METHODOLOGY

The literature on ECD parenting programmes is vast and is covered in both academic and non-academic resources. Therefore, this comprehensive systematic review of ECD parenting programme evaluations in LMIC began with a three-prong search strategy using a set of predefined keywords, and discipline-specific vocabulary.

First, electronic searches were conducted using 10 databases to identify academic literature across multiple disciplines including medicine and global health, psychology, social sciences, economics and education.

Second, the broader, non-academic, grey literature was searched through systematic electronic searches of websites of agencies and organizations known to be active in the area of ECD, parenting, and human development.

Third, because so much of the ECD literature often remains unpublished, key informant solicitations were conducted to identify unpublished and agency evaluations of ECD parenting programmes using email to reach out to UNICEF country and regional offices, multilateral agencies, foundations, agencies, regional networks, and associations.

As a preliminary method for screening, each study was assessed based on eligibility, publication date, publication type, and language. To narrow the analysis to recently published studies, only studies published after 2001 from the academic literature were included and among the grey literature, only reports published from 2006 onwards were searched and screened. Studies published in English and Spanish were included for review. Next, based on those studies obtained from the preliminary method for screening, studies were selected for analysis using the Population Intervention Comparison Outcomes (PICO) criteria according to population, intervention, comparison (evaluation type), and outcome3.

Participants and populations: To be considered for inclusion, programmes should have served caregivers of young children (0-8 years of age) who live in LMIC as classified under the 2009 World Bank country income classification.

Intervention: Programmes that explicitly served at least one of the following dimensions of parenting: caregiving, stimulation, support/responsivity, structure, and socialization were included.

Evaluation design: Impact evaluation studies from both the academic and grey literature that contained pertinent statistical data were included. A meaningful comparison group must have been available, either in the form of control groups (experimental designs), comparison groups (quasi-experimental designs), or within-groups (pre-post-test designs). In addition, the evaluation had to contain at least 100 participants for robustness and generalizability4.

Outcomes: To be included in the review, the evaluation had to assess at least one child or one parental outcome (or both).

After screening, 105 papers were included in the systematic review.

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4 Terwee, C.B. et. al (2012). Quality criteria were proposed for measurement properties of health status questionnaires. Journal of Clinical Epidemiology, 60(1):34-42.
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Parenting is one of the strongest influences on children, particularly during the early childhood years. Neuroscience has shown that early life experiences form the foundation for brain architecture because a major factor for brain development is the interaction between the child and parents or caregivers\(^1\). While the early years of life are a critical window of opportunity, they also present the risk of vulnerability if neglected. Poor parenting has the potential to alter brain chemistry and architecture in ways that do not support healthy development, not just for the immediate generation but also for subsequent generations as well\(^2\). Parents, caregivers and families significantly determine a child’s chances for survival and development. The Convention on the Rights of the Child (CRC) recognizes the central role of parents and obliges states to support families as they care for their children.

Despite this widespread recognition, of the importance of parents, families and caregivers, there are several gaps in our knowledge of what works to promote positive parenting practices particularly in vulnerable contexts. Recent data from UNICEF’s Multiple Cluster Indicator Survey (MICS) indicate that, at best, only half of the parents surveyed engage in behaviours that are considered positive and beneficial for early development.

To address these programmatic and knowledge gaps, UNICEF commissioned a systematic review of the literature to understand the effectiveness factors of Early Childhood Development (ECD) parenting programmes and interventions being implemented in Low and Middle Income Countries (LMIC).

This brochure presents the results of the review in the form of a programmatic landscape of effective ECD parenting programmes.

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**GEOGRAPHICAL MAPPING**
Percentage of studies represented in the systematic review by region

**AGE MAPPING**
Target age groups across the different regions
RESULTS

Geographical Mapping: Thirty-six countries in seven regions of the world were represented in the systematic review, with 29.5% from low-income, 33.3% from lower-middle-income and 33.3% from upper-middle-income countries. About a third (31.1%) of the parenting programmes appear to be in Latin America and the Caribbean (Argentina, Belize, Brazil, Haiti, Jamaica, Mexico, Nicaragua, Paraguay, Peru, and St. Lucia), followed by over a quarter (25.7%) in South Asia (Bangladesh, India, Nepal, and Pakistan), 11.4% in Eastern and Southern Africa (Ethiopia, Madagascar, Malawi, South Africa, Swaziland, and Uganda), 9.5% in Central and Eastern Europe (Armenia, Belarus, Turkey), 8.6% in East Asia and the Pacific (China, Philippines, Thailand, and Vietnam), 7.6% in Sub-Saharan Africa (Burkina Faso, Gambia, Niger, Nigeria, and Senegal), and 5.7% in the Middle East and North Africa (Egypt, Iran, Jordan, and Syria).

Age Mapping: An overwhelmingly high number of ECD parenting programmes cater to the 0-3 age group, accounting for 72% of the total. Of the parenting programmes, around 12% focused on child outcomes for children between 3-6 years, approximately 6% for 5-8 years or lower school years age range, and only 10% focused on the entire ECD period of 0-6 or 8 years. Not all studies reported the target age group and in some cases the age range was inferred from the programmatic outcome. ESA was the only region to cover parenting programmes across all age groups.
Programme Goals Mapping: ECD parenting programmes broadly fell under two main programme goals: child health and child development. For child health outcomes, 20% of the programmes had “comprehensive health and nutrition” as their programme goal, while 14% of the child development outcomes focused on “psychosocial stimulation” as their programme goal. Programmes in WCA and ESA (81.5%) and SA (86%) regions—where food insecurity and malnutrition are predominant—were more likely to be aimed at improving health and nutrition. Whereas, studies conducted in CEE/CIS (70.0%) and LAC (55%) were more likely to be aimed at improving non-health-related child developmental outcomes.

Sector Mapping: Across all regions, ECD parenting programmes in the Nutrition sector were most predominant accounting for 42% of all the programmes reviewed, followed by 20% in the Health sector and only around 6% of the total fell in the Social Protection sector.

Programme Modality: Programme modality refers to the mechanism through which the parenting programme was delivered. One aspect of programme modality is delivery setting or the location where the programme occurs. This includes home, community, primary care (health facility) or a combination of delivery settings. Almost half of the parenting programmes (47%) used more than one modality to effectively implement the intervention. Community-based interventions were the most common exclusive delivery setting with 34% of the ECD parenting programmes being implemented at community centers. Across all sectors, parenting programmes were primarily implemented in community centers.
SECTOR MAPPING
Programme outcomes across the different regions

CONCLUSION

The mapping of ECD parenting programmes indicates that such programmes are pervasive across LMIC, and that there are viable models and approaches that are ready to scale. Furthermore, it was found that a large majority of the parenting programmes focused on the 0-3 developmental age and the existence of these programmes globally reflects a demand for ECD services in the early years. Most services for families with children under 3 years of age are implemented by the Health sector and Nutrition sector, which accounted for 75% of all the programmes. Finally, the mapping of ECD parenting programmes across sectors indicates that multiple modalities were more effective in achieving positive parenting behaviours and child outcomes.

The brain is strengthened through positive early experiences, especially stable relationships with caring and responsive parents or caregivers, safe and supportive across environments and appropriate nutrition. High quality ECD parenting interventions can change a child’s developmental trajectory and improve outcomes for children, families and communities. Thus, the mapping of ECD parenting programmes in LMIC provide a landscape analysis for better programming and stronger policies for vulnerable children and families.

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