings. Five COs ([Bolivia](#), [Colombia](#), [Peru](#), [Jamaica](#), [Turkmenistan](#)) developed programmes in partnership with a

government institute or university which have or are likely to lead to the institutionalisation of the programmes.

So, in total only 10 COs developed or amended curriculum and a further six made contributions that are or will likely be embedded in the capacity building of frontline workers.

3.2 Providing training

The responses to the survey suggest there is widespread involvement in the delivery of training.

- (Q85) In total 70% (37/54) of the COs indicated they have carried out train the trainer programmes. About a third of the COs have carried out training of trainers nationally, of which 5 (35%) did not carry out any training regionally. Just under 60% have carried out training of trainer programmes at a regional level.
- About two thirds of COs that have engaged in training have translated the material into local languages. It is possible that the material in the remaining third of countries was developed in the local language or translated at a regional level (this was not established by the survey).

The above numbers are supported by COs written descriptions of their contributions. The approach to preparing training materials and developing the workforce varies across the case study countries.

UNICEF Serbia is currently implementing a plan to roll out training of preschool teachers across the country. The CO worked with the relevant ministries to change the “rule books” in health and education, which ensures the new activities of the preschool teachers required by the curriculum are institutionalised in practice. The roll out of the preschool curriculum in Serbia is a step in a long-term plan to improve the quality of preschool teaching. They have leveraged relationships with the World Bank to raise the funding to roll out the programme nationwide.

In Jordan, the Better Parenting Programme has been in place for more than 20 years during which time a wide range of manuals and training material has been developed. UNICEF works closely with the relevant Ministries to embed this into government programmes and budgets.

In the other countries, the training has been limited in geographic scope.

UNICEF Rwanda prepared and demonstrated the effectiveness of a comprehensive package at 15 sites. UNICEF Thailand demonstrated how a training programme can be implemented in 25 demonstration centres. UNICEF Paraguay developed materials and manuals aimed at frontline workers of 0-5-year olds, which was combined with the childcare for development (CCD) approach. Training on this has been provided in selected areas and to some frontline workers. These training interventions appear to be of high quality and appear to have achieved impact in the limited geographic areas they were provided.

Training materials from all the case study countries were checked over and translated using Google translate where necessary. In all countries there is a large amount of material that has been developed including parenting guidelines, manuals for trainers, materials that can be used when engaging with parents and so on. The early stimulation and responsive care packages shared are codified and comprehensive. They can be replicated by other role players wishing to implement and/or scale the programme elsewhere and if there is interest UNICEF will provide support if necessary.

3.3 Competency standards and monitoring systems

Institutionalising the capacity requirements of the frontline workers and how to measure their performance in government frameworks is essential to scaling these programmes, yet it is a step that a small proportion of COs have been engaged in.

Only 13 of the 37 (24% of all respondents) that provided training also developed minimum competency standards and career pathways. Only 10 of these 37 (18% of all respondents) developed key performance indicators for monitoring the work of frontline workers.

There may be reasons for the low numbers e.g., no formal contracts and therefore no perceived need for competency standards. However, that these steps were not taken by so many suggests that few COs are thinking long term about how to codify competency standards and performance measures so that they can be institutionalised by government.

3.4 Preparing ministries to appoint a workforce

COs were asked (Q90) to indicate what support they had provided to prepare ministries to appoint a workforce for early stimulation and responsive care programmes. Activities included identifying management capacities required and presenting these in an organogram, preparing job descriptions of management required, helping government to approve new posts and helping government getting posts funded. 12 COs indicated that these activities were not required as the posts exist and are funded, which is probable given that many UNICEF supported early stimulation and responsive care programmes are targeted at members of an existing workforce (e.g., training nurses or preschool teachers). Accounting for these COs, out of the remaining COs at most 30% engage with any of the above systems issues related to appointing a workforce.

This is another example of where COs do not get involved in the deep work of systems strengthening that enable programmes to be implemented.

3.5 Monitoring of frontline workers

The lack of ongoing supervision of frontline workers is listed as one the top four challenges to starting and maintaining early stimulation and responsive care programmes (Q44, Q63). Ensuring that services are provided as intended requires a system for the monitoring and supervision of the activities of frontline workers and should be a priority of all COs when they develop a programme, but it is not widely done.

The survey asked COs to describe the systems they developed in this regard. Of the case study countries, three have developed and implemented monitoring systems that can be scaled through existing government systems, one has enhanced existing monitoring systems and the development of new systems are planned in the other countries:

- UNICEF Thailand: NGOs that implemented the programme carried out monitoring and follow-up visits. The monitoring system has been developed and government can adopt the system, which some local authorities have done, but there is weak oversight at the national level.
- UNICEF Jordan – monitoring of the Better Parenting Programme was assigned to community liaison officers who visited programmes while they were implemented. The programme is now provided

through Makani centres and UNICEF uses a comprehensive monitoring and reporting system (Bayani) for the programme.

- UNICEF Rwanda - works with and through government systems within the decentralised framework and through partnership agreements held with CSO partners. A monitoring system has been developed and is being rolled out as more funding becomes available.
- UNICEF Serbia - in preschool education, UNICEF has helped the relevant Ministry and institutes to improve the system for self and external evaluation of the preschool institution. For the home visiting nurses, UNICEF supported the development and piloting of monitoring instruments for home visiting services that nurses use. The office is currently supporting the digitisation of the monitoring systems.
- UNICEF Paraguay – the development of a monitoring system has been planned, even though the programme has already been implemented.

11 of the other COs describe systems that are like those described above. Other COs described working group meetings, training, supervision through payment, surveys and rapid assessments, self-evaluations, and training all of which have value, but are not examples of systems put in place to monitor the performance of the frontline workers. So only 15 COs (excluding COs that said they are/will develop one) have a system to monitor if the frontline workers are scaling the programme with fidelity. This aligns with the survey responses in which only 30% said they had developed M&E frameworks for monitoring the activities of frontline workers (Q86).

Note that in a different question over 75% indicated they had developed M&E frameworks (Q100, see below). There is an important distinction here. It appears that the M&E framework for the programme is developed for the purposes of evaluating the programme and whether it delivered the planned outputs and achieved intended objectives. These are needed for managing contracts. They generally do not include information that is useful for monitoring the activities of the frontline workers.

4. UNICEF's contribution to resource mobilisation

To be taken to scale, all programmes require funding. Advocating effectively for government funding requires an understanding of how a programme fits within the public finance system and familiarity with some technical public finance and budget process issues.

UNICEF COs are reluctant to engage in detail with public finance issues. Contributing factors could be high levels of informality in delivery of early stimulation and responsive care programmes (i.e., the workforce is not formally recognised and/or largely volunteer and therefore not on the government payroll) and that many of the programmes are community or privately funded. Therefore, in some contexts, programmes can function without any financial support from government and there may be no obvious incentive for UNICEF programme managers to spend time trying to build relationships with the Ministry of Finance that could be better spent providing technical programme inputs.

The following section discusses findings from the survey and discussions with the case study countries.

4.1 Dealing with public finance issues

COs (Q44 and Q63) listed too little funding as the top reason for not being able to start or sustain programmes. One would therefore expect countries to engage with these issues closely. Questions related

to public finance issues, budgeting and costing aimed to establish the extent to which UNICEF COs engage with and contribute to discussions around these issues.

The types of issues that need to be engaged with vary depending on the nature of the intervention, the structure of public finances and intergovernmental arrangements (which levels of government have what roles and responsibilities).

Parenting programmes, such as the Better Parenting Programme in Jordan, are stand-alone programmes for which the funding can be identified. The funding allocated to the programme for salaries of trainers, the printing of materials can be clearly identified in budget lines that are dedicated to the programme. It is possible to 'see' the budget lines for the programme and advocacy efforts focus on getting money allocated to these budget lines.

When an early stimulation and responsive care intervention involves embedding parental engagement into an existing programme, such as introducing parental engagement into the curriculum of pre-schools or the curriculum of home visiting nurses, advocating for funding for early stimulation and responsive care is different. The costs of the early stimulation and responsive care activities are embedded into existing programmes. When a nurse visits a home, she is carrying out a health service in a parenting friendly manner. It is likely that one can see what resources are allocated to these activities, especially salary costs, but trying to estimate the proportion of the salary used for parental engagement is an abstract idea. What part of her salary is spent engaging with the parent? That 'portion' of her salary is part of the salary costs of the programme. There is no way to tell from the budget for salaries whether the nurses will engage with parents or not. One assumes, because parenting engagement is included in the pre-service curriculum, that nurses will engage with parents. Advocating for funding focuses on ensuring that the larger programme (e.g., home visiting nurses) and that the training of nurses are adequately funded.

Question 80 of the survey asks which of the *following have been commissioned by UNICEF regarding programmes that promote early stimulation and responsive care* (see Table 40)?

Figure 98: Public financing activities reported by COs

<i>n</i> =54	Explicit focus	Early stimulation and responsive care is a component	Not done
Public expenditure reviews	13%	28%	44%
Budget briefs or budget analyses	15%	39%	35%
Review funding mechanisms	13%	24%	46%
Reviews of budgeting processes	9%	22%	54%
Stakeholder mapping and analyses	31%	22%	28%
Frontline workforce assessments	11%	19%	50%
Cost of Inaction / Cost benefits	6%	11%	56%

Source: Survey Responses

Public expenditure reviews and budget briefs are usually sector wide, or on services for children and therefore broader in scope than early stimulation and responsive care interventions. So, the low level of responses under 'explicit focus' is understandable, yet at most 39% of the countries have analysed expenditures related to early stimulation and responsive care programmes.

To be able to effectively lobby for funding and make specific recommendations about how early stimulation and responsive care programmes should be funded it is necessary to understand the funding mechanisms and budgeting processes related to the services so that one can recommend how the funding should flow, what budgets it needs to go to and when it must be allocated. At most, 24% of the COs have developed, or attempted to develop, the sort of in-depth understanding of the budgeting mechanisms in the country required to lobby effectively for funding.

Few countries have conducted cost of inaction and/or cost benefit analyses. These analyses estimate the economic value of these programmes and can be used to make an investment case for programmes. These studies are technical and can be difficult to interpret, especially with programmes like early stimulation and responsive care that have multiple benefits and are not exclusively responsible for the developmental outcomes they contribute to. Responses to other questions suggest there is generally a low level of engagement on technical financial management issues:

- Less than 30% of COs helped government officials to prepare budget bids or memos about funding of early stimulation and responsive care programmes (Q83)
- Less than 15% of COs have hosted workshops on funding issues (Q83)
- Less than 12% of COs have assessed or made recommendations on the modalities for including private funding of early stimulation and responsive care programmes (Q84)
- 24% of COs have assessed funding channels (Q91) for early stimulation and responsive care programmes.
- Less than 25% of COs feel that strong relationships with the Ministry of Finance are relevant to taking programmes to scale (Q87).
- Less than 20% of COs have helped the line ministry get funding for posts⁷²
- 3 COs assessed procurement regulations to ensure UNICEF-supported programmes are aligned with these requirements (Q91).

4.2 Costing of early stimulation and responsive care programmes

COs were asked separate questions about costing of their own programmes and the costing of government programmes. One would expect a CO to cost the programmes they pilot so that they understand the resources needed to implement the programme and demonstrate the fiscal feasibility of the programme. The costing of government programmes can show whether a programme is adequately funded and whether it is affordable.

The results from the survey show that early stimulation and responsive care programmes have not been costed widely and that few of COs have developed costings that have informed budgeting or planning.

Only 37% (20, Q92) of the COs have costed their own pilot programmes. The more detailed the costing the more useful it will be for estimating resources required for scaling. To be of value for planning and

⁷² 8 countries have done this, but 12 indicated it's not relevant because the post already exists.

budgeting, it is recommended that costings should include estimates of 4 or more of the 8 dimensions of the programme identified in the survey.⁷³ 12 of the 20 countries that costed their own programmes met this standard. This is 60%, but it means that only 12 of the 54 COs that responded to the survey have costed early stimulation and responsive care programmes in sufficient detail to inform the scaling up of the programme.

52% (28) indicated they have costed government programmes of which 15 indicated there was follow through with and/or use by the line Ministry that could potentially impact on resource allocations for these programmes. Note that only 5 out of these 28 COs indicated they had engaged with the Ministry of Finance on the costing, which is concerning since officials from the Ministry of Finance play a crucial role in budget decisions. They should be the subject of deliberate advocacy efforts to sensitise them regarding the benefits of early stimulation and responsive care programmes, and the resource requirements to scale these programmes.

In total 30 (56%) of the COs have carried out at least one type of costing. There are two valid reasons for not costing government programmes in the written responses: the UNICEF programme involves training an existing workforce, for which there is already a budget and therefore a costing was not seen as necessary, and secondly other agencies, such as development banks have carried out costings.

The following experience in the case study countries are worth noting:

- Serbia carried out a costing of the kindergarten programme on an unrelated programme, which was used by the CO to estimate resources for a World Bank loan. That loan was awarded and is funding the scaled implementation of their programme of training teachers and preschool institutions.
- Jordan estimated the unit costs for the parenting programme to help line Ministries prepare budgets for the programme.
- Rwanda prepared a detailed costing of the ECD policy, which includes an implementation plan, but it was done before the existing UNICEF started working there and they did not indicate whether it has been used.

4.3 Public finance experiences from case study countries

Additional insights from the case study countries are as follows:

- UNICEF Jordan has a long standing and close working relationship with government. They have seconded an official to government to provide technical support. This has led to the office understanding the budget process and funding mechanisms and also means they have a presence during budget discussions. UNICEF helps ministries prepare work plans and advises on resource requirements. They have prepared costings of some programmes which are used to inform budget allocations.
- UNICEF Rwanda advised and supported the government to establish a coordination structure in the key line Ministry. This advice included establishing a separate budget for the structure, which

⁷³ These 8 dimensions are as follows: Does the costing estimate costs per (1) Beneficiary (2) Site (3) Administrative unit? Does the costing show (4) Salary costs, (5) set up costs, (6) overhead and fixed costs? Can it be used to show change in (7) costs as a result of increased output and does it include a (8) phased implementation plan.

has contributed significantly to resources being available in the Ministry for policy development activities. They have also started working with local governments to build their capacity to plan and budget for ECD.

- UNICEF Thailand, through their demonstration project, built the capacity of pilot local authorities to plan and budget for the programme so that this could be replicated in other local authorities that implemented the programme.
- The Social Policy Unit in UNICEF Thailand has forged relationships with the Ministry of Finance and the Parliament Budget Office to build capacity to improve reporting on public finance for children. These activities should lead to improved understanding of what is spent on children, which will hopefully lead to increased allocations for children, including early stimulation and responsive care programmes.
- UNICEF Serbia prepared a costing of a kindergarten programme which was later used to prepare a request for a loan from the World Bank. The rolling out of the training of the new preschool curricula, which includes a parental engagement element, is being funded through the loan.
- UNICEF Paraguay developed a method for tracking expenditures on children that can be used in the country, which is being used by the General Budget Office of the Ministry of Finance.

5. UNICEF's approach to and intent of taking programmes to scale

Through the survey and the case studies we aimed to evaluate the contributions COs have made to policies and systems that enable the scaling of programmes and the extent to which UNICEF has designed their programmes with scaling in mind.

We have shown that most UNICEF COs make valuable contributions to policy development and writing ECD actions plans, but fewer are involved in strengthening the systems required to support implementation. In this section we look at factors influencing the purpose and design of pilots and UNICEF COs' perspectives of what is needed to scale programmes.

It is closed off with a summary of 'good scaling practices' and recommendations regarding changes required in UNICEF to more effectively support system strengthening.

5.1 The case made by piloting programmes

In response to questions about why COs piloted early stimulation and responsive care programmes, 44 out of the 54 countries (Q88) indicated they wanted to make the case to introduce new policies related to early stimulation and responsive care and/or to make the case to introduce an early stimulation and responsive care programme. Even though more COs (34) indicated the purpose of the pilot was to motivate for a new programme, than for policy change (29), a large proportion of the countries indicated that pilots are used to shift policy thinking.

Only 3 countries that piloted programmes to make the case to introduce new policies indicated their country did not have policies that supported early stimulation and responsive care. Pilots or demonstration programmes are more likely to be taken to scale if they are aligned with existing government policy, however

there is merit to piloting programmes that aim to shift policy thinking even if there is a reduced likelihood of the programme being taken to scale.

5.2 Designing programmes to be replicated with fidelity

The survey explored the extent to which country codified their pilots during design and piloting phases. It is expected that the level of intent to scale programmes would be reflected by the extent to which elements of the programme are codified during the early stages of the project. Respondents were asked (Q100) to indicate aspects of the programme that were codified before or after the programme started, or not at all. The questions can be split into two dimensions:

- *Workforce and programme management*: competencies, management arrangements, monitoring and evaluation systems, staffing arrangements.
- *Programme specifics*: target beneficiaries, materials used, standard operating procedures, physical standards of facilities.

44 countries responded to the question.

- With regards to the workforce and management aspects of the programme: 28 COs (71%) codified 5 or more of the 7 components. Out of the countries that codified less than 4 or fewer components, the competencies of the workforce, trainer to mentor ratios and a monitoring and evaluation system were the components codified the least.
- With regards to programme specifics, 27 COs, codified 6 or more of the 8 components. Of the countries that codified 4 or fewer components, the lowest level of codification was of physical space, facility standards and equipment.

The components of the programme that were codified by 35 (82%) or more countries were: the head office staff required, the responsibilities of major role players, a monitoring and evaluation framework, the target beneficiaries, lists of inputs, and lists of materials.

The components that are least codified are the physical spaces and facility standards, which most likely reflects the fact that many of the UNICEF interventions focused on building capacity in existing delivery systems as opposed to piloting a new system.

These results largely mirror the assessment of programme materials provided by the case study offices, namely: the packages have been codified in some detail and most, if not all, the knowledge required to duplicate the programme elsewhere is embedded in the materials.

5.3 Enablers of scaling identified by COs

In response to what they felt was important for scaling (Q87) most COs (>80%) indicated the following:

- strong technical expertise in early stimulation and responsive care;
- strong relationships with the line Ministry and regular communication with them; and
- strong relationships with the community stakeholders.

These factors all sit within a policy comfort zone, close to early stimulation and responsive care policy development. Over 70% indicated that systems strengthening is important, but CO contributions in this regard are limited. This response is also at odds with the fact that less than half the COs indicated that

technical expertise on public administration, decentralisation and public finance were important; even though all of them are important for supporting system strengthening in government.

5.4 Intergovernmental arrangements

To scale any government programme, it must be aligned with how responsibilities in government are decentralised. Also known as intergovernmental arrangements. Therefore, if there is intention to scale the programme, these arrangements should be factored into the design of the programme. However, a minority of COs demonstrated they had done this.

Just under 90% of COs developed knowledge of the intergovernmental arrangements through reviews (13) or an extended presence in the country (35) before designing the programme. 19% (10) indicated that intergovernmental arrangements would be defined after it was shown that the pilot was successful and 9% (5) said that the arrangements were not considered relevant because the programme was implemented on a pilot scale.

Only 41% indicated that intergovernmental arrangements had influenced the design of the programme. So, despite widespread knowledge of intergovernmental arrangements, less than half the COs indicated this affected the design of programmes.

5.5 Communication for Development as enabler of scaling

COs with Communication for Development (C4D) campaigns see them as an important scaling mechanism. These campaigns have the potential to reach the entire population and therefore, hypothetically, change parenting practices across the country.

UNICEF Thailand and Paraguay developed websites where the public can access material. Whether this material is accessed at scale depends on the effectiveness of communication campaigns, access to and use of social media and whether parent facing public officials refer parents to the websites and materials. The Thailand CO has agreed with the Ministry of Health to include references and links (e.g., QR codes) to UNICEF's website in materials that government distributes through clinics, including the health card that is given to every parent. It is not clear that these COs have a plan in place to workshop the materials with all parent facing officials.

Within the C4D programme, Rwanda CO has helped the National Children's Commission to design, develop and implement 'Let us Raise Children in Families'. There are about 30 000 Izus in the country (community member elected as a "friend of the family") and UNICEF intends to use the Izu network to promote child protection issues, early stimulation and ECD programmes.

5.6 Engaging with the private sector

UNICEF Rwanda developed a "Private Sector Engagement Strategy" aimed at establishing linkages between local businesses, nutrition projects and ECD centres. Business, especially in the tea sector were sensitised on the Children's Rights and Business Principles and the importance of ECD and establishing child-friendly workspaces. This is a low-cost way to expand access to programmes, especially in countries with industries that employ large low and semi-skilled workforces. Surprisingly, this was not a strategy

identified elsewhere. Countries with large low and semi-skilled workforces should develop these engagement strategies as it is a cost-effective way to reach large numbers of parents.

The private sector must be viewed as one of the implementing partners of parenting programmes.

5.7 Examples of ‘good scaling practices’

Despite limited examples of UNICEF-supported programmes having been taken to scale, some good practices were observed.

Scaling requires:

- *An implementation plan that is comprehensive and scheduled over a number of few years* – the roll out of the Years of Ascent curriculum in [Serbia](#) is good example of this.
- *Understanding policy implementation at the decentralised level* – UNICEF [Thailand](#) have demonstrated how to implement a programme within existing local government structures at a decentralised level.
- *Understanding how to embed the programme into existing government programmes and budgets* – the experience in [Jordan](#) shows that this requires working very closely with government for a long time.
- *Advising and structuring funding arrangements.* UNICEF [Thailand](#) did this very effectively at a decentralised level within a limit geographic scope. UNICEF [Jordan](#) has worked in partnership with Ministries to achieve this.
- *Codifying materials (most COs did this) and codifying how the implementation of the programme should be monitored* - most COs did the former, but it is less clear whether the latter happened widely.
- *Formalising the competencies and expectations of a workforce* – UNICEF [Serbia](#) achieved this through changes to curricula and the “Rule Books”.
- *Achieving impact and roll out at scale requires support over the long term.* UNICEF [Serbia](#) and [Jordan](#) have maintained a programme over a long-time horizon, UNICEF [Rwanda](#) is implementing systems that will outlive individual officials.

6. Lessons and Recommendations

6.1 Lessons shared

Notable lessons shared are:

- In the words of one respondent, “Children live in communities, not sections of UNICEF frameworks”. UNICEF offices need to develop structures that support the balance between stand-alone ECD focused programming and integrated multi-sectoral ECD programming. Both are necessary. It is critical that there are ECD focal persons in each of the ‘other’ sectors (e.g.,

education, WASH, health, nutrition etc.) and that cross-sectoral committees exist, or cross sectoral meetings focused on ECD are held

- Once national level strategies and policies are in place, the focus of UNICEF's work needs to shift to system strengthening and scaling of programmes. To paraphrase one of the respondents, "UNICEF does not only work for the capital, but we also work for the children, especially the most vulnerable in hard-to-reach areas". This requires an active effort to ensure programmes are scaled-up and implemented with fidelity across all regions.
- ECD requires a multi-donor, multi-sector approach that focuses on 0-8 years. Donors are more likely to support programmes that are holistic than narrowly focused. They want to know how the programme will impact across multiple indicators and sectors and that there is buy-in from all the relevant sectors in government.
- UNICEF COs must employ and developed the right technical and analytical skills to ensure they are able to make the desired impacts. It is one thing to have evidence or data, but it is different thing to build the government systems required to deliver programmes at scale and with fidelity. UNICEF COs need staff that can move beyond policy, to supporting the development and strengthening of government service delivery systems.
- Funding and approval processes in UNICEF are slow and cumbersome and do not enable flexibility or rapidly responding to opportunities that arise.
- The institutionalisation of systems that outlive people are needed both in UNICEF and many countries that UNICEF operates in. UNICEF COs must learn how to build long lasting systems in UNICEF and learn how to help governments implement systems that outlast political cycles and governments.
- Collaboration with business groups is an opportunity to leverage the private sector to increase the reach of programmes for young children, especially parenting programmes.

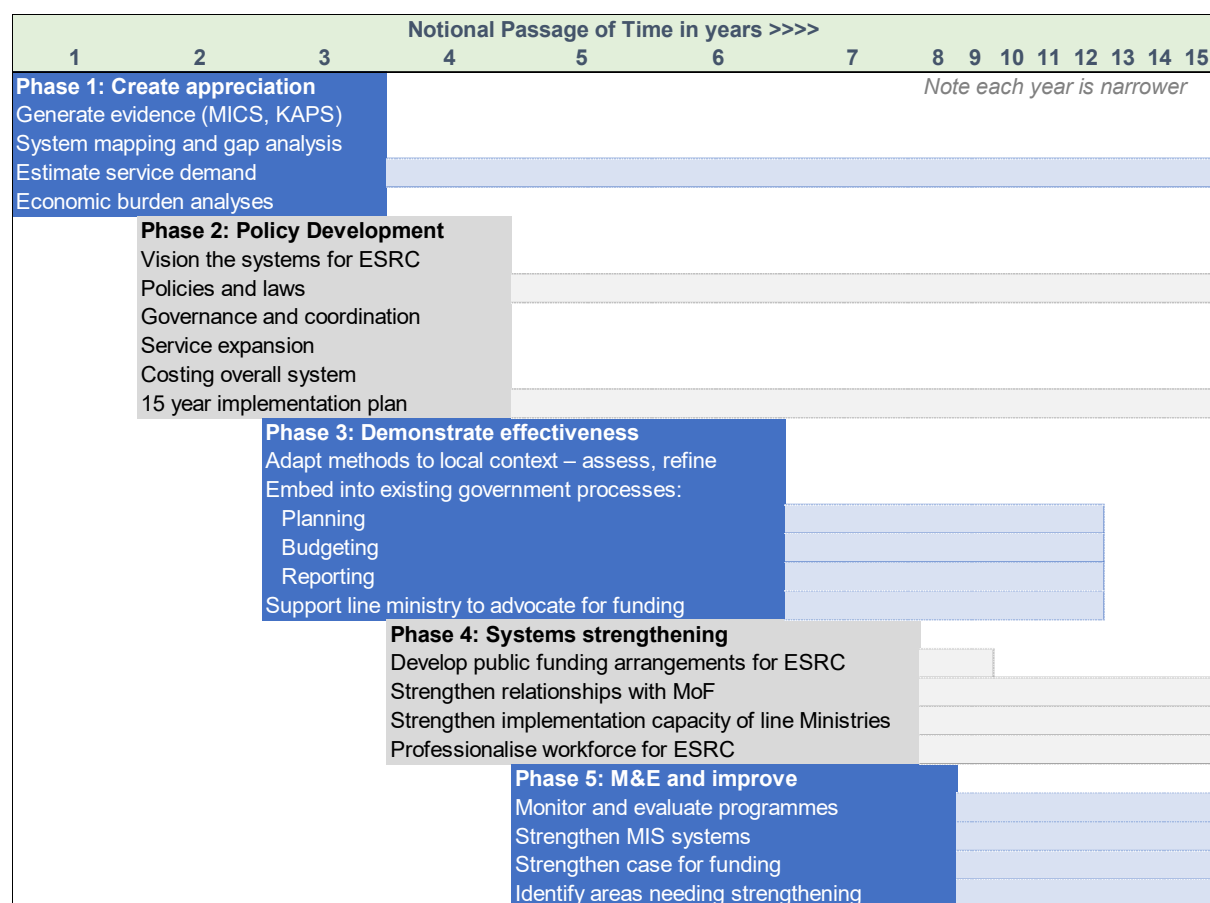
6.2 Recommendations

The lessons learnt above include some important recommendations: build government systems that deliver the desired services; build capacity to deliver both stand-alone ECD programmes and also support multi-sectoral engagements; recruit and retain staff with technical knowledge and experience on system strengthening and scaling-up programmes; create arrangements that enable greater flexibility and responsiveness for some activities.

6.2.1 UNICEF needs to develop the internal arrangements to support implementation of programmes at scale

There are a few phases involved in taking a policy from an idea, to a pilot and into a programme that is implemented and sustained at scale by government. Five phases, with indicative timelines, are proposed below:

Figure 99: Phases for taking programmes to scale



In order to achieve implementation at scale, some phases involve intensive activity for a limited period, shown by the darker shading, whereas others involve a lot of activity at the start followed by ongoing technical support and guidance for many years. The picture is presented over a notional 15-year time horizon, which itself is a recommendation:

COs should develop long-term visions of how they will support scaled implementation. Expanding new programmes in government takes time. It usually takes longer than 10 years for a new programme to be implemented countrywide. COs should identify the capacity in UNICEF that is needed to support the scaling of programmes over a 10 to 15-year time horizon.

UNICEF has strengths in the first three steps, which are creating evidence, developing policies, and using pilots to demonstrate the effectiveness of policy interventions. However, most COs do not follow up as suggested above and few engage with the next two phases of systems strengthening and implementing monitoring systems. Once political buy in has been achieved and the policies exist, UNICEF needs to adapt to engaging with the mechanics and financial arrangements involved in scaling implementation to stay relevant.

The skills required to provide value in the first three phases are very different to those required for the last two phases. The first three phases require ‘policy minds’ and can be achieved by applying toolkits, the last two phases require a different set of skills and the same people to be in place for a long time. It requires understanding how policy objectives fit into government systems, processes, service delivery

arrangements, funding, and reporting arrangements. It also requires understanding when and how much change government bureaucracies can usefully absorb each year. UNICEF needs to develop these skills and/or recruit people with these skills and the mind-set that driving through policy changes is a long-term process.

UNICEF COs need to develop a better understanding of the public finance management arrangements in their countries and develop the internal capacity to engage with these issues. It is not enough to say this is not their niche and that development banks have more technical capacity in this area. UNICEF should rely on development bank expertise for certain analyses, but UNICEF must have the internal capacity to assess whether UNICEF's policy positions are being funded adequately and appropriately. The existing UNICEF Public Finance for Children (PF4C) guidelines offer substantive guidance in this regard. All UNICEF COs should have a public finance specialist (only a few COs will need more than one individual) who are able to provide cross sectoral support to help navigate the budget processes, structure funding modalities that align with existing government funding arrangements, support carrying through costing exercises, help ministries prepare budget bids and so on.

Greater emphasis needs to be placed on the importance of monitoring processes during implementation that ensures activities are being carried out with fidelity. Monitoring and evaluation currently tends to emphasise measuring outputs and impacts. This is important, but not sufficient for managing implementation at scale. To manage implementation at scale, M&E needs to focus on measuring and monitoring the allocation of resources (financial, human, capital and other inputs); process variables related to the implementation of the programme to ensure it is being implemented with fidelity; training inputs and programme output. Measuring the impact of programmes on an ongoing basis is not practical.

6.2.2 Design pilots with scaled implementation in mind

Two of the case study COs suggested that the purpose of the pilots was to show how the existing system can support and fund the intervention and that investing in the intervention creates results. These pilots created evidence of interventions that can work, but there is a risk that they will not be scaled up or sustained. If UNICEF wants to develop and pilot programmes with the intention of taking them to scale, then the pilots need to be designed with scaled implementation in mind. The table below describes characteristics of projects, or pilots, that are on the opposite end of the 'likely to be taken to scale' spectrum.

Figure 100: Characteristics of Interventions Likely to be Taken to Scale

	Isolated and disconnected pilot	Integrated and embedded pilot
Funding	Provided by donors; limited funding horizon	Flows through government budgets; Ongoing commitment to fund the programme.
Management	Managed and overseen by donors and UNICEF; focused on achieving an impact	Managed by government with technical support by donors/UNICEF. Focused on implementing programme with fidelity
Frontline workforce	Trained specifically for the pilot. On time limited contracts, paid by donors	Recognised qualification; followed by ongoing on-the-job training Employed and paid by government; preferably in recognised posts with official job descriptions
Facilities used	Private or community owned	Public facilities or community owned

	Paid for by UNICEF / donors	
Monitoring and evaluation	Developed for the purposes of measuring impact of intervention; focused on demonstrating the effectiveness of the programme	Embedded in government monitoring processes. Enables oversight of fidelity of implementation, accountability for resources, number of beneficiaries and outputs.

UNICEF COs should design pilots so that they match the descriptions of the “integrated and embedded pilots”, on the right, as the chances of scaled and sustained implementation are much higher than pilots that fit the “isolated and disconnected” descriptions. In countries that are not receptive to UNICEF pilots, COs will be forced into implementing pilots that are “isolated and disconnected”. Their challenge is to change the structure of the pilot to shift it from the left to the right-hand column. The order in which the changes should be made depend on the context.

To increase the likelihood that UNICEF offices design pilots for scaled implementation, the following should, in addition to existing requirements, become standard components of pilot programmes supported by UNICEF COs in the ECD sector.

A long-term vision of how UNICEF will support scaled implementation. As discussed, this should cover 15 years.

A skilled workforce is a critical input in all government programmes. The following should be included as part of a human resource development plan that has an implementation schedule of at least 5 years:

- Descriptions of how a workforce will be developed (if it is a new one) or how the existing workforce will be trained on new protocols.
- The training institutions in the country UNICEF will partner with to develop or revise curricula and roll out training.
- How UNICEF will support government to formalise the new responsibilities and/or new categories of frontline workers.
- The sources of funding available for training the workforce that are on budget; alternative sources of funding that can be accessed, including a description of how UNICEF will help mobilise those funds.

Programmes cannot be taken to scale without funding. The plan must indicate:

- how UNICEF will estimate the resources required to scale up the implementation of the programme (this may require commissioning a costing or using existing cost estimates); and
- how government does, or will, allocate budgets for the human resources, materials used in programmes, facilities used for services and training of the frontline workforce required to implement the programme at scale.

If funding arrangements do not exist at the start of the pilot, the proposal should include a description of how UNICEF will advocate for new funding and the intergovernmental fiscal arrangements to ensure the flow of funding can be managed in support of expanding the programme.

Annex I: Case Study Analysis – Programme Quality and Impact

1. Background

The United Nations' Sustainable Development Goal 4 on Quality Education is that all children have access to 1 year of pre-primary education (Indicator 4.2.1).⁷⁴ The number of parents and children enrolled in UNICEF-supported early learning programmes has grown in recent years,⁷⁵ but questions remain regarding whether UNICEF-supported ECD programmes are well designed, delivered with fidelity, and lead to increases in caregiver and parent knowledge about ECD and increases in young children's developmental status.⁷⁶

This Annex reports in more detail the findings of the evaluation of Theme 3 of the Global Evaluation of ECD, which asked, *What evidence is there that UNICEF direct support for early stimulation and responsive care programmes are making a difference on a significant scale for vulnerable children, parents, and frontline workers?*

Six sub-questions addressed (1) Programme Delivery, (2) Design, (3) Scaling (see Annex H), (4) Quality of Implementation, (5) Impact, and (6) Lessons Learned (see the evaluation matrix, Annex A, Table 5). *Impact* refers to the extent to which the selected UNICEF-supported programmes have generated (or are expected to generate) significant or transformative effects on caregiver capacities, parenting practices, and children's developmental status. Our emphasis on impact highlights the importance, moving forward, of collecting high quality fidelity and outcome data, which is essential for demonstrating the efficacy of the programmes UNICEF supports, as well as for the evidence-based refinement of the programmes.

2. Evaluation Approach

Following an extensive document review, we administered an institutional survey to 54 UNICEF COs that included questions about existing parenting and early learning programmes. Six COs were identified as case study COs (Thailand [EAP], Jordan [MENA], Paraguay [LAC], Serbia [ECA], Rwanda [ESA], and Mali [WCA]), and these COs were asked to share specific documents related to the ECD (early stimulation and responsive care programmes) programmes they have supported, which allowed for review of programme materials, materials for training frontline workers, and the results of pilot studies or other evaluations of programme implementation and outcomes. One-hour Key Informant Interview (KII) were then conducted with 5 of the case study COs (Rwanda was unavailable). Interview questions were circulated to CO officials in advance (except for Mali), and follow-up discussion continued by email.

3. Summary of Theme 3 Findings

Generally, the parenting programmes and the early learning programmes are standalone programmes with distinctive and dedicated activities, workforce, curricula, physical spaces, materials, monitoring systems, and so on. UNICEF support for these standalone programmes ranges from designing and piloting the entire programme (e.g., ECD pilots in Rwanda, the Better Parenting Programme in Jordan) to making changes to include parental engagement in the delivery of an existing programme (e.g., Serbia and Thailand). UNICEF

⁷⁴ United Nations (2015). *Transforming our world: The 2030 agenda for sustainable development*. New York: Author.

⁷⁵ Wridt P, Froebel C (2019). *Portfolio Review of UNICEF's Early Stimulation and Care Work, 2014-2019*. New York: UNICEF.

⁷⁶ Britto PR, Yoshikawa H, & Boller K (2011). Quality of early childhood development programs in global contexts: Rationale for investment, conceptual framework, and implications for equity. *Social Policy Report*, 25(2), 1-31.

also supports changing or adding to protocols in health for front-line workers to support parents as part of their routine processes. For example, Serbia CO has sought to improve paediatric services by teaching paediatricians to provide ECD support to parents, including developmental screening and monitoring, and referral to early interventions.

The key findings of the evaluation are:

(1) Delivery: Overall, across all regions, UNICEF has clearly supported governments in delivering ECD programmes, including parenting and early learning programmes that focus on responsive parenting and early stimulation. In ECAR, key strategies were improving access to preschool education and home visiting. In ESAR, there was evidence of early learning programmes, parenting programmes and humanitarian programmes. In LACR, the focus has been on parenting programmes, early learning programmes and community programmes. In MENAR, there was more evidence on early learning and parenting programmes, and limited evidence on humanitarian programmes, with the exception of Jordan, which supports refugee children through the *Makani (My Space)* programme. In WCAR, the focus has been on early learning and multisectoral packages that address children's holistic development, as well as community-based and humanitarian programmes.

The majority of UNICEF-supported parenting programmes (59% are designed to support parents of all children in the country, but many COs also reported there is also a strong focus on children with disabilities (48%), children living in poverty (57%), children in remote/hard to reach rural areas (61%), children in poor urban areas (48%), and children from marginalised cultural or ethnic groups (41%). A similar pattern of results was seen for UNICEF-supported early learning programmes.

COs reported that UNICEF-supported parenting programmes typically work with parents of infants, toddlers, and preschool age children. Programmes supporting children's school readiness are generally focused on preschool age children and kindergarten age children. For public education, community-based, and humanitarian settings, the focus of the early learning programmes is on preschool and kindergarten age children.

(2) Design: The design of UNICEF-supported programmes generally corresponds to the latest scientific consensus regarding parenting (responsive care) and stimulation to promote healthy brain development. A large majority of COs (90% or more) indicated that their parenting programmes UNICEF's addressed the following topics: (1) the developing brain, (2) the role of play in child development, (3) parental warmth, and (4) parental responsiveness. In contrast, fewer COs (62-72%) indicated that the parenting programmes their office supported addressed the importance of autonomy-supportive parenting, which has been found to associated with healthy child development.^{77 78} Autonomy support refers to a set of parenting (or teaching) behaviours that help children develop a sense of agency: (1) providing children with the appropriate amount of help for their skill level (i.e., scaffolding, providing "just enough" support); (2) encouraging and appropriately praising children; (3) taking children's perspectives; and (4) providing

⁷⁷ Meuwissen AS, Carlson SM (2018). An experimental study of the effects of autonomy support on preschoolers' self-regulation. *J. Appl. Dev. Psychol.* 60:11–23

⁷⁸ Bernier A, Carlson SM, Deschênes M, Matte-Gagné C (2012). Social factors in the development of early executive functioning: a closer look at the caregiving environment. *Dev. Sci.* 15(1):12–24

children with choices and following their lead.^{79 80} In the future, UNICEF should place emphasis on practices related to autonomy-supportive parenting and teaching.

(3) Scaling: see Annex H.

(4) Quality of Implementation: Fidelity is the extent to which frontline workers adhere to the protocol for programme delivery. There are no available data concerning fidelity of programme implementation. High quality fidelity data are essential for supporting frontline workers to deliver programmes as planned and using outcome evidence to refine and improve programmes.⁸¹

(5) Impact: There are virtually no outcome data concerning frontline workers' knowledge about ECD and their actual practices. The limited data that do exist (e.g., from Thailand) indicate that frontline workers participating in ECD programmes show increased knowledge about ECD. Data concerning outcomes for parents and children are also limited. Moreover, all available data are based on parent's reports of their own practices or children's behaviour, and generally do not include comparisons with parents and children who do not participate in the programmes. For example, in Jordan, War Child Holland collected data from parents receiving interventions in refugee camps and found that parents reported increased knowledge about ECD and an acceleration of their children's development. This evidence is promising and is consistent with the *possibility* that the interventions are effective, but in the absence of a comparison group, these findings could be attributed to placebo effects and/or demand characteristics and not the intervention itself. A good example of a well-designed study is the World Bank-supported Quality for Preschool Impact Evaluation 2017.⁸²

(6) Lessons Learned: The impact of UNICEF's efforts on the lives of frontline workers, parents, and children needs to be measured by (a) assessing frontline workers' knowledge of ECD and nurturing care, (b) assessing parents knowledge and self-reported attitudes, and directly observing parenting practices, and (c) assessing children's cognitive, social, and emotional development behaviourally (i.e., directly) using standardised, validated, and reliable measures of children's development and parent-child interactions.

Equally important, evaluations should be designed as ~~randomised-controlled trials~~ experimental or quasi-experimental evaluation designs, which are essential for establishing efficacy. Ideally, these designs would randomly assign families to participate either in target ECD programmes or in another form of intervention (e.g., a nutrition intervention that does not address stimulation and responsive parenting). A more convenient but much less powerful design is to compare families who *do* versus *do not* participate in ECD programmes, measuring outcome variables pre- and post-intervention.

Outcome data that are collected need to be integrated into a secure data management system that will allow for ongoing monitoring of individual children and comparisons across countries. Jordan CO uses a comprehensive monitoring and reporting system (Bayani) for its ECD programmes. Thailand's

⁷⁹ Grolnick WS, Gurland ST, Decourcey W, & Jacob K (2002). Antecedents and consequences of mothers' autonomy support: An experimental investigation. *Dev Psychol.*, 38, 143–155. <https://doi.org/10.1037/0012-1649.38.1.143>.

⁸⁰ DiStefano R, Galinsky E, McClelland MM, Zelazo PD, & Carlson SM (2018). Autonomy-supportive parenting and associations with child and parent executive function. *J of Applied Dev Psychol*, 58, 77-85. doi:10.1016/j.appdev.2018.04.007

⁸¹ McKenna J, Flower A, & Ciullo S (2014). Measuring fidelity to improve intervention effectiveness. *Intervention in School and Clinic*, 50, 15-21. doi:10.1177/1053451214532348

⁸² Wolf S, Aber JL, Behrman JR, & Tsinigo E (2019). Experimental impacts of the quality preschool for Ghana interventions on teacher professional well-being, classroom quality, and children's school readiness. *J of Res on Ed Effectiveness*, 12(1), 10-37.

Developmental Surveillance System for child development is a nation-wide system for developmental screening and monitoring that includes 116 items covering five developmental domains, including executive function skills, administered at 5 ages between 9 and 54 months.

4. Programme Delivery

The institutional survey asked COs about one (or two, if applicable) parenting programme(s) and about one early learning programme. The majority of UNICEF-supported parenting programmes are designed to support parents of all children in the country, but many COs also reported there is also a strong focus on children with disabilities, children living in poverty, children in remote/hard to reach rural areas, children in poor urban areas, and children from marginalised cultural or ethnic groups. Namibia CO and the Niger CO reported that UNICEF has not supported parenting programmes since 2014. COs that did support parenting programmes were asked which child groups are the focus of the primary parenting programme (Survey Question #17), and the numbers (and percentages) endorsing each option are shown in Table 40.

Figure 101: Numbers (and Percentages) of COs Reporting that Various Child Groups are a Focus of the Parenting Programme

Target Population	# (%) of COs
All children in the country	41 endorsed (59%)
Children with disabilities	33 endorsed (48%)
Migrant/immigrant children	20 endorsed (29%)
Children living in poverty	39 endorsed (57%)
Children in remote/hard to reach rural areas	42 endorsed (61%)
Children in poor urban areas	33 endorsed (48%)
Children in humanitarian settings	20 endorsed (29%)
Working children	5 endorsed (7%)
Children from marginalised cultural or ethnic groups	28 endorsed (41%)
Children living/residing in institutions	11 endorsed (16%)

Source: Survey Responses

A similar pattern of results was seen for UNICEF-supported early learning programmes. COs that supported early learning programmes were asked which child groups are the focus of the early learn programme (Survey Question #55), and the numbers (and percentages) endorsing each option are shown in Table 41.

Figure 102: Numbers (and Percentages) of COs Reporting that Various Child Groups are a Focus of the Early Learning Programme

Target Population	# (%) of COs
All children in the country	38 endorsed (73%)
Children with disabilities	27 endorsed (52%)
Migrant/immigrant children	18 endorsed (35%)
Children living in poverty	33 endorsed (63%)
Children in remote/hard to reach rural areas	36 endorsed (69%)
Children in poor urban areas	30 endorsed (58%)
Children in humanitarian settings	24 endorsed (46%)
Working children	4 endorsed (8%)

Children from marginalised cultural or ethnic groups	22 endorsed (42%)
Children living/residing in institutions	5 endorsed (10%)

Source: Survey Responses

COs that did support parenting programmes were also asked which child age groups the focus of programmes are targeting child development and school readiness, and the numbers (and percentages) of COs endorsing each option are shown in Table 43. Nearly all parenting programmes to support children's development address parents with infants and toddlers and preschool age children. Programmes supporting children's school readiness are generally focused on preschool age children and kindergarten age children.

Figure 103: Numbers (and Percentages) of COs Reporting that Various Child Age Groups are a Focus of the Parenting Programme (by Programme Focus)

Age Group	# (%) of COs
Child Development - Infants and toddlers (0-2)	60 COs endorsed (87%)
Child Development - Preschool age (3-5)	52 COs endorsed (75%)
Child Development - Kindergarten age (5-6)	32 COs endorsed (46%)
School Readiness - Infants and toddlers (0-2)	8 COs endorsed (12%)
School Readiness - Preschool age (3-5)	32 COs endorsed (46%)
School Readiness - Kindergarten age (5-6)	35 COs endorsed (51%)

Source: Survey Responses

Corresponding numbers (and percentages) of COs endorsing each child age group option for selected types of early learning programmes are shown in Table 43. For public education, community-based, and humanitarian settings, focus of the early learning programmes is on preschool and kindergarten age children.

Figure 104: Numbers (and Percentages) of COs Reporting that Various Child Age Groups are a Focus of the Early Learning Programme (by Type of Programme)

Age Group	# (%) of COs
Public education early learning opportunities - Infants and toddlers (0-2)	23 endorsed (44%)
Public education early learning opportunities - Preschool age (3-5)	43 endorsed (83%)
Public education early learning opportunities - Kindergarten age (5-6)	40 endorsed (77%)
Community-based early learning opportunities - Infants and toddlers (0-2)	18 endorsed (35%)
Community-based early learning opportunities - Preschool age (3-5)	33 endorsed (63%)
Community-based early learning opportunities - Kindergarten age (5-6)	25 endorsed (48%)
Home-based early learning opportunities - Infants and toddlers (0-2)	18 endorsed (35%)
Home-based early learning opportunities - Preschool age (3-5)	22 endorsed (42%)
Home-based early learning opportunities - Kindergarten age (5-6)	14 endorsed (27%)
Humanitarian early learning opportunities - Infants and toddlers (0-2)	15 endorsed (29%)
Humanitarian early learning opportunities - Preschool age (3-5)	25 endorsed (48%)
Humanitarian early learning opportunities - Kindergarten age (5-6)	23 endorsed (44%)

Source: Survey Responses

For the parenting programme(s), in Questions 19 and 38, respondents were provided with a list of 18 “best practices” (based on the scientific literature on parenting and ECD, and consistent with the Nurturing Care Framework⁸³), and asked, “Which of the following are included in the guidelines of this parenting programme? Please select all that apply.”

For the early learning programme, in Question 57, respondents were provided with a list of 11 “best practices” (based on the scientific literature on ECD), and asked, “Which of the following are included in the guidelines of this early learning programme? Please select all that apply.”

5. Programme Design

The design of UNICEF-supported programmes generally corresponds to the latest scientific consensus regarding parenting (responsive care) and stimulation to promote healthy brain development. For the parenting programme(s), respondents were provided with a list of 18 “best practices” (based on the scientific literature on parenting and ECD, and consistent with the Nurturing Care Framework), and asked, “Which of the following are included in the guidelines of this parenting programme? Please select all that apply.” COs from 52/54 countries responded to this question (Namibia and Niger reported that UNICEF has not supported parenting programmes since 2014), and 17 COs also reported on a second parenting programme (22 responded, “No,” and 15 did not provide a response), for a total of 69 parenting programmes. The number and percentage of programmes (out of 69) for which COs endorsed each best practice is shown in Table 44. The most highly endorsed practices (90% endorsement or more) are shown in bold, and the least endorsed (75% or less) are shown in red.

Figure 105: Number and Percentage of COs Indicating whether UNICEF-supported Parenting Programmes Include Particular Evidence-based Best Practices

Best Practices (Parenting Programmes)	# (and %) of UNICEF COs Endorsing
1. Encourage parents’ awareness of healthy brain development	62 (90%)
2. Encourage parents to engage in play-based interactions with children	67 (97%)
3. Encourage parents to provide children with challenges (e.g., tasks, activities) that are neither too easy nor too hard, but appropriate for the child’s developmental level	51 (74%)
4. Encourage parents to support children’s behaviour by giving them just enough help so they can succeed in doing things on their own	51 (74%)
5. Encourage the use of “serve and return” interactions with children (e.g., asking questions, listening, and being responsive)	57 (83%)
6. Encourage consistency of parenting practices, including discipline practices (e.g., following through on promises).	52 (75%)
7. Discourage parenting that is psychologically or emotionally coercive (e.g., parent uses guilt, shame, shouting, rejection as punishment)	58 (84%)

⁸³ 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*. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.

8. Discourage the use of corporal punishment (e.g., smacking, slapping, hitting, beating)	62 (90%)
9. Encourage the provision of age-appropriate play and learning materials in the home	62 (90%)
10. Encourage parents to provide children with praise, attention, and encouragement	61 (88%)
11. Encourage parents to show children warmth and love (e.g., telling them, “I love you”, hugging them)	64 (93%)
12. Encourage parents to provide children with age-appropriate problems to solve	44 (64%)
13. Encourage parents to support children’s developing autonomy and sense of agency (e.g., giving children choices, and respecting their opinions, while still remaining “in charge”)	48 (70%)
14. Encourage parent to support children’s health and physical development by providing children with adequate hygiene and nutrition	60 (87%)
15. Encourage parents to practice stimulation (serve-and-return interactions, learning activities, modelling)	56 (81%)
16. Encourage parents to provide support and responsiveness (trust, attachment, sense of security, encouragement, support for agency)	58 (84%)
17. Encourage parents to provide structure (routines, consistent discipline, supervision, protection from harm)	55 (80%)
18. Encourage parents to promote the socialization of children (conveying values, habits, and attitudes of society)	41 (59%)

Source: Survey Responses

All 18 of these best practices were endorsed by a majority of COs (59% or more), suggesting that the primary UNICEF-supported parenting programmes in most countries are of high quality and informed by UNICEF’s messaging around ECD, such as the Nurturing Care Framework and *The Lancet* series on Advancing Early Childhood Development: From Science to Scale (2017),⁸⁴ which emphasised the importance of stimulation, including play, for early brain development. Five of the practices were endorsed by a large majority (90% or more) of COs. **These highly endorsed practices reflect UNICEF’s efforts to raise awareness regarding (1) brain development (2) play-based interactions, (3) discouraging use of corporal punishment, (4) age-appropriate play and learning materials, and (5) parental warmth. UNICEF** messaging regarding these practices has been well reflected in the large majority of ECD programmes. In contrast, 5 practices were endorsed by 75% or fewer COs. These include: (1) providing children with developmentally appropriate challenges, (2) providing children with just enough help, (3) encouraging parenting consistency, (4) providing children with age-appropriate problems to solve, (4) support for autonomy and agency, and (5) promoting socialization. **These least endorsed items all reflect the importance of autonomy-supportive parenting**, which has been shown experimentally to promote healthy development.⁸⁵ Future messaging could usefully place a greater emphasis on practices related to autonomy-supportive parenting.

Parenting Programmes, Case Study Countries

⁸⁴ Britto PR, Lye SJ, Proulx K et al. (2017). Nurturing care: promoting early childhood development. *The Lancet*, 389(10064):91–102.

⁸⁵ Meuwissen AS, Carlson SM (2018). An experimental study of the effects of autonomy support on preschoolers’ self-regulation. *J Appl Dev Psychol* 60:11–23

The six case study COs reported that the parenting programmes they support were all of high quality, although there was variation in the number of best-practices included. In particular, COs in Thailand (ECD Demonstration Programme), Serbia (ECD Programme), and Rwanda (Early Childhood Development and Family Programme) endorsed all 18 best practices (100%). Serbia's ECD Programme also encourages the use of augmentative and assistive technology for supporting communication in children with disabilities. Jordan endorsed 16/18 practices (89%) for the Better Parenting Programme and indicated that it did not include encouragement of parents' awareness of healthy brain development or encouragement of parents' support for children's health and physical development. Jordan reported that the Parent and Child Programme included 17/18 practices (94%), omitting only a focus on brain development.

In contrast, parenting programmes in Paraguay (Educar sin Violencia) and Mali (no name provided) did not include a number of practices related to nurturing care and autonomy support. Paraguay's primary parenting programmes includes only 11/18 best practices (61%). Practices *not* included in this programme concern (1) brain development, (2) serve and return interactions, (3) age-appropriate play and learning materials, (4) support for autonomy and agency, (5) health and physical development, (6) stimulation, and (7) parental support and responsiveness. Mali's parenting programme includes 12/18 practices (67%) and does not include practices concerning (1) providing children with just enough help, (2) consistency of parenting practices, (3) coercive parenting, (4) providing children with praise, attention, and encouragement, (5) showing children warmth and love, and (6) providing children with age-appropriate problems to solve.

Early Learning Programmes

Kazakhstan reported that UNICEF has not supported early learning programmes since 2014, and Cuba did not provide a response. COs were also asked about best practices included in any early learning programmes they support. The number and percentage of COs (out of 52) endorsing each best practice are shown in Table 45. As with the parenting programmes, practices endorsed by 90% or more of the COs (shown in bold) were considered the most highly endorsed. Given the overall high levels of endorsement, practices endorsed by fewer than 80% (shown in red) were considered the least endorsed.

Table 45: Number and Percentage of COs Indicating whether UNICEF-supported Early Learning Programmes Include Particular Evidence-based Best Practices

Best Practices (Early Learning Programme)	# (and %) of UNICEF COs Endorsing
1. Aims to stimulate healthy brain development	48 (92%)
2. Provide opportunities for children to engage in play-based interactions with caregivers or other children	51 (98%)
3. Provide children with challenges (e.g., tasks, activities) that are neither too easy nor too hard, but appropriate for the child's developmental level	46 (88%)
4. Support children's behaviour by giving them just enough help so they can succeed in doing things on their own	40 (77%)
5. Use "serve and return" interactions with children (e.g., asking questions, listening, and being responsive)	38 (73%)
6 Discourage teaching that is psychologically or emotionally coercive (e.g., uses guilt, shame, shouting, rejection as punishment)	41 (79%)

7. Discourage the use of corporal punishment (e.g., smacking, slapping, hitting, beating)	45 (87%)
8. Provide children with age-appropriate play and learning materials	51 (98%)
9. Provide children with praise, attention, and encouragement	47 (90%)
10. Provide children with age-appropriate problems to solve	45 (87%)
11. Support children's developing autonomy and sense of agency (e.g., giving children choices, and respecting their opinions while still remaining "in charge")	41 (79%)

Source: Survey Responses

The most highly endorsed practices concerned (1) brain development, (2) play-based interactions, (3) age-appropriate play and learning materials, (4) age-appropriate play and learning materials, and (5) praise, attention, and encouragement. These are all key components of the Nurturing Care Framework.

In contrast, four practices were endorsed by fewer than 80% of COs. These practices concerned (1) providing children just enough help, (2) serve and return interactions, (3) discouraging teaching that is psychologically coercive, and (4) support for autonomy and agency. These practices again reflect the importance of **autonomy support** and indicate the need for UNICEF to place a greater emphasis on practices related to autonomy support not only in parenting programmes, but also in early learning programmes.

Early Learning Programmes, Case Study Countries

The six case study COs were asked to share any UNICEF-supported training materials for frontline workers who work in early learning programmes, and a review of these materials indicated that all programmes are of high quality, with the exception that they are generally not well designed to allow for ongoing monitoring of caregiver, parent, and child outcomes and programme evaluation. An exception is In Thailand, the CO developed a training manual for teachers as well as a curriculum for training ECD workers.

Serbia CO developed the Years of Ascent Curriculum for pre-schools, and modules for training home visiting nurses, which were added to the pre-service training curriculum. Jordan CO adapted and revised existing parenting materials for the Better Parenting Programme (BPP) and made changes to the kindergarten curriculum to include parental engagement. Paraguay CO developed training materials for the Upa! Programmes and their Care for Child Development (CCD) trainings, and Rwanda CO prepared a comprehensive training package and commissioned the drafting of a Parenting Curriculum (2019). Mali CO also developed training modules. The training materials from all 6 case study countries correspond closely to best practices and appear to be of good to high quality.

The six case study COs reported that the early learning programmes they support all included a majority of the 11 best practices identified, although again there was variation. Thailand (ECD Demonstration Programme), Serbia (Years of Ascent), and Rwanda (Early Childhood Development and Family Programme) endorsed all 11 best practices (100%).

Jordan CO endorsed 8/11 practices. Not included were practices around (1) providing children with challenges appropriate for the child's developmental level, (2) providing children just enough help, and (3) serve and return interactions. These practices are important for autonomy support. Mali CO also endorsed 8/11 practices. Not included were practices concerning (1) providing children with challenges appropriate for the child's developmental level, (2) providing children just enough help, and (3) age-appropriate

problems. These practices are important for autonomy support. Finally, Paraguay's early learning programme includes 7/11 practices, and does not include practices related to (1) coercive teaching, (2) corporal punishment, (3) age-appropriate problems, and (4) support for autonomy and agency.

6. Programme Scaling (see Annex H)

7. Programme Quality of Implementation

In the survey, COs were asked to report on whether UNICEF supported providers in assessing whether frontline workers who work in this parenting programmes are implementing day-to-day practices effectively (with fidelity), and according to programme guidelines (norms and standards).⁸⁶

For the parenting programmes, 9 out of 54 CO's did not respond, or indicated that the question was "Not Applicable," given the lack of a parenting programme. For example, Mali CO reported, "The parenting programme is just at a pilot stage, we have not able to observe frontline workers implement it in their day-to-day practice." An additional 5 COs (Honduras, Columbia, Chile, Paraguay, and India) reported that UNICEF has not supported assessing fidelity of implementation. For example, India CO reported, "No assessment of implementation of parenting programmes is being done. There are no clear norms and standards for parenting programmes." Most of the remaining 40 COs indicated simply that UNICEF provides supervision, or that the CO works with counterparts at national and local levels who are responsible for monitoring the implementation of the frontline workers. There is no evidence that fidelity per se was assessed for any of these programmes, even using self-report measures of fidelity. Fidelity of implementation should be assessed through systematic observation, using a well-designed fidelity checklist.

For the 52 COs with early learning programmes, no COs indicated that UNICEF has supported the assessed frontline workers. 23 COs reported that UNICEF has not assessed frontline workers, and 29 COs did not reply.

Programme Quality of Implementation, Case Study Countries

Among case study countries, Thailand CO reported that fidelity assessment is not part of the approach, but that teacher certification includes pre- and post-testing (after training) of teachers at 27 ECD centres. Jordan indicated that Better Parenting Programme training includes an M&E Protocol, and that programme monitoring was done through UNICEF's ECD staff and Makani ECD focal points. UNICEF Jordan uses a comprehensive monitoring and reporting system (Bayani) for the programmes, but it does not appear that fidelity per se was measured systematically. Serbia reported that assessment of preschool teachers is regulated at the national level and implemented at the level of preschool institutions by psychologists and teachers. Monitoring and evaluation of the programme is an integral part of the process of professional development of practitioners, organised as a learning-centred and improvement-focused evaluation. Moving forward, however, Serbia plans to "monitor the direct application of capacities developed for the implementation of the new Curriculum Framework (utilisation of capacities) through formative and summative monitoring and evaluation." Similarly, Paraguay reported that together with academic researchers and the MoE, UNICEF will start the development of norms and standards and use these to develop observation protocols in order to assess that service providers are indeed implementing effectively.

⁸⁶ Question 24: How has the UNICEF Country Office supported service providers in assessing whether frontline workers who work in this parenting programmes are implementing day-to-day practices effectively (with fidelity), and according to programme guidelines (norms and standards)?

The CO reported that at present, there is a “lack of fidelity data, we need a better system for monitoring, [and] we need to keep track. [We are] planning to train FLW and follow-up, but [it] hasn’t happened yet.”

In Rwanda, a monitoring and evaluation system has been developed, and is being rolled out as more funding becomes available. Minimum standards have been developed, but there is no evidence that fidelity of implementation is being assessed systematically, however. Mali CO reported that UNICEF supported “formative supervision by technical services” from ministries in charge of education, health, and social development of relevant ministries. There is no evidence that this supervision included systematic assessments of fidelity of implementation, however.

8. Programme Impact

Overall, there is limited evidence that any UNICEF-supported ECD programmes have an impact on parents and children. Parent’s knowledge, attitudes, and beliefs are rarely assessed systematically, and many measures of child outcomes are inadequate in their scope and developmental sensitivity. There is no reported use of reliable, validated, standardised, direct behavioural assessments to measure children’s developmental status, although several COs reported using high-quality parent-report measures of children’s development. Few COs use the same instruments, however, with the exception of MICS, which makes it difficult to compare outcomes across countries. Measures that rely on parent report have inherent limitations, including risk for bias.

UNICEF Support for Data Collection (Parents)

For parenting programmes (1 & 2), the institutional survey asked COs to specify how UNICEF supported data collection. COs were asked, “How has the UNICEF CO supported service providers in collecting data on parent outcomes for this programme?”

For UNICEF-supported parenting programmes, 8 out of the 54 COs provided no response, and 11 countries explicitly said no data had been collected. The Philippines CO reported, “No support yet.” India CO reported, “Currently, family and parent level data is not being collected for the parenting programmes.” These 19 COs represent 35% of the sample, a substantial minority. The remaining COs reported a range of support, from providing questionnaires to developing M&E systems. For example, China CO reported supporting the use of household surveys to understand the changes in parenting outcomes, including parenting self-efficacy, parenting stress, maternal depression, family support for early stimulation, and appropriate discipline. When relevant parent outcome data were measured, this was often through field visits and interviews of ECD professionals. For example, Eritrea CO reported that “UNICEF supports data collection through field visits or interviews, annual reviews, reports and meetings.” Kyrgyzstan CO reported, “Only through the review of the results of the monitoring, supervision, and phone calls to parents. Unfortunately, [there is] no routine system for the collection of this data.” Jordan CO reported, “The PCP was included in Makani in 2018, and programme monitoring was done through UNICEF’s ECD staff and Makani ECD focal points.”

Many of the COs who reported UNICEF support for collecting parent outcome data were focused on the numbers of parents and children reached by the workshops, rather than data that could show an impact of the programmes on parents’ knowledge, attitudes, and practices. For example, Argentina CO reported that “UNICEF supports local agencies in collecting data on specific indicators related to the numbers of parents and children reached by the workshops. Each local agency adapts the collection of the information...” Indonesia CO reported using the RapidPro platform to update the number of sessions conducted and the number of parents participating.

Tools for Assessment (Parents)

COs were also asked what tools were used for assessment. Sixteen COs did not respond or indicated, “Not applicable.” In countries that did collect data, a wide variety of locally adapted parent-rating scales of child development milestones were reported. There is little overlap in measures across countries, however, and it is difficult to compare data across countries.

Child Outcomes

In general, for UNICEF-supported programmes, data regarding child outcomes are not being collected in a systematic way and not using the best possible behavioural assessments of parent and child behaviour (including parent-child interactions). What is needed, especially for the ongoing refinement of programmes and for scaling, is for direct assessments of parent and child to be embedded in government monitoring processes, which would enable oversight of fidelity of implementation, accountability for resources, number of beneficiaries and outputs as well as providing valuable resources for basic and intervention science and allow for more. In Jordan, UNICEF uses a comprehensive monitoring and reporting system (Bayani) for the programmes. Thailand also has such a system in place; what is missing is data based on a randomised controlled trial and direct behavioural (i.e., more objective) measures. Such data could demonstrate efficacy and allow for evidence-based refinement and strengthening of the intervention and its delivery.

Although many evaluations were not designed to assess the efficacy of ECD programmes in terms of parenting KAP and child development, there are exceptions. UNICEF’s Global Evaluation Reports Oversight System (GEROS) involves the review of the quality of final evaluation reports that were conducted independent external companies. Few UNICEF-funded evaluations of ECD—with children younger than 72 months and using direct assessments—are rated as “Outstanding, Best Practice.” One exception is the 2014 evaluation of the Early Childhood Health Outreach Programme (ECHO) in Barbados. Although not a randomised controlled trial, it did include child development outcomes measured directly for both children who were part of the ECHO programme (treatment group) or not (non-treatment group), controlling for variables such as age, gender, and socio-economic status. A total of 17 ECHO child beneficiaries and 15 control children participated, and they were assessed using the *Jamaican Ages and Stages Questionnaire* for children up to 60 months of age, or the *Wide Range Achievement Test (WRAT)* for those 5 years and older. Results failed to find any significant differences between groups on any measures, perhaps because it was so underpowered statistically. Overall, there was no evidence that the ECHO programme led to improvements in either parent or child outcomes.

A better example, one of the BOURE 2020 Finalists, is the 2019 Evaluation of the UNICEF Mozambique Accelerated School Readiness Pilot Programme.⁸⁷ This evaluation used longitudinal, cluster randomised, controlled evaluation with repeated outcome measures for children and parents. Thirty schools were randomly assigned to the treatment group and to the control group. School readiness was measured directly at 3 time points using the *International Development and Early Learning Assessment (IDELA)*,⁸⁸ which was specifically developed for use in low-resource settings, and has undergone rigorous validation in 11

⁸⁷ Bonilla J, Spier E, Carson K, Ring H, Belyakova Y, Brodziak I, Adelman-Sil E (2019). *Evaluation of the UNICEF Mozambique Accelerated School Readiness Pilot Programme: Final Report*. Washington, DC: American Institutes for Research.

⁸⁸ Wolf S, Aber JL, Behrman, JR, Peele, M (2019). Longitudinal causal impacts of preschool teacher training on Ghanaian children’s school readiness: Evidence for persistence and fade-out. *Developmental Science* 22 (5), e12878

countries (Pisani et al. 2015).⁸⁹ To measure caregiver outcomes, they administered a questionnaire to measure frontline workers' attitudes, educational aspirations for their children, and parenting practices at the first two time points (baseline and midline). At Post-test, the authors found a highly significant impact of the programme on children's school readiness (except for the socio-emotional domain).

UNICEF Support for Data Collection (Children)

COs were asked, "How has the UNICEF CO supported service providers in collecting data on early learning outcomes for this programme?" Of the 54 COs, 17 (31%) indicated that UNICEF has not collected any data in this regard. Of the remaining 37 COs, 8 COs reported using the MICS, and the others mentioned a variety of questionnaires or monitoring systems, such as the Developmental Surveillance Systems in Thailand.

South Africa CO reported supporting "Action research on the P.L.A.Y. online courses." Kenya CO noted, "This is collected through KSRAT however, there is a challenge of uptake of this tool by government officials. Many frontline workers prefer interviewing children instead of assessing children development status." Chile CO reported that UNICEF's contribution to the measurement of child development has been solid, as reflected in the Encuesta Longitudinal de Primer Infancia (ELPI),⁹⁰ a national longitudinal survey that includes questions on parenting (e.g., using the MICS module of Discipline). Guatemala CO answered, "Baselines and instruments."

Tools for Assessment (Children)

ECD assessment tools are useful for population monitoring, programme evaluation, or exploratory research, and developmental screening tools help identify children who may be at risk for developmental difficulties.⁹¹ These measures should be standardised, reliable, validated, normed, sensitive to individual and developmental differences across a wide range of ability levels. Ideally, they should also be brief, easy to administer, and culturally appropriate.

When asked what tools or instruments have/will be used to assess parent outcomes for parenting programmes, of the 54 COs, 10 did not reply or indicated, "Not applicable," and an additional 8 reported that they did not currently assess parent outcomes or were in the process of developing tools for doing so (18/54 = 33%). The remaining COs reported using a range of questionnaires, and in most cases, the psychometric properties of these instruments is unclear.

For assessing children's development, COs reported using a few high-quality (i.e., validated, normed, standardised) parent-report measures of children's development, including the *Ages and Stages Questionnaire-3* (used only in Uruguay) and the *Bayley Scales of Infant and Toddler Development, 3rd ed.* (used only in Belarus in Early Child Intervention centres).⁹² Argentina reported they use *the Battelle*

⁸⁹ Pisani L, Borisova I, Dowd AJ (2015). *International Development and Early Learning Assessment Technical Working Paper*. Save the Children.

⁹⁰ Encuesta Longitudinal de Primer Infancia (ELPI) (2012). Diseño muestral y factores de expansión segunda ronda encuesta longitudinal de la primera infancia. Santiago: Centro de Microdatos, Departamento de Economía, Universidad de Chile.

⁹¹ Fernald LCH, Prado E, Kariger P, Raikes A (2017). *A Toolkit for Measuring Early Childhood Development in Low and Middle-Income Countries*. World Bank: Washington, DC.
<https://openknowledge.worldbank.org/handle/10986/29000> License: CC BY 3.0 IGO.

⁹² Veldhuizen S, Clinton J, Rodriguez C, Wade TJ, Cairney J (2015). Concurrent validity of the Ages and Stages Questionnaires and Bayley Developmental Scales in a general population sample. *Acad Pediatr*. 2015;15(2):231–237. doi: 10.1016/j.acap.2014.08.002.

Developmental Inventory, 2nd ed., as well as the *Prueba Nacional de Pesquisa*, or *PRUNAPE*, a screening test for developmental difficulties.⁹³ Another high-quality tool is the *International Guide for Monitoring Child Development (GMCD)*.^{94 95} This is used in Turkmenistan, where UNICEF supports an effort to collect disaggregated data on every 0-42 month child who participates in the ECD programme. China CO reported using the *Caregiver Reported Early Development Instruments (CREDI)*,⁹⁶ which were designed to serve as a population-level measure of ECD from 0-3 years. China CO also reported using for MICS6 and scales for assessing parenting pressure and child neglect.

Overall, the use of different instruments to measure parent and child outcomes makes it difficult to compare outcomes across countries, limiting the extent to which COs can benefit from research in other countries. Measures that rely on parent report have inherent limitations, including risk for bias. For assessing children's developmental status, there is no reported use of direct behavioural assessments, although several COs reported using high-quality parent-report measures of children's development.

Programme Impact on Parents and Children, Case Study Countries

Parenting Programmes: UNICEF Support for Data Collection

In Thailand, routine and administrative data collection instruments are limited. UNICEF relies on MICS data, initiated a KAP baseline in 2017 which will be repeated in 2021. The participating NGOs collect data on select monitoring indicators in collaboration with the Ministry of Interior which is reported annually. According to the UNICEF Thailand Mid-Term Review Report (July 2019), Thailand CO will invest in the development of foundational skills through a greater focus on the quality of learning through strengthened monitoring and measuring of learning outcomes, while it will also support the curriculum reform process.

Jordan CO reported that UNICEF has supported data collection through provision of data collection tools (including pre-post assessments for each participating parent), conducting training on M&E protocols, and helping to develop guidelines and databases for data recording. Self-reported results by the parents are used to determine whether there has been an increase in their knowledge, skills, and/or confidence in positive parenting for young children. In Serbia, implementation of parenting programmes usually includes M&E methodology integrated that is monitoring on one hand achievement. Paraguay was among the COs who reported that UNICEF did not support service providers in collecting data on parent or child outcomes. However, they indicated that they plan to use interviews and case studies in the future. In Rwanda, outcomes are measured through specific programme evaluations and periodic national surveys like the Demographic Health Survey (DHS), but that is focused on adolescent and adult health, not parenting. Finally, in Mali, UNICEF-supported financially and technically the development of a community-based M&E system in the implementing areas. However, as this system is not institutionalised and integrated within an

⁹³ Lejarraga H, Kelmansky D, Lejarraga C, Charrúa G, Salamanco G, Insúa I, Nunes F (2013). Validation of a questionnaire for the detection of children at risk of developmental disorders: the PRUNAPE Pre-screening Test. *Arch Argent Pediatr*. 2013 Dec;111(6):476-83. doi: 10.5546/aap.2013.476. PMID: 24196760.

⁹⁴ Ertem IO (2017). The International Guide for Monitoring Child Development: Enabling individualized interventions. *Early Childhood Matters* 2017: 83–88.

⁹⁵ Ertem IO, Krishnamurthy V, Mulaudzi MC, Sguassero Y, Bilik B, Srinivasan R, Balta H, Gulumser O, Gan G, Calvocoressi L, Johnson B, Shabanova V, Forsyth BWC (2019). Validation of the International Guide for Monitoring Child Development demonstrates good sensitivity and specificity in four diverse countries. *Acta Paediatr*. 2019 Jun;108(6):1074-1086. doi: 10.1111/apa.14661. Epub 2018 Dec 14. PMID: 30472813; PMCID: PMC6520130.

⁹⁶ McCoy DC, Sudfeld CR, Bellinger DC, Muhihi A, Ashery G, Weary TE, Fawzi W, Fink G (2017). Development and validation of an early childhood development scale for use in low-resourced settings. *Popul Health Metr*. 2017 Feb 9;15(1):3. doi: 10.1186/s12963-017-0122-8. PMID: 28183307; PMCID: PMC5301363.

existing system such as the Health Management Information System (HMIS), data collection and aggregation has never been effective.

Parenting Programmes: Tools for Assessment

When asked what measures were used to collect parent outcome data, Paraguay indicated, “Not applicable,” and Mali did not respond. In Thailand, parent outcome measures include a set of customised questionnaires administered before and after trainings of teachers/parents. Satisfaction surveys were also used. In Jordan, each participating parent is required to complete a pre-and post-intervention self-assessments. The M&E Protocol has been revised and updated in conjunction with the revision of the BPP manuals. In Serbia, a number of parent-outcome assessments were used (e.g., checklists for Home Visiting Nurses [HVN]). Data gathering methodology and tools are currently being revised for the new upgraded parenting programme. The CO reported that different instruments will be used depending on the outcome/output indicators, such as a KAP survey, a quality-of-service provision satisfaction survey, implementation effectiveness and efficacy questionnaires/instruments, developmental checklists, structured and unstructured interview questionnaires, and evaluation lists. They noted that some of these will be internationally or nationally standardised, some have been adapted to the cultural context, and some are newly invented. Rwanda CO reported using the DHS tools developed by the National Institute of Statistics, as well as evaluation tools created by IKEA.

Early Learning Programmes

UNICEF Support for Data Collection

Paraguay and Mali COs did not respond when asked about UNICEF support for service providers in collecting data on child outcomes. Among the other case study countries, Thailand CO supported the Office of Education Council to launch the Early Learning Development Standards (ELDS) and create indicators based on age-appropriate development. During visits to participating ECD centres, UNICEF also provides guidance to the teachers on how they could improve ways to monitor individual children’s developmental status. Serbia CO noted that during the piloting of the new PSE framework Curricula, preschool teachers were using scales for monitoring the wellbeing and participation of children, but that the purpose of these scales was not to assess the child’s developmental status and achievements, but to better understand the child and re-examine the context of the programme developed with children. Jordan CO reported that they measure changes in children’s development through before and after tests. In Rwanda, UNICEF supported the 2014/15 DHS, which is mainly focused on children’s health.

Tools for Assessment

In Thailand, UNICEF supported the Office of Education Council to launch the Early Learning and Development Standards (ELDS) and the indicators based on age-appropriate development. Jordan relies on national monitoring systems. Serbia reported that in piloting the new PSE framework Curricula, preschool teachers were using scales for monitoring the wellbeing and participation of children, but that the purpose of monitoring children based on the scales of well-being and participation was not to assess the child’s developmental abilities and achievements, but to better understand the child and re-examine the context of the programme developed with children. Rwanda CO reported using the DHS tools, which are administered by the National Institute of Statistics. Paraguay and Mali did not respond.

9. Lessons Learned

Survey responses and interviews with UNICEF COs, ROs, and HQ provided reflections on lessons learned during 2014-2019. The HQ ECD team reported a need for more specification of exactly which parenting knowledge, attitudes, and practices need to be encouraged. One member said, “Parenting is not part of the advocacy agenda globally,” and also that, “The time of small-scale pilots (“boutique projects”) is over; it’s time to take it to scale.” The need for standardised measures for caregiver and child outcomes was noted. At present, the outcomes measured are “number of parents reached” rather than parent and child knowledge and skills. As another EC team member put it, “COs have to report on parenting programmes, but we don’t go all the way to say how and provide the tools.” They emphasised that MICS was not designed to be used as a measure of programme impact for children at the individual level: “It is a common excuse, you blame the lack of data, but it is a lack of thinking of measures and investments of what to measure.” Another member of the team noted: “We are still debating about how to measure the impact of frontline worker training; there is still no monitoring framework from the nurturing care framework that we could draw upon, and countries have been implementing very different types of interventions...”

A member of the MENARO attributed the absence of adequate measurement of outcomes to the fact that not all partners have identified indicators and targets: “More work needs to be done with national partners in terms of how to measure the outcomes of ECD programming at the level of child...” It was further argued that UNICEF’s need to measure changes in parenting practices: “We need to... measure the impact. That is not happening on a programmatic level, but even less on a national level. We need clearly defined indicators on what parenting would mean.”

LACRO reported that measurement is a “huge challenge, especially in child development outcomes - how to measure - there are no instruments - they are very expensive.” ECARO noted that their emphasis within early learning is focused on the “quality and inclusiveness on early learning,” and reported that they have been developing multi-country studies and methods that can be used by many countries in the region.”

A member of the ROSA emphasised the following: “[B]eing able to conduct studies that are multi-country, facilitate exchanges, learning opportunities to see how different challenges have been addressed in different contexts. This includes evaluations, for example the global evaluation of ELDS and the effect of that on school readiness. So, we can exploit these global and regional evaluations and do a dissemination in COs and to reflect on how best to take on recommendations in each context.”

WCARO reported that they have “conducted 6 evaluations related to ECD over the last 2 years, 3 linked directly to ECD.” They stated that they used UNICEF tools for early learning measurement, and that they were using MICS global data to demonstrate the prevalence of toxic stress in the region, but they noted, “MICS is the best we have right now to measure things beyond stunting, etc.” They also stated, “In terms of measuring impact on a regional scale, I don’t think we can respond to that question, because there is not one common shared impact statement that ... has an ECD index ... It’s an issue in terms of how we measure the impact of ECD.” They added, “The ECD guidance is very clear on what the programmes have to measure and how, the issue we have is the ownership of the guidance on the sectoral level.”

An expert informant (#1) stated, “The measures are still very crude, but as at ECD we should be able to work on this, with UNICEF leading the way.” Another expert informant (#3) highlighted the utility of MICS at the population level.

Among case study countries, Serbia CO noted that early stimulation and responsive caregiving programmes are implemented by strengthening all system components (including frontline workers engaged in the health, education, and social welfare systems). Thailand CO reported that health and

nutrition get lumped in with ECD, which helps to integrate the different aspects of ECD, for a whole child approach. They also noted the need to provide a more universalised vs. targeted approach, and the fact that policy and national guidelines are less effective for advocating for wider adoption of programmes across areas. They indicated that there is a lot more need for parental engagement and early child learning throughout the country.

Jordan CO reported that an important lesson was the integration of ECD into Makani in 2018, which has allowed UNICEF to increase access to ECD services across the kingdom in the past few years—reaching 35,000-45,000 parents and their children annually. Jordan CO was noted that they leveraged USAID's support for the ECD programme to create a position for an ECD Officer, who was upgraded to a Specialist in 2018. That same year, another post for an ECE Specialist was also established. Demand for services is growing fast, however. Jordan CO is currently developing a parenting portal to provide frontline workers with resources and they are adapting an online version of the UNICEF-supported parenting programmes to be offered virtually, which will facilitate scaling.

Paraguay CO cited the lack of fidelity data and indicated that they need a better system for monitoring programme implementation and impact. Mali CO noted the need for funding and more data being collected. These data are needed to build a case for investment in ECD. As one of the Paraguay CO members put it, *"Evidence is key!"*

10. Conclusion and Recommendations

The number of parents and young children enrolled in UNICEF-supported ECD programmes has grown in recent years, and the design of these programmes is generally of high quality, corresponding to evidence-based best practices. In particular, UNICEF appears to have been effective in raising awareness about nurturing care and the importance of early brain development. Messaging about the importance of autonomy-supportive parenting and teaching has been less effective. Autonomy-supportive practices help children develop a sense of agency and self-efficacy and include (1) providing children with the appropriate amount of help for their skill level (i.e., scaffolding that provides "just enough" support); (2) encouraging children to undertake challenges and praising children appropriately; (3) taking children's perspectives; and (4) providing children with choices and following their lead.

Despite the high-quality design of these programmes, serious questions remain about the fidelity with which these programmes are implemented and the impact that these programmes might have on frontline workers, parents, and children. The impact of UNICEF's efforts on the lives of frontline workers, parents, and children can be more adequately measured in a variety of ways, including (a) assessing frontline workers' knowledge of ECD and nurturing care, (b) assessing parents' knowledge and self-reported attitudes, and observing parenting practices, and (c) assessing children's cognitive, social, and emotional development. New tools are needed for measuring parent and child outcomes directly using standardised, validated, and reliable measures of children's behaviour and parent-child interactions.

In those countries where data were collected, COs reported using a wide variety of locally adapted parent-rating scales of child development milestones. There is little overlap in measures across countries, making cross-country comparisons difficult. Eight COs reported using the MICS Early Childhood Development Index (ECDI) to assess child outcomes.

UNICEF's reliance on the MICS-ECDI is problematic, however. MICS data can help characterise children's environment and they are useful for population-level analyses. Consider, for example, the MICS measure

of school readiness, which is based on a single question about whether children in first grade of primary school attended preschool during the previous school year. At the population level, it is indeed important to know about enrolment in pre-school, but at the level of individual children, it does not provide a measure of individual children's school readiness, which is normally measured in terms of whether children have sufficient early literacy, numeracy, and executive function skills to function effectively in kindergarten. The MICS measure simply assumes that preschool was effective in ensuring children were ready for school; it does not measure school readiness. MICS data can provide a compelling case for the *need* for ECD programmes, but they do not provide adequate measures of the *efficacy* and *impact* of these programmes. As one UNICEF HQ respondent noted, "MICS surveys are a contribution to system building; it is not meant for programme purposes. We struggle to convey this to UNICEF colleagues as well as external partners... the objective is not to monitor or evaluate UNICEF interventions..."

The criterion of "Developmentally on track in 3 out of 4 domains" is a weak standard; it means children may be delayed in 1 out of 4 key domains. The criteria for being on track in a domain are also inadequate. For example, children are judged as being on track for learning if they are reported by parents to do at least one of only two things: (EC11) Does (name) follow simple directions on how to do something correctly? and (EC12) When given something to do, is (name) able to do it independently?

When viewing children from a holistic (whole child) perspective, it is obvious that all 4 domains are part of a single developmental system and mutually influence one another, so meeting standards on all 4 domains is essential. Also, the MICS provides no data on early learning, stimulation, and care for children younger than 36 months. The first 3 years of life represent a period of enormous development, and they provide a foundation for the rest of the lifespan. As shown in Table D, 43% of COs reported that the public education early learning programmes they support involves parents of infants and toddlers (0-2). If UNICEF continues to rely on MICS data, the ECDI should be expanded to address these parents and their children.

The MICS is inadequate as measure of children's cognitive and social-emotional skills. First, it is too limited in scope and too insensitive to developmental changes across ages 0 to 5 years to provide sufficient evidence of impact on child and parent outcomes. The developmental significance of the ECDI indicators varies considerably across the age range 36-59 months. Second, parent-reports of children's behaviour are subjective, and vulnerable to bias, such as halo effects⁹⁷ and self enhancement.⁹⁸ Third, the indicators fail to capture the most important foundational neurocognitive processes and skills, such as executive function, episodic memory, and social understanding. The healthy development of these skills is essential for learning and adaptation, and individual differences in these skills predict important developmental outcomes, including educational achievement, innovation and job success, and parenting and interpersonal relationships.⁹⁹ ¹⁰⁰ Impairments in these neurocognitive skills are markers of numerous disorders emerging in childhood or adolescence.¹⁰¹

⁹⁷ Nisbett RE, Wilson, TD (1977). The halo effect: Evidence for unconscious alteration of judgments. *Journal of Personality and Social Psychology*, 35(4): 250-256. doi:10.1037/0022-3514.35.4.250. hdi:2027.42/92158. ISSN 0022-3514.

⁹⁸ Krueger J (1998.) Enhancement bias in the description of self and others. *Personality and Social Psychology Bulletin* 24, 505-516.

⁹⁹ For example, see: Zelazo PD, Blair CB, Willoughby MT (2016). Executive function: Implications for education. *U.S. Department of Education*, 1-148. Retrieved from <https://ies.ed.gov/ncer/pubs/20172000/pdf/20172000.pdf>

¹⁰⁰ Moffitt TE, Arseneault L, Belsky D, et al. (2011). A gradient of childhood self-control predicts health, wealth, and public safety. *PNAS (USA)*, 108, 2693-2698. doi: 10.1073/pnas.1010076108

¹⁰¹ Zelazo PD (2020). Executive function and psychopathology: A neurodevelopmental model. *Ann. Rev. Clin Psychol*, 16. doi.org/10.1146/annurev-clinpsy-072319-024242

For these reasons, parent responses to these MICS questions are inadequate to provide meaningful evidence of the actual impact of programmes and services.

To summarise, data regarding child outcomes are not being collected in a way that allows for the assessment of fidelity of implementation and programme efficacy. Most studies, with few exceptions, do not use the best available behavioural assessments of children's development. What is needed are direct behavioural assessments that are brief, reliable, validated, standardised, and normed. An example of such measures is the NIH Toolbox Cognition Battery, which is administered on a computer tablet, and is currently available in a wide range of languages, such as French, Spanish, Arabic, and a variety of African languages, including Swahili and Dholuo.

Measures of foundational neurocognitive skills should be embedded within the implementation process and be administered repeatedly. Early assessment is important for the early detection of potential difficulties and for more timely therapeutic intervention. For use with diverse populations, including in resource-limited settings, these measures need to be affordable, require minimal staff training, and be applicable across a range of cultural contexts.

Monitoring and evaluation currently tends to emphasise measuring the number of children reached by ECD programmes, rather than the impact of these programmes on frontline workers, parents, and children. Without additional and better-quality data, including more relevant assessments of children's development, and the use of randomised-controlled experimental and quasi-experimental designs, it is simply not possible to evaluate the efficacy and impact of these programmes. Several well-designed evaluation studies have been conducted outside of UNICEF's support, and these could be used as models for future research.¹⁰²

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In the future, the ECD programmes should encourage autonomy-supportive parenting and teach as well as ongoing direct assessment of (1) the frequency and fidelity of implementation, and (2) the outcomes of interest (e.g., knowledge of parenting skills, use of parenting skills, direct measures of children's cognitive and social-emotional development). Frontline workers who deliver the interventions can assess such outcomes with minimal training.

¹⁰² Wolf S, Aber JL, Behrman, JR, Peele, M (2019). Longitudinal causal impacts of preschool teacher training on Ghanaian children's school readiness: Evidence for persistence and fade-out. *Dev. Sci.*, 22(5), e12878

¹⁰³ Yousafzai AK, Rasheed MA, Rizvi A, Shaheen F, Ponguta LA, Reyes CR (2018). Effectiveness of a youth-led early childhood care and education programme in rural Pakistan: A cluster-randomised controlled trial. *PLoS ONE*, 13(12): e0208335. <https://doi.org/10.1371/journal.pone.0208335>