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Early Childhood Development country situation analysis
Assessment tool and methodological guidance

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ABSTRACT

This document was developed by the WHO Regional Office for Europe and the United Nations Children's Fund (UNICEF) Regional Office for Europe and Central Asia. The purpose of the Early Childhood Development (ECD) Country Situation Analysis Assessment Tool is to support countries in achieving optimal development of all children. It provides guidance on mapping and analysis of country provisions in support of ECD. Such an analysis can be used as a starting point for future planning and development of ECD policies and programmes or to assess progress that has already been made.

The tool is designed as a questionnaire that is informed by the guiding principles and action points set out in the Framework on Early Childhood Development in the WHO European Region, while also reflecting the complexity of issues concerning ECD. It anticipates the participation of a variety of stakeholders across sectors, starting with government institutions but also including civil society, parents or parents' organizations, service providers and others. The tool presented here is comprehensive and can be used either to prepare a baseline assessment of the national regulatory framework and available ECD services or to assess progress in all or some of the areas supporting optimal ECD.

Cover illustrations by: David Woodroffe and Jan Hendrik Ax

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Foreword by the Regional Directors

Over the past two decades, we have made great progress in reducing child mortality in Europe and Central Asia. Now, we need to make sure that all children thrive, regardless of their socioeconomic status or country of origin.

Challenges remain: one in five children in the Region is at risk of not reaching their full developmental potential due to factors such as poverty, social exclusion, inadequate nurturing or stimulating care within the family, or limited access to essential services. The United Nations 2030 Agenda for Sustainable Development made early childhood development (ECD) a global priority, with embedded ECD-related targets on education (SDG 4.2), health (SDG 3.2), nutrition (SDG 2.2) and protection (SDG 16.2).

ECD is a policy area that requires substantial resources and cross-sectoral collaboration to ensure that every child receives the support they need during their early years. It is one of the best investments a country can make. To allocate effort and investment effectively, it is crucial that policy-makers are aware of gaps and challenges at both national and regional level and target their measures accordingly. A comprehensive ECD situation analysis will support governments in making informed policy decisions, directing and targeting investments for maximum impact, and ensuring that no child is left behind.

Under our respective mandates, experts from the World Health Organization Regional Office for Europe and the UNICEF Regional Office for Europe and Central Asia have worked together to develop the Early Childhood Development Country Situation Analysis Assessment Tool and Methodological Guidance, two practical resources firmly grounded in the WHO European Framework for Early Childhood Development.

Effective ECD policies and services require a team effort, with health, social welfare and education sectors all playing their part. Significant weight is placed on the role of the health system, as it serves as the primary point of contact for parents and caregivers and their children in the crucial early years. It is our hope that health ministries will take on a leadership role in conducting an ECD situation analysis in their countries, accelerating action in the best interests of children throughout Europe and Central Asia.

All children carry within them a universe of potential. It is our collective responsibility to make sure that they grow up in a nurturing environment that allows this potential to unfold.
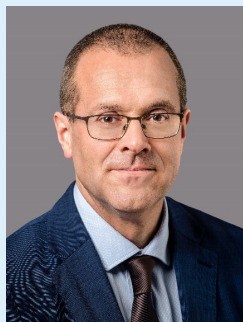
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Abbreviations

ECD	early childhood development
ECI	early childhood intervention
NICU	neonatal intensive care unit
UNICEF	United Nations Children's Fund

Glossary

caregiver
Caregivers include mothers and fathers, siblings, grandparents and other relatives, including nonbiological caregivers such as step-parents and foster parents.

child(hood) development
Child (or childhood) development is a multidimensional dynamic process of gradual skill learning in different domains; it involves functional progression from full dependence on parents to independence in later childhood and adolescence.

comprehensive developmental assessment
A comprehensive developmental assessment is a process of mapping a child's development in all developmental domains (perceptual, fine motor, gross motor, cognitive, language, socioemotional), compared to the developmental norms of children of a similar age and culture or population group. Such assessments identify a child's strengths as well as developmental areas that require special attention; they should be completed only by fully trained and certified professionals.

developmental delay
Developmental delays in children are significant deviations in achieving indicative milestones of their biological or psychological age, in at least one of the following areas: perceptive, motorial, social, emotional, adaptive, language, communicative or cognitive development. Such delays may be caused by a number of unfavourable factors and effects.

developmental difficulty
A developmental difficulty is a condition that places a child at risk of suboptimal development, or that causes a child to have a developmental deviance, delay, disorder or disability. The term is intended to encompass all children who have limitations in functioning and developing to their full potential.

developmental domain
The main developmental domains cover four interrelated areas – cognitive, language, motoric, socioemotional.

developmental milestone
Developmental milestones are behavioural and physical skills that children learn/achieve in the course of their growth and development. They are strictly defined and sequential for each age group.

developmental monitoring
Developmental monitoring is a systematic, comprehensive and coherent approach that enables service providers to keep track of and support each child's development. Its aim is to maximize every child's developmental potential through early childhood development promotion, early identification of developmental difficulties, and provision of timely early intervention. Developmental monitoring observes how a child grows and changes over time and whether it meets the typical

developmental milestones in playing, learning, speaking, behaving and moving. Parents, grandparents, early childhood providers and other caregivers participate in developmental monitoring.

developmental risk	Developmental risks are biological and psychosocial conditions that pose risks to optimal development. Biological risks include conditions such as premature birth, low birth weight, malnutrition, infectious diseases and genetic disorders. Psychosocial risks include conditions such as poverty, maternal depression, child–caregiver interaction problems, caregiver illness and/or stress, human discrimination, violence, war and natural disaster. Developmental risks may be multiple and combined. A child with a risk may not yet demonstrate developmental difficulty or delay.
developmental screening	Developmental screening is a process of applying a standardized and validated tool for assessment of child development across several developmental domains. Screening tools are administered, scored and used to facilitate discussions with parents to determine if there is a need for follow-up action. Such screening often occurs within the context of developmental monitoring in a health-care setting, but it can also occur in other contexts, including homes, childcare centres, preschools, community centres, home outreach services, libraries and playgrounds.
disability	A disability is any limitation of individual physical, mental or social activities in comparison with other persons of the same age. According to the International Classification of Functioning and Disability, a disability is the result of interaction between a person with a disorder/disease/condition and environmental and personal factors/barriers, which prevent the person's full and effective participation in the society on an equal basis with others.
early childhood development	Early childhood development (ECD) is the continuous process of acquiring skills and abilities across the domains of cognition, language, motor and socioemotional development. It is also considered the foundation of health, learning, productivity, well-being and future human capital formation. ECD is most intensive during the first three years of life.
early childhood development services	Early childhood development services support young children and their parents/caregivers; they cover many different areas and are provided by various sectors, such as health, education, and social and child protection.

early childhood intervention services	Early childhood intervention services support families with young children from birth through preschool years who are at risk of or have developmental delays, disabilities or behavioural or mental health needs. Such services cover any action undertaken when a child needs special support to ensure and enhance its personal development, to strengthen the family's own competences, or to promote the social inclusion of the family and the child. ECI services provide parents with the time, energy, knowledge and skills to engage their children in everyday learning opportunities, enhancing both child and parent confidence and competence. These actions are provided in the child's natural setting, preferably at a local level, with a family-centred and multidimensional teamwork approach. In family-centred services, families work as partners with professionals to support child development and make informed decisions about the services and supports the child and the family receive.
early childhood period	The early childhood period encompasses several distinct phases: from conception to birth, and from birth to 3 years, followed by the preschool and pre-primary years (3 years to the age of school entry).
European Framework on Early Childhood Development	The European Framework (formally, the Framework on Early Childhood Development in the WHO European Region) is an adaptation of the Nurturing Care Framework for the European context; it aims to inform countries on measures they can take to enable young children to reach their full potential equally.
family-friendly policies	Family-friendly policies are workplace initiatives and practices designed to support employees in achieving a better balance between their work responsibilities and family life. Such policies are implemented by organizations to create a more supportive and flexible work environment, recognizing the diverse needs and responsibilities of employees, particularly those with families. Family-friendly policies aim to enhance the overall well-being of employees and contribute to a positive workplace culture; they include paid parental leave, flexible work arrangements and childcare support.
holistic approach	A holistic approach signifies a comprehensive approach to implementing a child's rights to health, cognitive and psychosocial development, nutrition and safety. Such an approach takes into account parents' and family roles and active involvement of stakeholding partners, based on local opportunities and existing realities, and supporting connections with other services and/or activities, in order to provide the best possible full and consistent coverage.

integrated early childhood development policy framework	An integrated early childhood development policy framework defines a comprehensive approach that combines various components and strategies to support the holistic development of young children from birth to around 8 years of age. Such a framework typically includes health care, nutrition, early learning and education, parent and caregiver support, safety and protection, as well as articulated mechanisms for mutual coordination, funding and monitoring.
neonatal intensive care unit	Neonatal intensive care units are intensive care units specialized in the care of ill or premature newborn infants.
nurturing care	Nurturing care comprises a core set of interrelated components, including behaviours, attitudes and knowledge about caregiving (e.g. health, hygiene care and feeding); stimulation (e.g. talking, singing and playing); responsiveness (e.g. early bonding, secure attachment, trust and sensitive communication); and safety (e.g. routines, protection from violence, abuse, neglect, harm and environmental pollution).
Nurturing Care Framework	The Nurturing Care Framework for Early Childhood Development is a roadmap for action, helping to mobilize a coalition of parents and caregivers, national governments, civil society groups, academics, the United Nations, the private sector, educational institutions and service providers to ensure that every child gets the best start in life.
parenting	Parenting is the consistent care provided by any biological parent, guardian or other caregiver to a child (0–18 years of age). It is the process of supporting the physical, emotional, social and cognitive development of a child from infancy to adulthood. It involves providing nurturing care in a stable environment that is sensitive to children's needs, protects them from threats, and provides opportunities for learning, with interactions that are responsive and playful, emotionally supportive, and developmentally stimulating.
parenting support	Parenting support comprises a set of interventions that aim to strengthen how parents approach and execute their role as parents and to increase their child-rearing resources. The intention is to empower parents by increasing their level of knowledge, self-confidence and competence for child-rearing, resulting in positive outcomes for children.
responsive caregiving	Responsive caregiving refers to the ability of the caregiver to notice, understand and respond to their child's signals in a timely and appropriate manner. This ability is considered the foundational component because responsive caregivers are

better able to support the other four components of nurturing care (health, nutrition, safety and security, play and learning).

well-child visits Well-child visits are regular health-care appointments to monitor a child's growth and development from birth to 18 years of age. The components and frequency of well-child visits are determined by national guidelines.

Improving the situation of children

Children's health and well-being are shaped from the moment of conception. Each stage of a child's life is unique in terms of development and requires adequate care and attention. It is recognized that children's early years are crucial and that providing nurturing and good-quality care for children in the first years of life will have benefits throughout their lives and into adulthood. Importantly, providing good early development is an investment in a child's future and society's future, but it is also a child's right. In its general comment No. 7 *(1)*, the United Nations Committee on the Rights of the Child

> reminds States parties (and others concerned) that the right to survival and development can only be implemented in a holistic manner, through the enforcement of all the other provisions of the Convention, including rights to health, adequate nutrition, social security, an adequate standard of living, a healthy and safe environment, education and play (arts. 24, 27, 28, 29 and 31), as well as through respect for the responsibilities of parents and the provision of assistance and quality services (arts. 5 and 18).

Despite progress in child health made in Europe and central Asia, where infant and child mortality rates are the lowest in the world, mortality in countries with the highest rate for children under 5 years is 22 times higher than that in countries with the lowest rate, and inequities are even greater for maternal mortality. A child born in the countries of central Asia is three times as likely to die before the age of 5 years as a child born in a European Union (EU) country *(2)*. Unequal progress towards good health outcomes, particularly for the most vulnerable groups, can be partially attributed to the poor quality of the services provided. Investing in early childhood development (ECD) could contribute significantly to improving the situation of children and addressing the remaining disparities between and within countries in the WHO European Region. Investment in ECD must be brought about by improving comprehensive and integrated health care and other services in countries that are capable of responding to and addressing the complexities of children's development. ECD covers the period from pregnancy to entry into primary school, with a main focus on the development of the child from conception to the age of 3 years.

The COVID-19 pandemic placed an extra burden on families, undermining the foundations on which children are nurtured in their early years. The closing-down of childcare facilities, balancing family and work life under lockdown conditions, and related long-term effects such as poor mental health and poverty, will need to be carefully addressed by governments *(3)*. This situation has demonstrated the fragility of systems and the need to provide holistic whole-family support for young children and their caretakers so that long-term losses at individual and societal level stemming from suboptimal child development can be avoided.

Framework on Early Childhood Development in the WHO European Region

In 2020 the WHO Regional Office for Europe adopted the Framework on Early Childhood Development in the WHO European Region *(4)*. The overall goal of the Framework is for every child to reach their full potential: for each individual child to live in a caring environment, to be nurtured by parents and caregivers, to be visible to policy-makers, and to have access to health

and social care and to services that support and monitor development and address developmental difficulties. The Framework has four priorities:

1. Young children's needs – promoting development, nutrition and physical health
2. Monitoring young children's development, addressing developmental difficulties and early interventions
3. Social, economic and environmental risks to ECD
4. Strategic actions for countries.

Under each priority, guiding principles and action points that should guide governmental action are identified. As with any package, to ensure high-quality ECD services, countries must have in place an adequate national regulatory framework, good-quality delivery of care (see Box 1), accountable services, and planning that takes into account the best interests of children (as specified in Article 3 of the Convention on the Rights of the Child *(5)*).

Box 1. Ensuring that all children get high-quality care in health facilities

The WHO *Standards for improving the quality of care for children and young adolescents in health facilities (6)* can serve as a reference for ensuring that the care given to all children in health facilities is evidence-based, safe, effective, timely, efficient, equitable and appropriate for their age and stage of development (for more details, see Annex 1).

Standard 1. Every child receives evidence-based care and management of illness according to WHO guidelines

Standard 2. The health information system ensures the collection, analysis and use of data to ensure early, appropriate action to improve the care of every child

Standard 3. Every child with condition(s) that cannot be managed effectively with the available resources receives appropriate, timely referral, with seamless continuity of care

Standard 4. Communication with children and their families is effective, with meaningful participation, and responds to their needs and preferences

Standard 5. Every child's rights are respected, protected and fulfilled at all times during care, without discrimination

Standard 6. All children and their families are provided with educational, emotional and psychosocial support that is sensitive to their needs and strengthens their capability

Standard 7. For every child, competent, motivated, empathic staff are consistently available to provide routine care and management of common childhood illnesses

Standard 8. The health facility has an appropriate, child-friendly physical environment, with adequate water, sanitation, waste management, energy supply, medicines, medical supplies and equipment for routine care and management of common childhood illnesses

Early Childhood Development Country Situation Analysis Assessment Tool

Following the adoption of the European Framework *(4)* and in order to support countries in achieving optimal development of all children, the WHO Regional Office for Europe, in partnership with the UNICEF Regional Office for Europe and Central Asia, developed the Early Childhood Development Country Situation Analysis Assessment Tool. The purpose of this tool is to map and analyse country provisions in support of ECD. Such an analysis can be used as a starting point for future planning and development of ECD policies and programmes or to assess progress that has already been made.

The tool is designed as a questionnaire that is informed by the guiding principles and action points of the European Framework, while also reflecting the complexity of issues concerning ECD. The tool presented here is comprehensive and can be used either to prepare a baseline assessment of the national regulatory framework and available ECD services (see Box 2) or to assess progress in all or some of the areas supporting optimal ECD.

Box 2. Baseline assessments

A baseline assessment establishes the basis of knowledge and evidence about a certain issue, comparing the situation before and after an intervention or as part of a planning cycle. This type of assessment serves as a benchmark for countries to start long-term planning processes. Baseline assessments should rely on good-quality data, which can include official legislation, policies, statistics and reports, stakeholder analysis, and other relevant information.

The information to be collected through the tool anticipates the participation of a variety of stakeholders across sectors, starting with government institutions but also including civil society, parents or parents' organizations, service providers and others. In this way, it aims to provide a multiperspective view of ECD in the country. Efforts should be made to obtain the viewpoints of families and caregivers of young children.

Gathering evidence from different stakeholders enables countries to have a more comprehensive picture of what is in place in terms of legislation and policies, but also to assess the competencies of the workforce and the extent to which services are guaranteed, and accessed and experienced by children and their families. A highly participatory process is also important in developing a shared understanding and vision across sectors and professional disciplines about the policy measures that need to be in place to support optimal child development. Such a process also contributes to building commitment for addressing the issues identified and follow-up action. In Section D below, more detailed guidance on how to apply the tool and organize a participatory process is provided.

A. Structure of the tool and its use

The tool's structure and content take into account the guiding principles, priorities and action points of the European Framework on Early Childhood Development *(4)*. While ECD services naturally fall under the education, health and social sectors, it will be necessary to involve multiple sectors and stakeholders to cover all questions. Ideally, countries should set up a multisector coordination team representing these and other relevant sectors. Nongovernmental organizations, children's ombudspersons, other national human rights institutions, and child rights experts can also provide very valuable input.

The process of the assessment should be considered just as useful as its final result and deliverables. This is primarily because it offers an opportunity to gather all the key stakeholders supporting implementation of ECD policies and programmes and to build a consensus around the aims and purposes of the assessment. Participation of actors from different sectors working together can build a common understanding of the key priorities to be considered in order to achieve the kind of intersectoral collaboration that is crucial in delivering effective and holistic support for young children and their families.

The key actors should also develop a vision and have clarity on how the assessment findings will be used. Countries will set their own objectives and define a purpose that meets their specific needs. Concerning ECD in particular, after the assessment has been carried out and the specific country context taken into account, the findings can be used to promote a national dialogue on ECD with relevant stakeholders, to define new policies and standards, to increase funding for underfinanced services, or to implement any other action identified as a priority through the assessment exercise. More information on these aspects can be found in Section D below.

B. Priority areas, goals and measures

The tool identifies nine priority areas for public policy, which are aligned with the priorities identified by WHO Member States in the European Framework *(4)* and the Nurturing Care Framework for Early Childhood Development *(7)*. Under each priority area, a number of goals are defined that need to be achieved in order to ensure conditions that support optimal child development (see Table 1).

Table 1. Nine priority areas and their associated goals

Priority area	Goal
1 Enabling environment for strengthening support for ECD and protection of child rights	1.1 Ensuring legal protection of child rights 1.2 Established integrated ECD framework 1.3 Enhanced leadership and coordination of ECD policies 1.4 Ensuring integrated poverty reduction and social inclusion policy and implementation frameworks

Priority area		Goal	
2	Parenting and responsive caregiving	2.1	Ensuring availability of evidence-based information and guidance in support of parenting and responsive caregiving
		2.2	Enhanced support for building parenting and responsive caregiving skills
3	Child health	3.1	Ensuring antenatal and perinatal health care for optimal child development
		3.2	Preventive child health-care services delivering enhanced support for ECD
		3.3	Enhanced sick-child health care
		3.4	Provision of basic package of dental health-care services
		3.5	Enhanced support for achieving adequate levels of physical activity for all children
4	Nutrition	4.1	Ensuring continuous and systematic monitoring of child growth
		4.2	Promotion and protection of breastfeeding
		4.3	Enhanced support for healthy nutrition and good nutritional choices
		4.4	Prevention of micronutrient deficiencies
5	Play and learning	5.1	Enhanced access and high-quality early childhood education and care for all children
		5.2	Ensuring support for learning and development at home
		5.3	Improved physical environment in communities for outdoor and indoor play
6	Developmental monitoring	6.1	Timely identification of risks of developmental difficulties
		6.2	Established referral pathways to facilitate identification of children at risk of developmental difficulties and access to family-centred early childhood intervention (ECI) services
7	Early intervention for children with developmental difficulties	7.1	Comprehensive developmental assessment
		7.2	Provision of family-centred ECI services
		7.3	Ensuring access to affordable assistive technologies
8	Safety and security	8.1	Prevention of and response to violence, abuse and neglect
		8.2	Ensuring safe and clean environment for all children
		8.3	Protection from injuries
9	Parental well-being	9.1	Family-friendly work-related policies
		9.2	Established social protection and social services in support of parents
		9.3	Ensuring that all children grow up in a family environment
		9.4	Enhanced parental health, including mental health

For the various goals listed under each priority area, a number of relevant measures have been identified which, if jointly implemented, should support attainment of the specific goal. The measures have been identified using the Framework on Early Childhood Development in the WHO European Region as a reference point *(4)*. These targeted measures range across different sectors and policy domains; they include establishing new ECD services (or expanding existing ones) to address aspects of child development or nurturing care, enacting legislation, and adopting particular institutional arrangements.

The list of measures is not exhaustive, and countries can opt to add additional measures that are relevant for assessment in their country context. Equally, countries should consider whether the suggested measures are relevant to their specific context and include only those that are deemed to be appropriate. If it is decided to exclude certain measures from the assessment, careful consideration should be given to ensuring that the remaining set of measures is still sufficient to achieve the overall goal. In some cases – for example, Priority area 5 (Play and learning) and Priority area 7 (Early childhood intervention for developmental difficulties) – additional tools are available to support the in-depth analysis necessary for planning a comprehensive reform in the given subsector or policy area.

When considering the relevance of any measure, the Glossary (page viii) of key concepts used in the tool should be consulted to ensure common understanding of the measures and their intended objectives. Even if a measure is revised, effort should be made to preserve its initial intention and expected effects.

All nine priority areas, together with their associated goals and measures, are shown on the following pages.

Priority area 1

Enabling environment for strengthening support for ECD and protection of child rights

Main objective: to assess availability of umbrella policies and legislation conducive to integrated ECD support

Goal 1.1   Ensuring legal protection of child rights

Measure

1.1.1   The State has enacted a national act/law on child rights/protection

1.1.2   The children's rights act/law includes criteria for assessing and determining the principle of the best interests of the child

1.1.3   The State has an independent monitoring system for child rights (i.e. children's rights commissioner/ombudsperson)

1.1.4   The State has a system or process in place to act upon the concluding observations of the United Nations Committee on the Rights of the Child

1.1.5   The State has ratified the United Nations Convention on the Rights of Persons with Disabilities *(8)*

1.1.6   The State has a system or process in place to act upon the concluding observations of the United Nations Committee on the Rights of Persons with Disabilities

Goal 1.2   Established integrated ECD policy framework

Measure

1.2.1   The State has adopted an integrated policy, plan and/or programme focusing on early years or early childhood development

1.2.2   National policy, plan or programme focusing on early years or early childhood development is consistent with child rights principles

Goal 1.3   Enhanced leadership and coordination of ECD policies

Measure

1.3.1   The State has established a high-level national multisectoral coordination mechanism on ECD

Goal 1.4 Ensuring integrated poverty reduction and social inclusion policy and implementation frameworks

Measure

1.4.1 National legislation related to young children and families does not allow discrimination on grounds of gender, ethnicity, disability, socioeconomic status, etc.

1.4.2 There is a comprehensive national poverty reduction strategy that envisages specific measures to protect children from poverty, including during early childhood

1.4.3 There is an intersectoral mechanism for ensuring collaboration between social and health services and local authorities to identify needs and facilitate support for poor and vulnerable families

1.4.4 Stigmatizing terminology, such as handicapped, invalid, defectology, disabled or retarded, is eliminated from all classification systems, documents and practices

Priority area 2
Parenting and responsive caregiving

Main objective: to assess national provisions that support parents and caregivers of young children to strengthen knowledge and skills for nurturing care

Goal 2.1	Ensuring availability of evidence-based information and guidance in support of parenting and responsive caregiving

Measure

2.1.1 Provision of information on parenting and referral to available support and services for parents of young children, provided by relevant practitioners in health, education and social systems

2.1.2 Provision of evidence-based information on child development and all aspects of nurturing care (health, nutrition, responsive caregiving, safety and early learning) to parents in an accessible format and on a regular basis through traditional and social media, printed media, digital channels, information materials, public campaigns, etc.

2.1.3 Provision of printed/digital evidence-based parenting materials (leaflets, posters, booklets, videos in waiting rooms, etc.) on child development and nurturing care and parenting, produced in accessible formats and made available in primary health-care facilities, hospitals, nurseries and preschools, and other relevant settings

2.1.4 Availability of government-led digital platforms and tools for parents/caregivers, providing evidence-based information on child health, development, nurturing care, etc.

Goal 2.2	Enhanced support for building parenting and responsive caregiving skills

Measure

2.2.1 Provision of age-appropriate counselling on all aspects of nurturing care, including responsive caregiving (health, nutrition, safety and security, responsive parenting, early learning), to parents during routine health care, including well-child visits and home visiting

2.2.2 Provision of counselling and information to parents during health-care well-child visits and sick-child care, to promote appropriate health-seeking behaviour for children

2.2.3 Provision of group-based parenting support programmes for building nurturing caregiving skills in different settings (kindergartens, community-based services, libraries, community centres, primary health-care centres, etc.)

2.2.4 Home visiting services for individualized information, guidance and support for parents/caregivers for nurturing care, child development and parenting

Priority area 3
Child health

Main objective: to assess national health-care provisions that support children's optimal health and development

Goal 3.1 Ensuring antenatal and perinatal health care for optimal child development

Measure

3.1.1	There is a national policy/programme on maternal health
3.1.2	Provision of at least eight antenatal contacts with skilled health-care providers during pregnancy at no cost to families
3.1.3	Provision of counselling on delivery, parenting and responsive caregiving as part of facility-based antenatal care or home visiting of expectant parents
3.1.4	Provision of skilled care during labour and delivery
3.1.5	Assessment of maternal mental health and risk of postnatal depression during postnatal contacts, home visiting or well-child visits to health facilities
3.1.6	Defined referral pathways and provision of specialized services/support in case of maternal/paternal anxiety and postnatal depression
3.1.7	Provisions to ensure nonseparation of mothers from babies in maternal hospitals (rooming-in)
3.1.8	Enhanced neonatal care for premature, low-birth-weight, sick babies or babies with any sign of injury or malformation
3.1.9	Provision of developmentally supportive care for small and sick babies in neonatal intensive care unit (NICU) and paediatric wards, including kangaroo care, NICU set up to minimize stress, etc.
3.1.10	Provision to allow family-centred care and facilitate participation of mothers and fathers in care of premature, sick and low-birth-weight babies in NICU (including breastfeeding, feeding, massaging and touching), as well as psychological support for parents that is sensitive to their needs and strengthens their capacities

Goal 3.2 Preventive child health-care services delivering enhanced support for ECD

Measure

3.2.1	Well-baby/child visits
3.2.2	Immunization against vaccine-preventable child diseases

3.2.3	Communication aids for health practitioners providing counselling and information for parents on health promotion topics, ECD and responsive caregiving (mother counselling cards, home-based records, specialized websites, mobile applications, etc.)
3.2.4	Home visiting for young children, focusing on support for holistic child development and building skills of parents/caregivers

Goal 3.3 Enhanced sick-child health care

Measure

3.3.1	Provisions to ensure that children admitted to paediatric wards can be accompanied by their parents/caregivers (including creating appropriate physical conditions and protocols)
3.3.2	Management of common childhood illnesses and chronic conditions
3.3.3	Continuity of clinical management across care levels, such as referral, specialized care and primary care
3.3.4	Evidence-based counselling by health-care providers for parents on care for childhood illnesses

Goal 3.4 Provision of basic package of dental health-care services

Measure

3.4.1	There are national guidelines on oral hygiene
3.4.2	Provision of guidelines and counselling on oral hygiene as part of well-child visits or home visiting
3.4.3	Provision of a minimum package of dental services for children at no or minimum cost to parents

Goal 3.5 Enhanced support for achieving adequate levels of physical activity for all children

Measure

3.5.1	The State has adopted the WHO Guidelines on physical activity, sedentary behaviour and sleep *(9)*
3.5.2	Provision of information and counselling on physical activity and sedentary time, including on the harmful effects of sedentary screen time, during routine health-care services for young children (well-child visits, sick-child care, home visiting)
3.5.3	Promoting adequate levels of physical activity for children in childcare and early childhood education facilities
3.5.4	National/local programmes/campaigns to encourage joint physical activities of parents and children

Priority area 4

Nutrition

Main objective: to assess national provisions that promote adequate nutrition from conception through early childhood

Goal 4.1   Ensuring continuous and systematic monitoring of child growth

Measure

4.1.1   WHO Child growth standards *(10)* are adopted and used for monitoring child growth

4.1.2   Regular assessment and monitoring of child growth, using WHO Child growth standards *(10)*, as part of well-child visits or home visiting

4.1.3   A national action plan/policy for prevention and treatment of child malnutrition

4.1.4   Provision for treatment of all forms of child malnutrition

Goal 4.2   Promotion and protection of breastfeeding

Measure

4.2.1   Provision of counselling and information on breastfeeding to women, in line with global recommendations, during antenatal health-care visits

4.2.2   Provision of information, practical support and counselling on breastfeeding, in line with international standards, as part of routine health-care services for young children, including well-child visits, home visiting and sick-child visits

4.2.3   Protection and support for breastfeeding at the workplace, including through mandated breastfeeding breaks, reduced working hours, part-time work arrangements, and conditions to express and store breastmilk

4.2.4   Adoption and enforcement of the International Code of Marketing of Breast-Milk Substitutes *(11)* and the World Health Assembly resolution WHA69.9 on ending inappropriate promotion of foods for infants and young children *(12)*

4.2.5   Provisions to support early initiation of breastfeeding in maternal hospitals and successful breastfeeding, including skin-to-skin contact and non-provision of breastmilk substitutes

4.2.6   Implementation of the revised Baby-Friendly Hospital Initiative package *(13)* as a routine standard of care in all relevant facilities

4.2.7	Provisions to support breastfeeding of premature, low-birth-weight and sick newborns in intensive care units, including kangaroo care, encouraging feeding with expressed breastmilk and other arrangements
4.2.8	Targeted communication programmes to raise awareness and support for breastfeeding at community and national level through use of traditional and social media, digital solutions (parenting sites, parenting applications, etc.) and availability of communication materials in accessible formats

Goal 4.3 Enhanced support for healthy nutrition and good nutritional choices

Measure

4.3.1	Availability of evidence-based national recommendations for healthy nutrition of pregnant women and children in early childhood, including at home and in organized settings (childcare/nurseries, preschools, etc.)
4.3.2	Provision of counselling and information on healthy nutrition during pregnancy as part of antenatal health-care contacts
4.3.3	Provision of routine, culturally appropriate counselling and support for complementary feeding and healthy nutrition of children, in line with global recommendations, during well-child visits, home visiting and care for sick children
4.3.4	Targeted programmes/measures to support adequate nutrition of children at risk of poverty and living in food insecurity
4.3.5	Application of the standards recommended by the Codex Alimentarius Commission and the Codex Code of Practice for Foods for Infants and Children *(14)* for industrially produced complementary foods
4.3.6	Provisions for restriction of availability and marketing of unhealthy foods for infants and young children, including through special legislation and taxation
4.3.7	Feeding of children in childcare and early childhood education settings aligned with recommendations for healthy nutrition
4.3.8	Nationwide programme to prevent obesity and overweight in children, including young children
4.3.9	Targeted communication programmes/measures to promote healthy nutrition of children during early childhood and healthy nutrition choices, including development of printed and digital communication materials in accessible formats, and use of traditional and social media, and digital platforms and technologies, for dissemination of targeted messages

Goal 4.4   Prevention of micronutrient deficiencies

Measure

4.4.1   Provisions for prevention of micronutrient deficiencies in pregnant women, breastfeeding women and women of reproductive age, in line with national priorities

4.4.2   Screening for timely identification of children and pregnant women at risk of micronutrient deficiencies in the primary health-care system

4.4.3   Provisions for treatment of micronutrient deficiencies in children and in pregnant and lactating women

4.4.4   Food fortification (large-scale or home-based) and micronutrient supplementation during pregnancy and early childhood in accordance with national health priorities

4.4.5   Provisions for prevention of micronutrient deficiencies (vitamin D and iron deficiency and promoting universal salt iodization)

4.4.6   Programmes/measures for provision of fluoride to all children

4.4.7   Systemic monitoring of whether fortified foods contain the intended amounts of micronutrients, as well as of the effect of fortification measures

Priority area 5

Play and learning

Main objective: to assess country provisions that support learning and play from birth to the start of primary school

A more comprehensive pre-primary subsector analysis can be carried out using the UNICEF Early Childhood Education Accelerator toolkit *(15)*.

Goal 5.1 Enhanced access and high-quality early childhood education and care for all children

Measure

5.1.1 Universal provision of high-quality inclusive preschool education for children aged 3–6 years

5.1.2 Provision of day-care services/nurseries that promote holistic development (physical, social, emotional, language and cognitive)

5.1.3 Preschool standards and curriculum that support holistic development and are inclusive, child-centred and play-based

5.1.4 Provision of affordable childcare services, close to home and/or at workplace

Goal 5.2 Ensuring support for learning and development at home

Measure

5.2.1 Workforce in childcare/nurseries and preschools that engages with parents to support play-based child learning and development at home

5.2.2 Provision of community-based play, reading and storytelling groups for parents and children

5.2.3 Programmes/services that give disadvantaged families access to toys and books (toy libraries, access to community libraries, book distribution/sharing through health facilities, preschools, community-based services, etc.)

5.2.4 Provisions to ensure that toys marketed and sold nationally meet all necessary safety criteria

Goal 5.3 Improved physical environment in communities for outdoor and indoor play

Measure

5.3.1 Provision of safe outdoor and indoor playground areas in communities

5.3.2 Availability of accessible and inclusive playgrounds and open-air sport facilities in communities that facilitate participation of all children

Priority area 6

Developmental monitoring

Main objective: to assess the provisions for routine monitoring of children's physical, social, emotional, cognitive and language development in all relevant sectors, with a special focus on the health-care system

Goal 6.1   Timely identification of risks of developmental difficulties

Measure

6.1.1   National evidence-based guidelines for routine monitoring of child development as part of routine health care, including through use of validated tools for developmental monitoring

6.1.2   Provision of routine monitoring of child development (in reference to developmental milestones) during well-child visits, sick-child care and/or home visiting

6.1.3   Routine monitoring covering all domains of child development – physical, social, emotional, cognitive and language development

6.1.4   Provision of information and counselling on child development as part of well-child visits, sick-child care and home visiting

6.1.5   Neonatal screening for the most common congenital disorders – phenylketonuria, congenital hypothyroidism and glucose-6-phosphate dehydrogenase deficiency

6.1.6   Neonatal hearing and vision screening in line with latest evidence and recommendations

6.1.7   Screening aimed at identifying risks of developmental difficulties due to biological, psychosocial or environmental factors, during well-child visits and/or home visiting

6.1.8   Systematic follow-up monitoring of children identified as at risk of developmental difficulties in the primary health-care system

6.1.9   Monitoring of child development in other relevant settings – nurseries, kindergartens, etc.

Goal 6.2   Established referral pathways to facilitate identification of children at risk of developmental difficulties and access to family-centred ECI services

Measure

6.2.1   Established protocols for referral and information exchange between all relevant services engaged in developmental monitoring

6.2.2   Established protocol for referral of children identified as at risk of developmental difficulties to comprehensive assessment

6.2.3   Established effective referral pathways from health-care services to family-centred ECI services in the community

Priority area 7

Early intervention for children with developmental difficulties

Main objective: to assess country arrangements for comprehensive developmental assessment of children and provision of early intervention for children at risk of or with developmental difficulties.

Additional tool that can be used in this context is a UNICEF guide on how to conduct effective research on the status of ECI systems and their services *(16)*.

Goal 7.1   Comprehensive developmental assessment

Measure

7.1.1	Arrangements for comprehensive developmental assessment of children with developmental difficulties (institutional setup, roles, pathways)
7.1.2	Use of validated tools for comprehensive developmental assessment
7.1.3	Application of WHO ICF (International Classification of Functioning, Disability and Health) and DC:0–5 (Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood) in assessments and in the system that ensures eligibility for disability benefits
7.1.4	Comprehensive developmental assessment undertaken by multidisciplinary teams

Goal 7.2   Provision of family-centred ECI services

Measure

7.2.1	Provisions for multisectoral integration, coordination and information-sharing between different sectors supporting provision of ECI services
7.2.2	Immediate and easy access of children identified at risk of or with developmental difficulties to ECI services, based on clear eligibility criteria
7.2.3	Provision of individualized, family-centred home and community-based ECI services
7.2.4	Certification/accreditation system in place to ensure ECI services deliver adequate quality of care in line with national regulations and standards on ECI
7.2.5	Exchange of information on all children referred among health-care providers involved in the provision of services to children with developmental difficulties
7.2.6	Provision of coordinated continuity of services between health and other sectors through collaboration protocols or policies to ensure smooth transitions and inclusive environments for children with developmental difficulties and their families

7.2.7	Established single, electronic and integrated data management system for ECI
7.2.8	Participation of parents and families in the assessment of ECI services, including performance of health-care professionals and experience of care

Goal 7.3 Ensuring access to affordable assistive technologies

Measure

7.3.1	Provision of assistive devices, including communication assistive technologies, to promote child development and inclusion of children with developmental difficulties

Priority area 8
Safety and security

Main objective: to assess country provisions that support families and communities in providing a safe and secure environment for children

Goal 8.1   Prevention of and response to violence, abuse and neglect

Measure

8.1.1	Established multisectoral child protection system, involving health, social welfare, education and justice systems
8.1.2	Explicit legal prohibition of corporal punishment
8.1.3	National programme/plan of action to prevent all forms of violence against children
8.1.4	National policy/plan or programme on positive parenting and/or local plans on promoting positive parenting
8.1.5	Specialized, individual and rights-based programmes/services to support child victims of maltreatment and violence
8.1.6	Targeted services/programmes (including counselling and therapeutic programmes) for parents who are at increased risk of engaging in violence and neglect
8.1.7	Assessment of the risk of abuse, neglect or abandonment of children as part of routine child health-care services
8.1.8	Defined referral responsibilities and protocols to facilitate referral of children at risk of abuse, neglect or abandonment to relevant child protection services

Goal 8.2   Ensuring a safe and clean environment for all children

Measure

8.2.1	The State has adopted WHO Air quality guidelines *(17)*
8.2.2	The State has a national, multisectoral strategy to promote a safer, cleaner and greener country
8.2.3	Measures/programmes to reduce air pollution
8.2.4	Measures/programmes to prevent children's exposure to harmful chemicals
8.2.5	Provision of safe drinking water for all, including comprehensive standards and systems for routine surveillance of water quality
8.2.6	Programmes/measures to equip health-care providers, educators and parents with skills to promote good hygiene practices

Goal 8.3   Protection from injuries

Measure

8.3.1   Legislation and regulations for protection of children from injuries (e.g. speed limits, car seats, safe playgrounds, fencing of open water sources)

8.3.2   Special programmes/measures to raise awareness and educate parents on domestic hazards and other injury risks and ensuring child safety

8.3.3   Provision of counselling on protection of children from injuries as part of well-child visits and home visiting

8.3.4   Evaluation of injury risks and routine counselling for prevention of injuries provided by home visiting services

8.3.5   Provisions to ensure availability and affordability of protective devices through the commercial sector (safety latches and locks for cabinets and drawers, door locks, etc.)

Priority area 9

Parental well-being

Main objective: to assess national provisions that support parents and families in ensuring a safe and nurturing environment for optimal child development

Goal 9.1   Family-friendly work-related policies

Measure

9.1.1   Flexible working arrangements for mothers and fathers of young children

9.1.2   Paid maternity leave after childbirth

9.1.3   Paid paternal leave after childbirth

9.1.4   Paid parental leave for care for sick child

Goal 9.2   Established social protection and social services in support of parents

Measure

9.2.1   Universal child benefits

9.2.2   Targeted social services for parents in difficult circumstances (chronically ill, acutely ill, responsible for older dependent family member)

9.2.3   Targeted social protection schemes for families with children with developmental difficulties, including disabilities

9.2.4   Provision of social services that support families with children with developmental difficulties in their caregiving role – day-care centres, respite care or other types of community-based arrangements

9.2.5   Social protection schemes/programmes, including income support for families at risk of poverty or social exclusion, to alleviate the effects of poverty on young children

Goal 9.3   Ensuring that all children grow up in a family environment

Measure

9.3.1   Deinstitutionalization programmes aiming to prevent separation of children from their families and institutional care

9.3.2   Foster care programmes for children separated from their families

Goal 9.4   Enhanced parental health, including mental health

Measure

9.4.1   Universal health-care provision, including primary health care for all groups of the population, without discrimination of any kind

9.4.2   Provision of mental health-care services, including psychological support for the population, that address the needs of parents

9.4.3   Provision of affordable mental health-care services for addressing postnatal depression in the primary health-care system

9.4.4   Community-based services and programmes that facilitate contacts and peer-to-peer support between parents and decrease the risk of isolation and parental stress

9.4.5   Provision of services/programmes for prevention and cessation of smoking, alcohol and substance use

C. Steps to be followed in using the tool

Step 1. Review priorities and goals and define the scope of your analysis

The framework has been developed with the aim of providing a matrix sufficiently comprehensive that it covers all relevant areas when considering national ECD policies and programmes. Ideally, all areas should be assessed; however, depending on the aims and intended purpose of the analysis, countries can opt to focus on a subset of priority areas and goals. These selected priority areas and goals can then be further reviewed in detail.

Step 2. Review goals and measures within priority areas

Next, the tool requires an assessment if the particular policy intervention/measure is available in the country or relevant to the country context. The possible answers are **Yes**, **No**, **Partly** or **Not relevant**.

Yes or **No** answers should be given when there is enough information to conclude that a particular measure already exists in the country with a full scope as understood by the measure statement or that it does not exist at all. **Partly** should be given as the answer when some of the elements of the particular measure exist, but they do not cover its full scope. The research team may select **Not relevant** if the measure concerned is not relevant to the specific country context; measures identified in this way are not considered in further analysis.

Step 3. Detailed analysis of measures

For measures where the answer is **Yes** or **Partially**, a detailed analysis against a set of five dimensions is carried out to obtain more compressive information. In order to unify and facilitate the analysis, a set of guiding questions has been developed for each of these analytical dimensions. These questions can be expanded further at country level, depending on specific need and availability of data. The five dimensions, with their associated questions, are as follows.

1. **Availability of adequate legislation and policies that support implementation of the measure**

   - Are there laws/legal provisions that regulate the measure concerned?

   - Are the legal provisions in line with contemporary practices/standards, and do they ensure the best interests of children and their families?

   - Do the legal provisions adequately ensure equal treatment of all children/families in terms of eligibility, access and coverage?

   - Do the legal provisions support narrowing of the equity gap?

   - Are there any population groups of children/families, particularly among the most disadvantaged, that are not covered by the legal provisions?

2. **Financing and funding arrangements**

   - Are there dedicated financial allocations available to support this provision?

   - What are the main sources of funding and financial flows?

- Are the allocated financial resources adequate/sufficient?

- Are the financial resources adequately distributed (nationally/locally; geographically; in relation to levels of vulnerability) to ensure equitable and good-quality provision?

- Are the financial resources sustainable (legislated, allocated on an annual basis, predictable, stable)?

- Are the financial resources used effectively (producing required outcomes), efficiently (with minimum administrative costs, good coordination within and across sectors and levels of authority, and well managed) and transparently?

- What are the main gaps in terms of availability and management of financial resources?

3. **Availability of good-quality, affordable and accessible services**

- What types of services are available?

- Are services designed in line with contemporary evidence and best-practice principles?

- Are services appropriate to responding to the needs of target populations?

- Are services standardized across the country?

- What is the level of service availability in terms of:
    - geographical coverage (national/regional/local; urban/rural)?
    - access for different target groups (physical, financial, cultural)?
    - coverage of target populations or of most vulnerable groups?

- What is the level of service quality in terms of adherence to standards or principles of best practice?

- To what extent does service quality vary in different localities or for different user groups?

- Are target populations aware of their eligibility and the availability of services?

- What is the state of physical infrastructure supporting service provision?

- Are there mechanisms to collect user feedback on service adequacy and quality?

4. **Availability of sufficient human resources with required skills to support implementation of measures**

- Is there an adequate number of professionals providing the services/provisions required?

- Are the professionals providing services/provisions adequately distributed (geographically, across different levels of service provision, etc.)?

- What profiles are needed by the professionals involved in/required for provision of this service/intervention?

- Is there a policy regulating staff job descriptions, competencies, continuous professional education, financing, etc.?

- Is the policy regulating staff job descriptions (etc.) adequate to ensure adequate implementation of the service/intervention/provision?

- Are the knowledge and skills necessary for provision of this service built through pre-service training of professionals?

- Are there in-service training opportunities for professionals (trainings available, accessible and sustainably financed; continuous education awarded or required)?

- Are the knowledge and skills of professionals adequate to provide good-quality services?

- Are levels of remuneration, professional recognition and supportive supervision of professionals adequate to ensure motivation?

5. **Mechanisms for governance, leadership and monitoring**

- Is there a clear governance model (a management structure with a clear mandate, accountability, and defined roles of all actors in respect of service design, implementation, quality assurance, monitoring, etc.) in place that supports this provision/intervention/service?

- Are there mechanisms in place to ensure coordination/collaboration/referral with other sectors, providers or levels of service provision?

- Are there monitoring, evaluation and reporting tools and mechanisms in place to support oversight and collection of evidence in relation to the relevance, effectiveness, quality and efficiency of the intervention/service/provision?

- Are there mechanisms to support service improvements based on lessons learned and user feedback?

- Are there mechanisms that allow user inputs into service design?

D. Country-level process to follow when using the tool

Step 1. Define the purpose of the assessment and key stakeholders

The process of the assessment should be considered just as useful as its final result and deliverables. This is primarily because it offers an opportunity to gather all the key stakeholders supporting implementation of ECD policies and programmes and to build a consensus around the aims and purposes of the assessment. Participation of actors from different sectors can build a common understanding of the key priorities to be considered in order to achieve the kind of intersectoral collaboration that is crucial in delivering effective and holistic support for young children and their families.

The recommended approach includes setting up a formal working group – a steering committee or similar body consisting of representatives of all relevant stakeholders to govern and oversee the assessment process, to review its deliverables, and to have ownership of the

final products and the way ahead. Such a body would also have a crucial role in facilitating national dialogue around ECD policies and programmes in a follow-up to the assessment.

Although the assessment framework takes into account all priority areas necessary for holistic ECD policies and programmes, it puts significant weight on the role of the health sector. It is therefore recommended that health ministries assume a leadership role in this process or are among the key participants.

The assessment steering committee will also have a role in deciding the modality of the assessment implementation (hiring individual or institutional consultants for the research team, coordinating and supporting participation of all relevant actors in the assessment process, etc.) and in approving data collection tools.

Given contextual differences in the organization of services, understanding of key ECD concepts on the part of different ministries and actors may vary. Sometimes this may be at the level of language, including definitions and terminology. The Glossary (page viii) that accompanies this tool provides definitions of some key terms and can be used as a reference point. Due attention should be paid at the beginning of the process to ensure that all key actors – and in particular the institution or organization leading the assessment process – have a common understanding of ECD policies, concepts, definitions and services.

The consultants and teams tasked with implementing the assessment should have a good understanding of ECD policies and concepts, as well as of evidence-based and recommended ECD interventions and services.

Step 2. Conduct a desk review

The next step in completing the questionnaire is to prepare a desk review of relevant legislation, policies and regulations. Reports and statistical and administrative data referring to the measures selected for the analysis should also be included, as these can be used as a reference point. This task can be carried out by national or international consultants hired for the purpose. In this case, the consultants should try to collect information from the various relevant sectors.

The template questions accompanying the framework's set of five analytical dimensions can also be used as a reference when conducting a desk review (see Section C, Step 3 above).

Step 3. Complementary research – conduct interviews with key informants and/or focus group discussions

The purpose of this step is to conduct primary data collection in order to complement the data gathered through the desk review. The research team will need to carry out interviews with key informants and/or focus group discussions. Key informants may be ministry or regional-level representatives, heads of ECD-related services, or professionals working directly with children and families in these services. As far as possible, parents, parents' organizations and families should also be involved in the assessment of services. This group of stakeholders can provide valuable information on the quality of services provided and their impact on children's lives.

Preparing for interviews with key informants. After the desk review, the research team will still need to interview key informants in order to gather further information or to validate the

information that has already been found. Relevant key informants should be identified, and a list of questions focusing on missing information should be drawn up.

Preparing for focus group discussions. Focus group discussions are another way of gathering qualitative data recommended in the process. The aim of such discussions is to gather information that cannot otherwise be collected. For example, through focus group discussions it is possible to assess whether groups of parents living in different regions, or belonging to specific groups, access services in different ways or experience a different quality of services. These discussions allow particular challenges to be explored and gaps that are often found in official statistics and reports to be filled. For example, it may be possible to determine whether families living in a particularly remote area or families with children with developmental difficulties or disabilities have access to services and to identify the specific challenges they face; whether health professionals ask parents for out-of-pocket payments; or whether mothers belonging to specific minorities or other groups have (for instance) culturally based practices, such as corporal punishment, that are detrimental to children's health and well-being.

Step 4. Validate findings and develop the assessment report

Once all data have been collected in the various ways recommended, the task of the research team is to validate the findings, ideally in conjunction with the steering committee of the process. This step will help to ensure data consistency and to identify any gaps in understanding or differences in data coming from different sources. It will also serve as an opportunity to build a common understanding of the current state of affairs among both steering committee members and representatives of the key stakeholders.

In some country contexts, for the findings to be fully validated, they must be channelled through each of the relevant line ministries responsible for ECD programming in the country.

Once the findings have been fully validated, the final report with policy recommendations can be finalized and disseminated.

Step 5. Ensure effective use of the assessment findings

Countries will set their own objectives to meet their specific needs. Concerning ECD in particular, after carrying out the assessment and taking into account the country context, the following actions could be taken.

1. **Use the baseline assessment to promote a national dialogue on ECD with relevant stakeholders**

The information gathered through the assessment, including the questionnaire, should be analysed and policy recommendations drawn up. These results and policy recommendations can be used to promote a national dialogue on ECD with relevant stakeholders.

2. **Plan the next phase**

Depending on the country situation, the next phase could be:

- developing a strategy, framework, legislation or other policies focusing on ECD, where they do not already exist;

- developing norms, programmes and action plans leading to implementation of an existing ECD strategy, framework or legislation;

- developing missing ECD quality standards and clinical protocols in line with international standards;

- establishing a quality improvement mechanism and implementing a collaborative improvement approach;

- enhancing training, including supportive supervision;

- establishing an accreditation/certification methodology against set standards;

- advocating and increasing funding for measures/programmes where deficiencies have been identified; or

- facilitating reporting to the United Nations human rights treaty bodies in the context of the right to health, and to ECD in particular.

3. Implementing change

The government, in collaboration with relevant stakeholders, may decide to implement one or more actions, such as those described in the previous point, or other, as relevant. Countries may use different quality improvement approaches *(18)*. However, it is essential to adopt evidence-based practices and to monitor and evaluate changes over time.

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Annex 1. Six dimensions of quality in health care

Following the principles of universal health coverage, every child should receive high-quality care that is effective, accessible, safe and patient-centred throughout their childhood.[1]

1. **Effectiveness:** health care adheres to an evidence base and results in improved health outcomes for individuals and communities, based on need

Effectiveness of health care is related to the provision of evidence-based care, delivered by competent, motivated and skilled professionals, in adequately equipped facilities. Effective interventions must be supported by an appropriate national regulatory framework, as well as by effective mechanisms of monitoring and accountability.[2] For early childhood development (ECD), it is essential to address children's developmental difficulties early by providing evidence-based developmental monitoring and early identification of developmental risks and delays; effective parental counselling on nurturing care; timely referral to specialist care; and seamless evidence-based early intervention and access to (re)habilitation services.

2. **Efficiency:** health care is delivered in a manner that maximizes resource use and avoids waste and is provided in a setting where skills and resources are appropriate to medical need

The delivery of efficient health-care services requires that they are provided to fulfil the needs of all patients, either at the point of health service delivery or through referral linkages, and that there is continuity of services over time. Efficient services also require that parents and caregivers receive relevant advice from health providers or parenting programmes, thereby ensuring timely and adequate care-seeking, including the ability to recognize the severity of the child's health condition.

3. **Accessibility:** health care is timely, geographically accessible and affordable

The dimension of accessibility includes: (i) available and physically accessible services; (ii) affordability; and (iii) the right to information. Physical access means that facilities, goods and services are accessible to all children and their families, guaranteed by legislation and without discrimination of any kind. Services should be available within safe physical reach for all sections of the population, especially vulnerable or marginalized groups of children and their families; such groups include (among others) children belonging to minorities and indigenous populations, children with disabilities, children living with HIV/AIDS, children living

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[1] For further discussion of the six dimensions, see: Improving the quality of care for reproductive, maternal, neonatal, child and adolescent health in the WHO European Region: a regional framework to support the implementation of Health 2020. Copenhagen: WHO Regional Office for Europe; 2016 (https://iris.who.int/handle/10665/352380); and Quality of care: a process for making strategic choices in health systems. Geneva: World Health Organization; 2006 (https://iris.who.int/handle/10665/43470).

[2] Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age. Geneva: Office of High Commissioner for Human Rights; 2014 (https://www.ohchr.org/en/children/technical-guidance-application-human-rights-based-approach-implementation-policies-and-programmes).

in poverty, and children in rural areas. Being affordable means that health services are either free or inexpensive (and informal payments are avoided); this includes (among others) issues concerning social protection, user fees and transport costs. The right to information is related to the ability to seek, receive and communicate information and ideas concerning health issues; parents and caregivers should be provided with information, resources, services and enabling policies, starting in the preconceptional period.

4. **Acceptability/patient-centredness:** health care takes into account the preferences and aspirations of individual service users and the cultures of their communities

The acceptability of health care depends on it being patient-centred and responsive to and respectful of patients' values and choices, thereby promoting families' satisfaction and fulfilment of human rights. For example, ECD actions, including appropriate complementary feeding, depends on suitable guidance and skilled support for families that are culturally acceptable and in line with global recommendations. Health care delivered should be sensitive to gender and life-cycle requirements, and it should be designed to respect privacy and confidentiality of those seeking services. Importantly, health-care providers should be nonjudgemental, considerate and easy to relate to, and they should be able to care for children and families, taking into account their needs and individual characteristics. Families have the right to express their opinions about the services provided, and this information should be used to improve services.

5. **Equity:** health care does not vary in quality because of personal characteristics such as age, gender, race, ethnicity, geographical location or socioeconomic status

Planning processes should take into account the needs of vulnerable population groups and contribute to equitable child health outcomes. This entails a continuous process of monitoring, evaluation and improvement. At the individual level, health-care providers must treat all patients with equal care and respect, regardless of their status.

6. **Safety:** health care minimizes risks and harm to service users and providers

The health care provided should ensure that patients and staff do not suffer undue harm from the treatment itself or from the manner in which it is given.

Annex 2. Guiding principles for developing and implementing early childhood development policies and programmes

1. All children have equal rights

Adopting a human rights-based approach, the WHO Regional Office for Europe and the UNICEF Office for Europe and Central Asia recognize the value of health care for children and support planning to improve its delivery. In particular, the United Nations Convention on the Rights of the Child should be used as a framework to improve quality of care for children. In its *Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age*, the Office of the United Nations High Commissioner for Human Rights states that:

> a human rights-based approach to reducing child mortality and morbidity can help draw attention to potential barriers to successfully addressing these issues, highlight the range of actors responsible for this work and provide a legal framework to strengthen public health efforts in this area. It can also facilitate the identification of populations at high risk, enable analysis of complex gaps in protection, participation and accountability, and promote the identification of comprehensive and sustainable solutions. A rights-based approach can enable children and their families to live lives of dignity.[3]

Implementing a human rights-based approach to early childhood development (ECD) involves taking account of the six dimensions of quality in health care (set out in Annex 1), planning care based on the features of early childhood, and ensuring that the delivery of services has a positive impact on children's lives, including the most vulnerable ones, in a sustained and equal manner.

2. Empowering families

Parents and caregivers are essential in providing nurturing care during children's early years. Legislation, policies and services must be in place to ensure that appropriate and necessary support is provided to empower families in carrying out this vital role. This support should include resources such as information packages and training, and policies permitting parental leave and other measures that help to achieve a balance between work and family life. Such services should start in the preconceptional period and facilitate, among other things, appropriate use of health services and health-seeking behaviour on the part of parents.

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[3] Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age. Geneva: Office of High Commissioner for Human Rights; 2014 (https://www.ohchr.org/en/children/technical-guidance-application-human-rights-based-approach-implementation-policies-and-programmes).

3. All stakeholders working together for children

Optimal ECD involves effective collaboration between relevant stakeholders, including parents and caregivers, government sectors, academia, civil society and the private sector. Promotion of ECD is a shared responsibility, so the right conditions should be in place to enable all to respond appropriately. This joint responsibility means that different groups, from professionals and decision-makers to parents and caregivers, should be able to contribute to and influence decision-making processes that lead to the improvement of ECD services.

4. Developing evidence-based strategies

Establishing a national regulatory framework that facilitates the delivery of services supporting early childhood health and development requires a strong evidence-based approach. Adequate protocols, programmes and services should be adopted, in line with international or other evidence-based guidelines. Professionals should be appropriately trained and aware of relevant protocols and programmes, including referral services. Over- and under-monitoring and screening practices need to be addressed by governments and corrected as necessary.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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