EVALUATION OF EARLY CHILDHOOD DEVELOPMENT PROGRAMME

WHAT WE LEARNED AND THE WAY FORWARD
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# Acronyms

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<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>ARNEC</td>
<td>Asia-Pacific Regional Network for Early Childhood</td>
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<tr>
<td>ADEA</td>
<td>Association for the Development of Education in Africa</td>
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<tr>
<td>CBO</td>
<td>Community-Based Organization</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CG</td>
<td>Consultative Group</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<tr>
<td>DFID</td>
<td>Department for International Development</td>
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<td>EAPRO</td>
<td>East Asia and Pacific Regional Office</td>
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<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
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<td>ECDVU</td>
<td>Early Childhood Development Virtual University</td>
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<td>ECCE</td>
<td>Early Childhood Care and Education</td>
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<td>ELDS</td>
<td>Early Learning and Development Standards</td>
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<tr>
<td>EMIS</td>
<td>Education Monitoring and Information System</td>
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<td>GER</td>
<td>Gross Enrolment Ratio</td>
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<td>GoN</td>
<td>Government of the Netherlands</td>
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<td>HEMIS</td>
<td>Health and Education Management Information Systems</td>
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<tr>
<td>HQ</td>
<td>Headquarters</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>LHW</td>
<td>Lady Health Workers</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MTSP</td>
<td>Medium-Term Strategic Plan</td>
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<td>NER</td>
<td>Net Enrolment Ratio</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organization</td>
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<tr>
<td>PAS</td>
<td>Performance Appraisal System</td>
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<tr>
<td>PEDS</td>
<td>Pakistan Early Child Development Scale-Up</td>
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<td>RO</td>
<td>Regional Office</td>
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<td>UNDAP</td>
<td>United Nations Development Assistance Plan</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WB</td>
<td>World Bank</td>
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<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Early Childhood Development (ECD) has been embedded in UNICEF programming for more than 40 years. During this period, the role and position of ECD in UNICEF’s policies and programming strategies has been transformed as a result of significant changes in priorities and overall programmatic approaches within the organization.

In 2008, UNICEF entered into a strategic partnership with the Government of the Netherlands (GoN) that invested approximately 13.5 million (US$) to support ECD programmes in 10 selected Country Offices (COs), UNICEF Regional Offices (ROs) and Headquarters (HQ), over a period of three years. Among other things, this partnership provided a much needed opportunity to review the most recent achievements and gaps in ECD programming.

The independent evaluation of the UNICEF-supported ECD programme was undertaken by a team of consultants from Mathematica Policy Research and managed by the Evaluation Office and the ECD Unit at UNICEF HQ. The evaluation was conducted in three phases:

**Phase 1**  
A review of all relevant ECD policy and programmatic documents, work plans, and fundamental research reports.

**Phase 2**  
An internet-based survey that covered all UNICEF COs.

**Phase 3**  
An extensive review of ECD programming in 10 GoN-funded countries. Out of these, four countries (Cambodia, Nepal, Ghana and Tanzania) were selected for more in-depth case studies.

The findings, conclusions and recommendations were provided in the comprehensive and detailed Global Synthesis Evaluation Report, published by the Evaluation Office, UNICEF HQ, in 2011. This report summarizes the core findings and provides an abbreviated view of the way forward which will hopefully facilitate discussion on ECD programming at the regional and country level. The findings and subsequent analysis is also meant to inform ECD’s positioning in the next Medium Term Strategic Plan (MTSP) for UNICEF and development plans of other UN Agencies (UNESCO, WHO, WFP, WB) and major partners such as the Bernard van Leer Foundation, Save the Children, and the Consultative Group (CG), among others.

The report is structured around the following key dimensions of the ECD programming: ECD Policies, Family Care Practices and access to and quality of Early Childhood Care and Education (ECCE) Services. This report also covers the principle strategies used in ECD Programming in HQ and at the regional and country level: Capacity Development and Knowledge Management; and a brief description of ECD Programme Management and Partnerships, which are critical elements of successful ECD programming. The report concludes by emphasizing the role of ECD programming in reducing disparities and reaching the most disadvantaged children.

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1 Selected Country offices: Tajikistan, Cambodia, Mongolia, Malawi, Swaziland, Tanzania, Nepal, Sri Lanka, Democratic Republic of the Congo (DRC), Ghana.
2 Out of 123 Country Offices, 75 responded to the internet-based survey, a response rate of 61%. Respondent percentages referred to in this report are based on responses from these 75 Country Offices.
3 Note that the Global Synthesis Evaluation report is structured in a slightly different way, mainly in order to follow the logical framework of the UNICEF proposal to the GoN.
There is increasing interest within governments to create national policies that guide and validate the provision of a broad range of integrated early childhood and family support initiatives. Policy provides a critical mechanism for developing a new national perspective towards young children. In order to create effective policies, governments need information such as the critical findings presented below:

Core findings

The internet-based survey revealed that in nearly all UNICEF-supported countries (95%), ECD policies are in place or under way. However, all policies are in varying stages of implementation. Approximately half of the policies are only in draft form, while the other half have been approved and/or are in different stages of implementation. Additionally, every fifth ECD policy has been costed by governments.

Serving disadvantaged and marginalized children is included in most policies and plans. However, they rarely delineate concrete steps for expanding access to reach them.

The following key factors have consistently emerged as central to the successful development and implementation of ECD policies in the case-study countries:

- Involvement of representatives from multiple ministries/sectors early on and throughout the planning process, including ministries of finance, international development organizations and civil society representatives;
- Investment in building and supporting subnational and local governance structures;
- Previous investment in capacity building of key decision makers, through advocacy or exposure to conferences and workshops to establish a team with joint vision;
- Establishment of the core team with common goals and objectives, clear coordination and communication chain, strong leadership; and
- Well-developed monitoring systems in place.

The main strategies used in putting ECD policies into place, are to develop and implement stand-alone ECD policies, or to mainstream ECD policy into other sectoral policies (i.e. health, nutrition, education, social protection) and/or the main national developmental policies (i.e. poverty reduction strategies, national plan of action for children). Interestingly, the evaluation could not identify systematic evidence to assess which approach is more effective.
In countries where ECD policies are still not fully in place or being implemented, the main shortfalls/challenges remain:

- Lack of human and financial resources;
- Lack of clarity on the holistic concept of ECD (what is and what is not part of ECD);
- Lack of data/ECD indicators that can be used for setting the targets and tracking the progress; and
- Misconception that costing should wait until the policy is approved.

Challenges to devolution and coordination at the subnational and local levels included:

- Changing political landscape and lack of continuity in leadership and staffing from one administration to another;
- Economic crisis and competing budgetary needs;
- Lack of clarity about who is responsible for ensuring the integration of ECD programming;
- Resistance among key stakeholders to change the traditional approach (usually sectoral) to administering and delivering comprehensive services for children and families.

One of the underlying causes of these failures is the lack of capacity to plan, deliver and monitor comprehensive and/or integrated ECD interventions. This issue will be further analyzed in the section focusing on capacity development.

### The way forward

- As an immediate response, national governments (in low income countries in particular) need technical assistance and investment in developing the capacity of policy makers and implementers to develop ECD policies and implementation plans that include costing strategies. An ECD M&E framework with a core set of ECD indicators that could be tracked (at subnational, national, regional, and global levels), should be an integral component of any ECD policy and implementation plan.

- Further, an impact evaluation of different approaches to ECD policy development and implementation (inter-sectoral vs. sectoral — mainstreamed ECD policy into other sectors vs. ECD as a stand-alone policy) is needed to assess the impact of different implementation models on the wellbeing of young children and their families. A recently developed World Bank model designed to assess and classify ECD policies, programmes and systems, will be useful to further strengthen policy and programming work in ECD.

- During the process of ECD policy development and implementation, participation of the most marginalized children and their families should be ensured.
Parental care has a tremendous impact on a young child’s chances of survival and development. Parenting includes the provision of a physically safe and emotionally secure home environment, proper care and nutrition, close monitoring and support of children’s activities, fostering of their socio-emotional and cognitive competencies and providing directions and guidance in daily life.

Positive parenting influences a child’s ability to acquire cognitive, physical, emotional and social competencies, while poor, or compromised caregiving practices, places optimal child development at risk. Programmes to support families and caregivers to improve their care practices, skills, choices and decision-making powers exist in many settings across all cultures. The key findings presented below were drawn from four case studies and therefore, (due to the small sample size) are only indicative.

Core findings

- A variety of programmes targeting parents and primary caregivers of young children exist, many of which receive support for programming from various international and national organizations. However, efforts are often times poorly coordinated, resulting in the duplication of efforts and resources. This presents significant challenges to proper and thorough documentation of programme needs, uptake and potential impacts of the interventions. Another challenge is tracking and reporting of parenting interventions: if any data is available, it is available in the form of an activity or project report, and rarely incorporated into any national planning and reporting system.

- Overall, UNICEF-supported parenting programmes were effective in meeting targets related to outputs (such as number of parents trained). However, without a more systematic approach to assessing needs, quality of services delivered and outcomes, rigorous assessment of effectiveness is constrained. Although evidence of programme impact on children and families is limited, it can be concluded that:
  - The intensity of exposure for parents/caregivers to ECD interventions and messaging is too low to support lasting impacts on parental behavior.
  - The case studies identified issues in delivering parenting programmes (for instance, participants met fewer times than planned, or for a shorter duration of time).
  - The adult learning approaches are not being used as part of existing capacity-building activities with parents.

The way forward

To achieve a more sustainable and equitable progress towards the MDGs and beyond, it is necessary to develop clear strategies towards empowerment of the most marginalized families with different strategies such as child-sensitive social protection and parenting programmes. Investments should be made in developing models for parenting and caregiver programmes based on research and evidence on the quantity, content, and training approaches that are likely to produce intended outcomes.

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The limited available evidence collected through external evaluation of ECD programmes on the effectiveness of parenting programmes triggered a new and ongoing UNICEF initiative which is now a meta-evaluation of parenting programmes currently being conducted with the participation of key partners. The purpose of this analysis is to generate evidence and systematize knowledge on parenting programmes that promote effective, sensitive and responsive child rearing practices, with a special focus on the most marginalized families and vulnerable children in support of the UNICEF Equity approach. The analysis is designed to:

- Provide an overview of available evaluation-based evidence of parenting programmes for the most marginalized;
- Identify and categorize existing programmes that improve parenting (scope, coverage, delivery channels, partners);
- Determine achievements and constraints;
- Identify the most effective approaches, delivery mechanisms, policies and regulatory systems;
- Improve understanding of the context in which parenting programmes work/operate most effectively; and
- Distil lessons learned and good practices by analysing what works and what does not work (and why) in various aspects related to planning, management and implementation of parenting interventions.

The timing of the analysis is scheduled to inform the UNICEF (and partner’s) planning process at the country and global levels and to share the sample of good practices globally, but also to perform corrective measures and make necessary programmatic shifts where needed. The proposed meta-analysis aims to contribute to the knowledge and evidence base on equity programming, with special focus on empowering the most marginalized caregivers.
ACCESS TO EARLY CHILDHOOD CARE AND EDUCATION (ECCE) SERVICES

UNICEF aims to support the development of ECD policies and services that employ a holistic approach and provide attention to and focus on children’s unique developmental needs from conception through age eight. Holistic approaches require that countries provide a variety of services that are accessible to those who need them and address the needs of the whole child by considering health, nutrition, child protection, early learning, social development and education, among others.

Access to Early Childhood Care and Education (ECCE) was adopted as the first Goal of the EFA Declaration during the Education for All (EFA) meeting in April 2000 in Dakar, Senegal: “Expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children”. However, there are currently no specific international benchmarks for increased access to ECCE or formal tracking mechanisms to determine if the most vulnerable and disadvantaged children are benefitting from expanded ECCE services globally and/or in a given country. Many countries have established their own targets (i.e. in the European Union the target was set to ensure that 90% of children aged 3–5 attended organized early learning and care services). Recent data from the Multiple Indicator Cluster Survey (MICS), conducted in over 40 developing countries revealed that access to these programmes is still significantly lower than in developed countries, ranging from two percent in low-income countries to almost universal coverage in the Caribbean and some Central European countries. However, access to ECCE services on a global level, remains marked with significant inequities.

The key findings presented below were drawn from four case studies and therefore, (due to the small sample size) are only indicative.

- Young children’s access to ECCE services has been expanding;
- The focus is on providing ECCE services for children from 3 to 5 years of age;
- A variety of models are being used to provide services: center-based services, community-based services, day care centres, state preschools, etc.
- UNICEF and its partners monitor gender equity closely, and girls and boys participate in roughly equal proportions in ECCE services and activities.

The successful scale-up efforts have been aided by supportive national policies that were followed with adequate budget allocations; partnership with NGO’s/ CBO’s partners helped with implementation efforts on the ground.

The main challenges/shortfalls found in the case-study countries were:

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5 Education for All (EFA) is an international initiative first launched in Jomtien, Thailand, in 1990 to bring the benefits of education to “every citizen in every society.” In order to realize this aim, a broad coalition of national governments, civil society groups, and development agencies such as UNESCO and the World Bank committed to achieving six specific education goals.

6 Non-government organizations.

7 Community based organizations.
Achievements and Gaps in ECD Service Coverage in Case Study Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Achievements</th>
<th>Gaps</th>
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<tr>
<td>Nepal</td>
<td>Access to centre-based ECD services has increased substantially in Nepal, from 5,023 centers in 2004 to 29,089 in 2009. While in 2006, only 18 percent of children entering Grade 1 had any experience with ECD; this figure increased to 50 percent in 2010.</td>
<td>Children from urban areas and wealthier families had more access to ECD centres than children from rural areas, poor families, and marginalized and disadvantaged groups. The difference between pre-primary GER and Net-Enrolment Ratio (NER) indicates significant inefficiencies as resources are being diverted to large numbers of children outside the target group. Coverage is lower in rural areas and in Greater Accra.</td>
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<tr>
<td>Ghana</td>
<td>Education policy reforms in Ghana expanded the free and compulsory basic education to include two years of kindergarten and eliminated fees. As a result, kindergarten enrollment has risen substantially to 97 percent Gross Enrolment Ratio (GER) in 2009–2010, surpassing the national target of 70 percent enrollment by 2010.</td>
<td>NER fell short of 2010 targets by 50 percent.</td>
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<tr>
<td>Cambodia</td>
<td>NER for pre-primary education among children ages 3 to 5 have doubled between 2006–2007 and 2009–2010 (from 20 percent to 39 percent nationwide).</td>
<td>Action plans for expanding ECD services outside of UNICEF–supported districts have not yet been developed. NER in pre-primary schools is fluctuating (for example, it increased from 24.6 percent in 2004 to 36.2 percent in 2008, but declined to 24.4 percent in 2009.)</td>
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<tr>
<td>Tanzania</td>
<td>Availability of ECD services in seven UNICEF–supported districts has expanded.</td>
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System-wise, these challenges are mainly due to:

- Weak governance structure responsible for maintaining and monitoring of ECCE centres (in particular at the local level);
- Lack of quality standards or a system for assessing ECD quality, reporting and tracking results, or using results to improve quality of services; and
- Insufficient funding.

The evaluation revealed two main lessons learned in scaling-up of ECCE services:

- Providing ECCE services is a complex endeavor that requires engagement at the national, regional, and local levels. In addition to developing resource allocation plans, establishing facilities, hiring and training staff, and admitting and enrolling children and parents, systems must be developed to promote quality services and equitable access to these services. The steps required to create these systems are as follows: developing standards, indicators, and targets; collecting data to track indicators and monitor progress toward targets; and establishing systems for identifying areas in need of improvement. It is critical to keep in mind that it takes considerable time and effort to develop and implement these steps.

- Rapid scale-up of programming can occur before critical support systems are fully in place, leading to uneven quality and access to services among disadvantaged populations. The most disadvantaged children may be unintentionally excluded from services if strategies for scaling up and expanding access do not specifically address them.

The way forward

- Set country-specific ECCE targets globally and develop universal indicators to track the progress. The most critical indicators are the ones measuring the quality of services and the quality of outcomes.

- Balance supply and demand of ECCE services by ensuring availability of well-trained teachers/community facilitators, maintaining quality of facilities, and involving parents/community in provision of services. These factors should be built in parallel while scaling-up ECCE services. To improve quality of existing ECCE services, governments may consider reducing the pace of scale-up to devote additional resources to quality improvement.

- Advocate for increased investment in ECCE, as a tremendous return on investment to the society. Priority investments should be in training, development of standards, monitoring and evaluation tools, a supervision system and an effective and synchronized reporting system.

- To improve equitable access to services as scale-up continues, countries should develop and test specific strategies to target disadvantaged groups. Non-universal targets at the national or even the global level need to be revised to avoid the risk of further marginalizing the most disadvantaged. For example, scale-up plans should start by mapping out the most marginalized and excluded and target these large proportions of disadvantaged populations. Incentives could be offered to teachers to teach in these communities for specific periods of time. Similarly, incentives could be offered to encourage enrollment of orphans, very poor children, and children from disadvantaged social groups.
THE MAIN STRATEGIES IN ECD PROGRAMMING

In order to support national policy and programmes, UNICEF is employing a diverse set of strategies tailored to various contexts and programmes. The main strategies used in ECD programing are capacity development and knowledge management. The external evaluation was used to assess their effectiveness and appropriateness.

A. Capacity Development

“Capacity” is the ability of people, organizations and society as a whole, to manage their affairs successfully. “Capacity development” is the process whereby people, organizations and society as a whole, unleash, strengthen, create, adapt and maintain capacity over time. Capacity development has a central position in contemporary thinking on development and is seen as vital to ensuring that developing countries are able to bring about sustained improvements in services, public resource management and other factors necessary to deliver a better quality of life for children. UNICEF’s commitment to national capacity development is clearly articulated in its strategic and guiding documents: the MTSP specifically identifies ‘national capacity-building’ as an area for UNICEF interventions.

Core findings

- Capacity development is a core strategy used by nearly all UNICEF COs to support ECD programming.
- The evaluation revealed a variety of capacity development investments in ECD, from training of service providers, community members, parents and policy makers, using a variety of methods and tools, such as conferences, workshops, individual counseling, media campaigns, strengthening networks, etc.

- UNICEF support in capacity development is highly appreciated by government counterparts and NGO partners that acknowledged the sustained contributions of UNICEF in enhancing their level of capacity. The main and the most appreciated accomplishments were:

  - **Provision of ECD Materials:** Preparing and disseminating high-quality resource materials targeting the capacity of both rights holders and duty bearers (i.e. ECD Resource Pack; Early Learning Development Standards Tools; Care for Child Development training package, ECD in Emergencies materials), were highly rated and used for various purposes, from policy development to caregiver training. The joint work of UNICEF HQ, ROs and COs in updating the material, engaging highly skilled experts, integrating new evidence and customizing the materials to fit the local context, was emphasized as a good practice.

  - **Support to National Leaders and Experts:** The attendance of key stakeholders at the ECD Virtual University (ECDVU — please see description on the next page) and professional conferences had a positive impact on ECD buy-in, collaboration, and intersectoral policy development.
Tanzania’s ECDVU Experience

UNICEF, in collaboration with the Government of Tanzania and other donors, supported the attendance of a group of 11 officials from Tanzania in the ECD Virtual University (ECDVU). The ECDVU is a long-distance learning programme sponsored by the University of Victoria, Canada, which aims to increase capacity in ECD leadership. Participants complete coursework in: ECD concepts and the development of ECD in their levels of confidence and capacity to lead ECD policy discussions, advocate for adoption of their integrated ECD approach, and guide programming decisions. Participants reported that this experience helped the group to create shared expertise in ECD, a common understanding of the importance of ECD, and strong working relationships across sectors that supported the development of the draft Integrated Early Childhood Development Policy. These national decision makers reported increased ability to implement and support ECD.

• Early Learning and Development Standards (ELDS). This initiative focused on the development, measurement, validation and evaluation of country-specific early learning standards. Exposure to regional and global experts, and focus on local standards, led to an increase in the local expertise. ELDS play an important role in helping policymakers, service providers, and caregivers understand child development and take steps to promote it. By 2008, about 40 countries had begun the process of developing ELDS with UNICEF support and as of 2011, approximately the same number were in place or in various stages of development.

• UNICEF’s Support to Global and Regional ECD Networks. This extended UNICEF’s reach, increased UNICEF’s pool of expertise, and built national and regional capacity for ECD initiatives. By supporting global and regional networks such as the Consultative Group on Early Childhood Care and Development (CG), the Association for the Development of Education in Africa (ADEA), and the Asia-Pacific Regional Network for Early Childhood (ARNEC), UNICEF continues to build capacity while tapping existing expertise.

Development of a Thriving Regional ECD Network — Asia-Pacific Regional Network for Early Childhood (ARNEC)

Launched in February 2008, ARNEC provides an example of a strong, synergistic regional ECD strategy/activity as well as use of a systematic approach to capacity building. The guiding vision for the network is of a multi-disciplinary professional ECD organization focused on sharing knowledge about country-level experiences in ECD for the good of all 47 countries in the region. UNICEF East Asia and Pacific Regional Office (EAPRO) worked with interested countries and donors to engage others in the network, to assess the needs of the region and the network, and develop the response. Creating capacity building opportunities is one of the four components of ARNEC’s mission and evaluation respondents reported that the development of the network itself and movement to a rotating Secretariat built capacity within the region. The creation of ARNEC and the products and resources available through the network, are a model for other ROs and groups of countries interested in building capacity within the region and globally. Evaluation respondents reported an increased sense of investment and ownership among participating countries as capacity increased within and across countries. In addition, the quality of the information available and peer sharing were also identified as contributors to capacity building at all levels (from local to national, regional, and global).
Main challenges/shortfalls

- Disproportionate level of ad hoc planning versus strategic capacity development planning. There are very few examples where a systematic approach aimed at tackling the capacity needs of individuals, organizations, and sectors has been applied. There is a widespread absence of capacity gap analysis prior to planning and implementing capacity development actions.

- Weak monitoring of capacity development interventions and very few evaluations of capacity development efforts. This resulted in lack of evidence on the effectiveness of capacity development efforts for service providers and parents. For instance, even in cases where data exist, the focus is on the number of individuals trained rather than on changes in behaviour resulting from the training. While some participants such as trained teachers or community volunteers demonstrated increased skills and knowledge that support children's development, others showed low levels of retention from these trainings. It is perceived that this is a result of the relatively low intensity of trainings (low exposure) and weak follow-ups.

- Limited resources within UNICEF. UNICEF COs reported that ECD capacity grew over the past four years. UNICEF counterparts reported in many instances that although UNICEF is a leader on ECD issues, in general, the low number of staff, insufficient ECD-specific expertise and limited financial resources at all organizational levels inhibits progress toward targeted outcomes. When ECD expertise does exist, it is concentrated among only a few ECD specialists.

- Frequent turnover of staff and community volunteers. High turnover reduces sustainability of investments in technical expertise/capacities and introduces inefficiencies. The constant need to conduct training for new service delivery staff diverts resources that could be used to conduct refresher training for existing staff and further build ECD capacity.

- Eventual obsolescence of existing resources and materials. Effective ECD capacity building approaches incorporate learning resources and materials that are up-to-date and are informed by evidence. Such investments are not inherently sustainable because the information and materials require updating, optimally every three to five years. If older, “obsolete” materials continue to be used for training and technical assistance, efficiency may be compromised because the information may be incorrect or less effective in improving targeted outcomes.

- Overall, within the case study countries, resources are more tailored to and taken up by national duty bearers and local service providers than subnational duty bearers (mid-level professionals). UNICEF often conducts training of national decision makers, while NGOs and CBOs often conduct local trainings for direct service providers. In many cases there is little capacity for sustaining high-quality service delivery because of limited capacity among mid-level professionals to supervise service providers and help meet their adult learning and development needs.

The way forward

- Adaptation of the United Nations Development Assistance Plan (UNDAP) five-step capacity development approach to ECD. A strategic, systematic approach to capacity development includes a five-step approach: (1) engaging stakeholders on capacity development; (2) assessing capacity assets and needs; (3) formulating a capacity development response; (4) capacity development implementation; and (5) monitoring and evaluation. This could be a catalyst for changing the culture and have the potential for improving the cost effectiveness and outcomes of capacity building investments, starting with needs assessment, adapting evidence-based strategies and curricula, implementing the activities, and monitoring and evaluating outcomes. As a follow-up to evaluation recommendations, the ECD unit at HQ is developing a new ECD capacity development strategy and implementation plan.

- Coordination of ECD capacity-building efforts targeted to national and subnational stakeholders is needed. Given the importance of committed, knowledgeable leaders, these efforts have the potential to be catalytic within countries at all levels. A decentralized government administration structure requires that UNICEF continue to combine national ECD capacity-building efforts with subnational capacity building.
- Continue to invest in existing resources, such as the ECD Resource Pack, and develop new resources to address capacity gaps. Further investment in preparation and dissemination of ECD materials, such as the ECD Resource Pack, and their further adaptation to different cultural, regional and country contexts, should be one of the priority investments. There is a clear need to develop new resources, primarily in the areas of equitable access to ECD services by reaching the most marginalized/disadvantaged, costing and finance, and quality improvement.

- Bringing additional ECD expertise to the organization. Acquiring ECD-specific expertise within UNICEF, coupled with additional training of staff on targeting and reaching the most marginalized and disadvantaged children and families, costing, and supporting policy implementation at the national and subnational levels (planning, monitoring and evaluation), would enhance ECD programming at the country level. Development of an ECD course for managers could be useful to ensure a prioritization of ECD programming in UNICEF.

### B. Knowledge Management

At UNICEF we define knowledge management as “the creation, organization, sharing, and use of knowledge for better organizational performance and development results”.

As an intergovernmental organization with a global mandate for children, UNICEF is uniquely positioned to provide an intellectual framework for knowledge around children’s issues. The value UNICEF delivers to counterparts is increasingly knowledge-driven. In order to leverage a global knowledge base in its partnership with countries, UNICEF should make knowledge generation and management a major priority, supported by appropriate levels of investment. For these reasons, knowledge management was viewed as a critical element of achieving ECD objectives and was therefore, prioritized in this evaluation.

### Core findings

- There has been increased UNICEF investment in ECD research and evaluations over the last several years.

- Knowledge and capacity to use data for planning and managing ECD within UNICEF has increased in recent years, although expertise may remain concentrated among a relatively small cohort of staff.

- The only widely available and used indicators are GER and NER in preprimary services and the proportion of children attending any ECCE services.

- Education Management and Information System (EMIS) is the primary source of ECCE service data.

- A recent focus on development and inclusion of the ECD module in the MICS with ongoing implementation in over 50 developing countries is seen as a major breakthrough toward closing the knowledge gap on ECD in developing countries.

### Main challenges/shortfalls

- The majority of countries (78 percent) reported that existing data is not sufficient for planning and monitoring ECD progress.

- Only one third of UNICEF COs reported that core ECD indicators had been defined and agreed upon in their countries.

- Even for the countries that have defined core ECD indicators, they are not being used to the fullest extent and important gaps remain in the use of data to guide ECD policies, systems, and services.

- There are no indicators to assess the following key areas:
  - Psychosocial and cognitive development of young children;
  - Quality of ECCE services. Data on the service quality are scant and appear to be collected on an ad-hoc basis in some countries, and not collected and analyzed consistently on the national or regional levels;

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Pakistan Early Development Scale Up (PEDS) Trial: Generating Knowledge by Using Rigorous Evaluation Methods

A baseline study conducted on core family care practices in Pakistan was used to design the “Pehla Qadam” (First Step) intervention. Pehla Qadam is the local adaptation of the WHO/UNICEF Care for Child Development intervention. The intervention is designed to improve: parent’s sensitivity and responsiveness; parents to child interaction; early attachment and bonding; early opportunities for stimulation; and parents’ knowledge on early learning and communication. The trial is designed to determine if an adapted “Care for Child Development” intervention delivered by Lady Health Workers (LHWs) to children 0–24 months of age and their parents, alone or in combination with nutrition interventions, will have positive outcomes on development and growth. It is designed as a cluster randomized control trial, where close to 1,500 children have been recruited into one of four intervention groups: (1) control group in which standard LHW services are provided; (2) a group were only nutrition intervention is provided (nutrition counseling and provision of sprinkles); (3) a group where only ECD intervention is provided; and (4) a group where nutrition and ECD interventions are provided together. The ECD intervention focuses on play and communication between primary caregivers and young children. It hypothesizes an increase in bonding and attachment between caregivers and children and responsiveness of caregivers to meet different needs (rights) of young children that will in turn improve their development and some health and nutritional outcomes. Preliminary findings of the research indeed showed significant improvements in the nutritional status and child development level, depending on the type of intervention provided — the most significant impact on both is found in the group of children receiving both interventions simultaneously.

In summary, UNICEF’s, as well as partner strategies for ECD knowledge generation, use, and dissemination have yet to achieve targets for the following critical components: (1) data to fully inform policy and support planning, including information on the status of the most disadvantaged children; (2) evidence of the effectiveness of various intervention models; (3) management of access to reports, presentations, and other products from previous and ongoing evaluation and research efforts; and (4) harmonization across organizational levels in research and dissemination plans.

- Funds invested in ECD at the global and national levels;
- Equity in access to services;
- The efficiency of knowledge generation and dissemination at both the global and country levels is diminished by the lack of coordinated and systematic planning;
- Current knowledge management practices within UNICEF do not adequately allow public access to findings from previous and ongoing research and evaluations;
- Evidence regarding the impact of specific ECD interventions remains limited. The Pakistan Early Development Scale Up (PEDS) trial and several additional ongoing and new studies are exceptions, and signal a growing trend toward sponsoring rigorous research that assesses ECD intervention outcomes.
The way forward

- Develop a multi-year integrated research and evaluation agenda, which is coordinated across organizational levels and regions, and includes a continuum of formative and summative evaluation to support programme improvement. Synchronize these agendas across organizational levels and regions to address key knowledge gaps and facilitate pooling of resources for larger evaluations.

With respect to developing the evidence base on ECD interventions, there is a need to prioritize comprehensive, experimental-design evaluations of the most promising intervention models.

- Make research and evaluation (past and current) findings, lessons learned and recommendations, readily accessible and distribute them widely.

- Develop a system for using research and evaluation findings to inform ECD policies and interventions.

- Provide support to enhance data collection and monitoring systems managed by national authorities, such as Health and Education Management Information Systems (HEMIS) with the objective of increasing availability of data and establishing a system of disaggregated data collection at the national level. The critical issue in ECD programming is defining and agreeing on core ECD indicators to be used for planning and monitoring at the national and global level. Widespread use of the newly developed ECD module in MICS4 and other quality household surveys will help to close the existing knowledge gap on children's progress globally in key developmental domains.
UNICEF’S ECD PROGRAMME MANAGEMENT

The internet-based survey revealed a significant range of ECD programming approaches across country programmes:

- ECD is a stand-alone programme in 20 percent of UNICEF COs (11 percent in Low Income countries, to 28 percent in Upper-Middle Income countries).
- In 64 percent of COs, ECD programming is mainstreamed into selected programme components, mostly Health/Survival/Nutrition (89 percent), Education (85 percent) and to a lesser extent, in Child Protection (27 percent).
- In 15 percent of COs, ECD is mainstreamed into all programme components.

The critical elements of ECD programming, planning, monitoring, coordination and partnership were also assessed in the evaluation.

Core findings

- ECD programming in the case study countries is highly participatory and encourages involvement of both rights-holders and duty-bearers in programme design and implementation.
- National and local contexts were taken into account in programme planning, design, and implementation and strategies used were developed with respect for the rights and needs of family and community contexts related to religious beliefs, cultural norms, and values.
- ECD programming was less successful in applying results-based management. This is mainly due to the lack of an adequate results framework for ECD programming which would outline expected child-level outcomes and necessary behavioral- and operational-level changes. Additionally, the absence of ECD specific indicators that could be monitored on a regular basis hampered tracking progress toward outcomes.
- There was limited evidence of the use of data to make midcourse corrections or share lessons across the ECD network.
- Current reporting questions are not specific enough to ensure proper monitoring/planning of ECD related interventions.
- Lack of ECD earmarked funding limits the long-term funding potential and UNICEF’s position as the leader in the field.
ECD Programming at the CO Level

There is no single recommended model for management of ECD programmes that can be universally applied to all UNICEF country offices, and there is no rigorous evidence on which approach is most effective for achieving targeted outcomes. The best examples of ECD programme management, are the ones that are fully aligned with national targets and results agreed in the Country Programme document. For example, in the case of a CO that has organized its programmes along sectoral lines, the model with the best potential to achieve holistic results for young children is the one where the following is in place: established ECD committees or task forces with participation from each section or a few lead sections at the CO with clear terms of reference (related to key results defined in the Country Programme Document) and clear results, that are also linked with personnel evaluation reports for each participating task force member, and that are chaired by the senior management (i.e. Deputy Representative). In the case of countries that have introduced the Life Cycle Approach, an integrated programming model is the best choice.

HQ/RO Support to COs

UNICEF CO staff viewed UNICEF ROs and HQ as important resources. However, the small number of ECD Advisors and small size of the ECD unit in UNICEF HQ was identified as a barrier to participating in planning and discussions that would further the integration of ECD into the work of other sections and potentially establish it as a more influential partner. The main expectation from COs is to have continuous support from both (RO and HQ level) in addressing broader systemic or high priority issues.

The way forward

- Define clear UNICEF strategy for ECD programming.
- To enhance planning and monitoring, UNICEF should work internally and with partners to specify frameworks for holistic ECD programming and identify measures of progress toward stated goals. At the HQ and RO levels, model frameworks might be created to help guide the process at the country level. The process of developing frameworks is likely to highlight links among various existing interventions and initiatives, and thus advance coordination across programme sections within UNICEF offices.
- In order to improve the quality and efficiency of reporting, UNICEF should re-define the purpose of its reporting tools and requirements, their expected use, definitions of data elements, identification of appropriate data sources and means of verification.

In order to show more institutional support for ECD within UNICEF, the following recommendations should be considered:

- Expanding the number of ECD staff in HQ, RO and COs (the absence of dedicated ECD staff was cited as a capacity gap that reflects low priority for ECD and severely limits possibilities/accomplishments).
- For COs/ROs where it is not feasible to increase the number of ECD staff, alternative strategies should be in place. One option is to establish ECD Focal Points with a clear Terms of Reference (ToR) that is also reflected in the Performance Appraisal System (PAS).
- There is also a need to consider career development in ECD. Currently there is a noticeable turnover of staff with ECD knowledge due to lack of ECD positions and the possibility to grow professionally.
- A sustainable fund-raising strategy should be defined to ensure long-term investment in ECD programmes at HQ, regional and country levels.
PARTNERSHIPS

A successful partnership is one where partners check their brands at the door and together achieve results that are greater than the sum of the individual parts. The cross-cutting nature of ECD requires partnerships at all levels as the basis for ensuring that UNICEF’s activities complement what others are doing and leverage resources to efficiently meet objectives for young children.

Core findings

- UNICEF’s investment in partnerships at all levels is assessed as successful and central to progress made in the targeted strategic areas (ECD policy development, capacity building, and knowledge management) in the last several years. This finding is confirmed by partner organizations, who perceived UNICEF as a leader in advocating for ECD policies and supporting ECD capacity development in partner countries. Partners also appreciated UNICEF’s ability to act as the convener to bring organizations together to collaborate on ECD policies, strategies, and interventions.

- The predominant partners at the CO level include the following:
  - Governmental (Ministry of Education; Ministry of Health; Ministry of Social Welfare/Social Development; Ministry of Family/Women/Children, etc.)
  - NGOs/CSOs — cooperation significantly higher in upper-middle income countries than in low-income countries
  - Bilateral donors (USAID, DFID, GoN, etc.)
  - International development organizations: Save the Children; The World Bank; Other UN agencies; Plan International, etc.
  - A small number of countries established cooperation with private donors and corporations and academia (percentage is also higher in middle income countries).

The Government of the Netherlands allocated $13.5M to support ECD programmes at the global, regional and country levels (selected 10 countries in Africa and Asia) from the period of mid 2008-mid 2011. This partnership resulted in the increased capacity of ECD staff and increased UNICEF’s influence, reach, and credibility as a partner in ECD at the country, regional, and global levels and demonstrated that a relatively small injection of funds can have this type of impact.

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UNICEF’s investment in more clearly defining and strengthening the role of ECD has been a critical part of improving organizational ability to increase the chances of survival among young children. However, it is essential that these efforts continue to align with UNICEF’s goal of equity and reaching the unreachable.

Globally, UNICEF’s role in providing leadership in encouraging innovation for reaching underserved populations is critical for making progress and improving outcomes for the most disadvantaged groups of children. The new UNICEF re-focus on equity and the harmonized approach among different levels of the organization is the greatest opportunity to finally reach the most marginalized children on a larger scale and in a sustainable way. ECD interventions can act as a powerful equalizer, a tool to level the playing field and a way to bring about equity by rectifying disadvantage during the early stages of life.

In order to meet goals related to reaching the underserved and marginalized, UNICEF and its partners need to:

- Increase funding, including better targeting of existing resources;
- Improve coordination of efforts through development of shared goals and strategies;
- Increase capacity to plan and implement equity-focused strategies;
- Ensure that there is a functional mechanism of participation of the most marginalized in the overall process; and
- Improve data to track the progress and evaluate and improve the impact of equity-focused interventions.